STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Sound
Keystone
3515 Woodland Park Ave N
Seattle, WA 98103

RE: Keystone License # 2599

Dear Administrator:

This letter addresses Compliance Determination(s) 72407 (Completion Date 02/04/2026) and 70093 (Completion Date 12/11/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/04/2026 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-2400-1, WAC 388-78A-2400-2

The Department staff who did the on-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF 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 #: 2599	Compliance Determination # 70093
Plan of Correction	Keystone	Completion Date
Page 1 of 3	Licensee: Sound	12/11/2025

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 12/08/2025 and 12/10/2025 of:

Keystone
3515 Woodland Park Ave N
Seattle, WA 98103

The following sample was selected for review during the unannounced on-site visit: 9 of 63 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF 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 #: 2599	Compliance Determination #: 78093
Plan of Correction	Keystone	Completion Date
Page 2 of 3	Licensee: Sound	12/11/2026

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

12/15/2025
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.

Deborah Parker
Administrator (or Representative)

12/19/25
Date

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(1) Maintain a systematic and secure method of identifying and filing resident records for easy access;

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure all resident information remained confidential when a review of the ALF's Statement of Deficiencies binder showed two Confidential Identifier (ID) lists stored inside. This failure placed 83 residents at risk for privacy violations.

Findings included...

NOTE: Revised Code of Washington (RCW) 70.129 (050) (1) shows the resident has the right to personal privacy and confidentiality of his or her personal and clinical records. (1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups...

On 12/08/2025 at 10:46 AM, record review of the ALF's binder, used to store previous citations and letters from the Department, showed the binder included two copies of the "ALF Confidential Identifier List" (ID List). The ID lists included a statement printed in red font, "Confidentiality Clause: This is a confidential document – not for public disclosure. Do Not Post in Facility." The ID lists included first and last names of

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.

Residential Care Services _____ 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) _____ Date _____

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure all resident information remained confidential when a review of the ALF's Statement of Deficiencies binder showed two Confidential Identifier (ID) lists stored inside. This failure placed 63 residents at risk for privacy violations.

Findings included…

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On 12/08/2025 at 10:48 AM, record review of the ALF's binder, used to store previous citations and letters from the Department, showed the binder included two copies of the "ALF Confidential Identifier List" (ID List). The ID lists included a statement printed in red font, "Confidentiality Clause: This is a confidential document – not for public disclosure. Do Not Post in Facility." The ID lists included first and last names of

residents documented in citations that include personal and protected information. The ID lists were from the last full inspection, dated 05/10/2024 and from a complaint investigation, completed 08/01/2024.

In an interview, on 12/09/2025 at 12:55 PM, the Department Representative discussed the ID lists with Staff F (Director, Assisted Living Programs). Staff F acknowledged the issue. On 12/09/2025 at 08:30 AM, the binder was reviewed a second time, and the ID lists were gone.

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, Keystone is or will be in compliance with this law and / or regulation on (Date) 1/23/25 .

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

Deborah Park

Administrator (or Representative)

12/19/25

Date

residents documented in citations that include personal and protected information. The ID lists were from the last full inspection, dated 06/10/2024 and from a complaint investigation, completed 08/01/2024.

In an interview, on 12/08/2025 at 12:55 PM, the Department Representative discussed the ID lists with Staff F (Director, Assisted Living Programs). Staff F acknowledged the issue. On 12/09/2025 at 08:30 AM, the binder was reviewed a second time, and the ID lists were gone.

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

_____ _____

Administrator (or Representative) 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

Sound
Keystone
3515 Woodland Park Ave N
Seattle, WA 98103

RE: Keystone # 2599

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/11/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect your program to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The Assisted Living Facility (ALF) failed to obtain client signatures on their policy for accepting Medicaid as a payment source. This placed clients at risk for not knowing their rights regarding Medicaid monies. This deficiency was corrected by the exit conference.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

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

Enclosure

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If You Have Any Questions:
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Sincerely,

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

Enclosure