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) 61084 (Completion Date 06/18/2025) and 57912 (Completion Date 04/22/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/18/2025 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-2930-1-c

The Department staff who did the on-site verification:
Cathy Prentice, Complaint Investigator

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Aegis Living Shoreline
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 2592
**Compliance Determination #:** 57912
**Intake ID:** 174915
**Investigator:** Cathy Prentice
**Region/Unit #:** RCS Region 2 / Unit J
**Investigation Date(s):** 04/14/2025 through 04/22/2025
**Complainant Contact Date(s):**

**Allegation(s):**

1. The Named Resident (NR) pushed call light for shortness of breath and did not get a response from staff for over 3 hours due to call light system outage. 2. The legal rep for the NR had to call management staff outside the facility after business hours to help for the NR.

**Investigation Methods:**

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|---|---|
| **Sample:** | Total residents: 84<br>Resident sample size: 4<br>Closed records sample size: 1 |
| **Observations:** | Observed ALF residents (NR not available), delivery of care and services; staff interactions with residents; residents' appearance; environment; call systems. |
| **Interviews:** | Named Resident legal rep, other residents, staff, administration. |
| **Record Reviews:** | Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records. |

**Investigation Summary:**

Observation, interview and record review showed, 1. The facility completed an Assessment and Negotiated Service Agreement that showed the NR needed staff assistance for activities of daily living including toileting and incontinence care. During the night of 04/09/2025 the call system was not working and the staff did frequent checks, following their policy, on the NR including 1AM, 3AM and 4AM delivered care. 2. The NR called the legal rep for help during the early morning of 04/09/2025-the legal rep could not reach staff inside the building due to no one answering he phone multiple times. The facility phone was forwarded to a facility cell phone after hours that was dead so the staff could not be contacted by the legal rep from outside the building. The facility had no back up system in place for residents and families to reach the staff inside the building when the cell phone for the facility was not functioning. See Statement of Deficiencies dated 04/22/2025.

**Conclusion / Action:**

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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| | | |
|---|---|---|
| Statement of Deficiencies | License #: 2592 | Compliance Determination # 57912 |
| Plan of Correction | Aegis Living Shoreline | Completion Date |
| Page 1 of 3 | Licensee: 14900 1st Ave Shoreline LLC | 04/22/2025 |

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 complaint investigation on 04/14/2025 of:

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

This document references the following complaint number(s): 174915

The following sample was selected for review during the unannounced on-site visit: 4 of 84 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

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 # 57912 |
|---|---|---|
| Plan of Correction | Aegis Living Shoreline | Completion Date |
| Page 2 of 3 | Licensee: 14900 1st Ave Shoreline LLC | 04/22/2025 |

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.

Jamie Singer
Residential Care Services

4/23/2025
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.

RN
Administrator (or Representative)

5/1/2025
Date

**WAC 388-78A-2930 Communication system.**

(1) The assisted living facility must:

(c) Provide residents, families, and other visitors with a means to contact a staff person inside the building from outside the building after hours.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to have a means for residents' families to directly contact a staff person inside the building after hours. This failure resulted in the inability for Resident 1's family to contact an on-site staff person during a night shift.

Findings included...

In an interview on 04/14/2025 at 10:50 AM, Staff A (Administrator) stated the front desk facility phone line had staff on duty seven days per week from 8:00 AM to 7:00 PM. Staff A stated after 7:00 PM, the main phone line is forwarded to a cellular phone carried by the evening and night shift care staff.

Record review of a Face Sheet showed the ALF admitted Resident 1 on [redacted]/2025 with generalized weakness. The Negotiated Service Agreement (NSA) dated 03/05/2025 stated Resident 1 required staff assistance with toileting including incontinence care, dressing and grooming.

In an interview on 04/14/2025 at 8:30 AM, Collateral Contact 1 (CC1 – Resident 1's Legal Representative) stated Resident 1 phoned CC1 during the early morning hours of night

shift, on 04/09/2025. Resident 1 told CC1 that staff were not answering the call light and Resident 1 needed assistance as he was short of breath. CC1 stated they tried to call the facility to talk to staff to get help for Resident 1 and no one answered the phone.

Record Review of CC1's cell phone records, showed CC1 called the facility after hours on 04/09/2025 seven times with no response: 4:53 AM, 4:55 AM, 5:00 AM, 5:01 AM, 5:04 AM, 5:10 AM, 5:11 AM

In an interview, on 04/14/2025 at 10:30 PM, Staff B (Medication Technician) who was on duty during the night shift of 04/09/2025, stated the staff use a facility cellular phone after hours. Staff B stated during the night shift, on 04/09/2025, the facility cell phone was dead and was not working. Staff B stated sometimes there is was a problem with the facility cell phone at night. Staff B stated they were not aware of any other phone system to use and confirmed that there was direct line to contact care staff from outside the facility during the night of 04/09/2025.

**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) 6/6/2025.

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

[signature] RN — Administrator (or Representative)

5/1/2025 — Date