STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

14900 1st Ave Shoreline LLC
Aegis Living Shoreline
14900 1ST AVENUE NE
SHORELINE, WA 98155

RE: Aegis Living Shoreline License # 2592

Dear Administrator:

This letter addresses Compliance Determination(s) 70695 (Completion Date 12/31/2025) and 67388 (Completion Date 10/30/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/31/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474-1, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-3, WAC 388-78A-2466-1-a

The Department staff who did the on-site verification:
Alma Duran, Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2592	Compliance Determination # 67388
Plan of Correction	Aegis Living Shoreline	Completion Date
Page 1 of 5	Licensee: 14900 1st Ave Shoreline LLC	10/30/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site follow-up on 10/17/2025 of:
Aegis Living Shoreline
14900 1ST AVENUE NE
SHORELINE, WA 98155

This document references the following SOD dated: 10/30/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 91 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2592	Compliance Determination # 67388
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As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

11/10/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

11/10/2025
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 5 of 6 sampled staff members (Staff A, B, C, F, and G), met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed 91 residents in the ALF at risk of not receiving proper care and services from inadequately trained staff members and potentially compromised the residents' health conditions.

Findings included....

Statement of Deficiencies	License #: 2592	Compliance Determination # 67388
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Page 3 of 5	Licensee: 14900 1st Ave Shoreline LLC	10/30/2025

NOTE: Washington Administrative Code (WAC) 388-78A-2500 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of or completes and demonstrates competency in specialty training within 120 days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within 90 days of completion of basic training.

DEMENTIA AND MENTAL HEALTH SPECIALTY TRAINING
Review of the undated Resident Characteristics Roster (RCR) showed the ALF had been providing care and services for 91 residents. The RCR showed seven residents were identified with cognitive impairment/ dementia / Alzheimer's (a group of symptoms that affects memory, thinking and interferes with daily life), and eight residents with a diagnosis of [redacted].

Record review showed the ALF hired Staff A (Caregiver) on 11/26/2024. Staff A's record showed no documentation of completion of the required Dementia and Mental Health (MH) specialty training within 120 days of their employment.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

Review of staff records showed that the ALF hired Staff B (Caregiver) on 08/17/2025. Review of Staff B's record showed no CPR and first aid certificates.

Review of staff records showed that the ALF hired Staff F (Caregiver) on 05/06/2025. Review of Staff F's record showed no valid first aid certificates.

12 HOURS CONTINUING EDUCATION

Statement of Deficiencies	License #: 2592	Compliance Determination # 67388
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NOTE: WAC 388-112A-0611 Who is an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide (HCA);

Review of staff records showed that the ALF hired Staff C (Caregiver) on 10/01/2023. Review of Staff C's record showed that they had not completed the 12 hours of the continuing education (CE) credits between their birthdates of 07/18/2024 and 07/18/2025.

Review of staff records showed that the ALF hired Staff G (Caregiver) on 03/29/2022. Review of Staff G's record showed that they had not completed the 12 hours of the continuing education (CE) credits between their birthdates of 10/16/2024 and 10/16/2025.

In an interview, on 10/17/2025 at 9:50 AM Staff H (Area Business Office Manager) acknowledged that Staff A did not complete the required dementia/MH training, there was no CPR/first aid training for Staff B and Staff F, and Staff C and Staff G did not complete the 12 hours training between their birthdates.

This is an uncorrected deficiency previously cited on 08/18/2025.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis Living Shoreline is or will be in compliance with this law and / or regulation on (Date) 12/14/2025

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) 11/10/2025 Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

Statement of Deficiencies	License #: 2592	Compliance Determination # 67388
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(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 2 of 3 sampled staff members (Staff D and I) were renewed before the two-year expiration. This placed 91 residents at risk of receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff D (Lead Cook), hired on 12/20/2011, showed their BGI expired as of 11/09/2022.

Review of records for Staff I (Housekeeper), hired on 09/16/2018, showed their BGI expired as of 09/09/2022.

In an interview, on 10/17/2025 at 9:50 AM, Staff H (Area Business Office Manager) acknowledged that the BGI checks for Staff D and Staff I had expired.

This is an uncorrected deficiency previously cited on 08/18/2025.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis Living Shoreline is or will be in compliance with this law and / or regulation on (Date) 12/14/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — 11/10/2025 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2592	Compliance Determination # 63404
Plan of Correction	Aegis Living Shoreline	Completion Date
Page 1 of 9	Licensee: 14900 1st Ave Shoreline LLC	08/18/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 07/30/2025 and 08/01/2025 of:
Aegis Living Shoreline
14900 1ST AVENUE NE
SHORELINE, WA 98155

The following sample was selected for review during the unannounced on-site visit: 10 of 94 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licensor
Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2592	Compliance Determination # 63404
Plan of Correction	Aegis Living Shoreline	Completion Date
Page 2 of 9	Licensee: 14900 1st Ave Shoreline LLC	08/18/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jessica Seigen
Residential Care Services

8/18/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

8/21/2025
Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure Negotiated Service Agreements (NSA) were signed annually for 3 of 10 sampled residents (Residents 1, 3, and 5). This failure placed Residents 1, 3, and 5 at risk for receiving care and services that were not agreed upon.

Findings included...

Record review showed the ALF admitted Resident 1 on [redacted]/2018 with multiple diagnoses. Review of the Individualized Service Plan (ISP - equivalent to a Negotiated Service Agreement), dated 04/15/2025, showed no signature from Resident 1 or their representative.

Record review showed the ALF admitted Resident 3 on [redacted]/2021 with multiple diagnoses. Review of the ISP, dated 04/15/2025, showed no signature from Resident 3 or their representative.

Record review showed the ALF admitted Resident 5 on [redacted]/2025 with multiple diagnoses. Review of the ISP, dated [redacted]/2025, showed no signature from Resident 5 or their representative.

In an interview, on 08/04/2025 at 3:30 PM, Staff M (Health Services Director II) acknowledged that the ALF was unable to obtain the residents' or their representatives' signatures on the ISP for Residents 1, 3, and 5.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis Living Shoreline is or will be in compliance with this law and / or regulation on (Date) 10/2/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 8/21/2025

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled staff (Staff C) had a food worker card (FWC). This placed 94 residents at risk for food borne illness.

Findings included...

Review of staff records on 07/30/2025, showed that the ALF hired Staff C (Cook) on 06/17/2025. Review of Staff C's record showed no FWC.

In an interview, on 07/31/2025 at 8:45 AM, Staff K (Area Business Office Manager) confirmed that Staff C did not have an FWC.

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Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis Living Shoreline is or will be in compliance with this law and / or regulation on (Date) 10/2/2025

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) [signature] Date 8/21/2025

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 3 sampled staff members (Staff A, C, and D), met the long-term care workers training requirements under Washington Administrative Code (WAC) 388-112A. This placed 94 residents in the ALF at risk of not receiving proper care and services from inadequately trained staff members and potentially compromised the residents' health conditions.

Findings included....

NOTE: Washington Administrative Code (WAC) 388-78A-2500 - Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness,

whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

NOTE: WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Assisted living facilities. (4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of or completes and demonstrates competency in specialty training within 120 days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within 90 days of completion of basic training.

NOTE: WAC 388-78A-2450 Staff. (3) The assisted living facility must: (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment: (i) Staff orientation and training or certification pertinent to duties, including, but not limited to: (A) Training required by chapter 388-112A WAC; (C) Cardiopulmonary resuscitation; (D) First aid;

DEMENTIA AND MENTAL HEALTH SPECIALTY TRAINING AND FACILITY ORIENTATION

Review of the undated Resident Characteristics Roster (RCR) showed the ALF had been providing care and services for 94 residents. The RCR showed ten residents were identified with cognitive impairment/ dementia / Alzheimer's (a group of symptoms that affects memory, thinking and interferes with daily life), and nine residents with a diagnosis of [redacted].

Record review showed the ALF hired Staff A (Registered Nurse) on 08/11/2024. Staff A's record showed no documentation of orientation to the facility upon hire or completion of the required Dementia and Mental Health (MH) specialty training within 120 days of their employment.

CARDIOPULMONARY RESUSCITATION (CPR) AND FIRST AID CARD

Review of staff records showed that the ALF hired Staff B (Caregiver) on 05/06/2025. Review of Staff B's record showed no CPR and first aid certificates.

Review of staff records showed that the ALF hired Staff D (Caregiver) on 03/29/2022. Review of Staff D's record showed no valid CPR and first aid certificates.

12 HOURS CONTINUING EDUCATION

NOTE: WAC 388-112A-0611 Who is an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed? (1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section. (a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year: (i) A certified home care aide (HCA);

Review of staff records showed that the ALF hired Staff D (Caregiver) on 03/29/2022. Review of Staff D's record showed that they had not completed the 12 hours of the continuing education (CE) credits between their birthdates, 10/16/2023 and 10/16/2024.

In an interview, on 07/31/2025 at 8:45 AM, Staff K (Area Business Office Manager) acknowledged that Staff A did not complete the required dementia/MH training or facility orientation, there was no CPR/first-aid training for Staff B and D, and there was no CE training for Staff D between their birthdates.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis Living Shoreline is or will be in compliance with this law and / or regulation on (Date) 10/2/2025 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 8/21/2025

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 2 of 2 sampled staff (Staff D and Staff E) were renewed before the two-year expiration. This placed 94 residents at risk of receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff D (Caregiver), hired on 03/29/2022, showed their BGI expired as of 01/11/2023.

Review of records for Staff E (Housekeeper), hired on 09/16/2018, showed their BGI expired as of 09/09/2022.

In an interview, on 07/31/2025 at 8:45 AM, Staff K (Area Business Office Manager) acknowledged that the BGIs for Staff D and Staff E were expired.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis Living Shoreline is or will be in compliance with this law and / or regulation on (Date) 10/2/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) [signature] Date 8/21/2025

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete the two-step skin test screening for tuberculosis (TB) for 3 of 5 sampled staff members (Staff A, B and C). This placed 94 residents at risk of exposure to a communicable disease.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2480 Tuberculosis—Testing—Required. (1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment

Record review showed that the ALF hired Staff A (Registered Nurse) on 08/11/2024. Staff A's record showed TB screening was done on 11/03/2024, almost three months after hire date.

Review of staff records showed that the ALF hired Staff B (Caregiver) on 05/06/2025. Staff B's record showed they did not complete the two step TB skin test.

Review of staff records showed that the ALF hired Staff C (Cook) on 06/17/2025. Staff C's record showed a one-step negative TB skin test done on 06/28/2025 but did not complete the 2nd step TB skin test.

In an interview, on 07/31/2025 at 8:45 AM, Staff K (Area Business Office Manager) acknowledged the ALF did not meet the required TB skin test timely for Staff A, B, and C.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Aegis Living Shoreline is or will be in compliance with this law and / or regulation on (Date) 10/2/2025 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) [signature] Date 8/21/2025