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 License # 2599

Dear Administrator:

This letter addresses Compliance Determination(s) 60612 (Completion Date 06/16/2025) and 59781 (Completion Date 05/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2025 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-2040-2, WAC 388-78A-2040-1, WAC 388-78A-2040

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: Keystone
Provider Type: Assisted Living Facility
License/Cert.#: 2599
Compliance Determination #: 59781
Intake ID: 178951
Investigator: Cathy Prentice
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 05/19/2025 through 05/19/2025
Complainant Contact Date(s): 05/15/2025, 05/20/2025

Allegation(s):
The facility failed their 3rd fire and life safety inspection on 5/6/25 from the State Fire Marshal and have been issued their 2nd noncompliance letter.

Investigation Methods:

Sample:	Total residents: 61 Resident sample size: 2 Closed records sample size: 0
Observations:	Observed ALF residents, delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Interviewed ALF residents, staff, administration.
Record Reviews:	Resident Characteristic Roster, Fire Marshall Report.

Investigation Summary:
Interview and record review showed the ALF failed their initial LSI on 12/16/2024 and subsequent follow-up re-inspections on 02/06/2025 and 05/06/2025. The follow-up re-inspection on 05/06/2025 showed the ALF failed to comply with the following International Fire Codes (IFC): IFC 903.5 2021 Sprinkler heads loaded with debris in kitchen area. IFC 907.8 2021 Facility failed to maintain fire alarm system, inspection report from 03/01/2024 states some smoke alarms did not report to panel. Deficiencies on fire alarm system shall be corrected. IFC 1003.6 2021 Facility failed to maintain exit path in the basement hallway, various items in hallway, including two BBQ grills.
See Statement of deficiencies dated 05/19/2025.

Conclusion / Action:

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

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 #59781
Plan of Correction	Keystone	Completion Date
Page 1 of 3	Licensee: Sound	05/19/2025

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 05/19/2025 of:

Keystone
3515 Woodland Park Ave N
Seattle, WA 98103

This document references the following complaint number(s): 178951

The following sample was selected for review during the unannounced on-site visit: 2 of 61 current residents and 0 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 #: 2599	Compliance Determination #59781
Plan of Correction	Keystone	Completion Date
Page 2 of 3	Licensee: Sound	05/19/2025

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

5/21/2025
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)

5/28/2025
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when they failed their initial Fire and Life Safety Inspection (LSI) and two follow-up re-inspections. This placed 61 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Secured Tracking and Reporting System, on 05/15/2025, showed the ALF was licensed for 64 beds.

Review of a Resident Characteristics Roster showed the ALF was providing care and services for 61 residents.

Review of records from the OSFM showed the ALF failed their initial LSI on 12/16/2024 and subsequent follow-up re-inspections on 02/06/2025 and 05/06/2025. The follow-up re-inspection on 05/06/2025 showed the ALF failed to comply with the following International Fire Codes (IFC):

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

5/21/2025
Date

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Administrator (or Representative)

Date

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Plan of Correction	Keystone	Completion Date
Page 3 of 3	Licensee: Sound	05/19/2025

IFC 903.5 2021 Sprinkler heads loaded with debris in kitchen area.

IFC 907.8 2021 Facility failed to maintain fire alarm system, inspection report from 03/01/2024 states some smoke alarms did not report to panel. Deficiencies on fire alarm system shall be corrected.

IFC 1003.6 2021 Facility failed to maintain exit path in the basement hallway, various items in hallway, including two BBQ grills.

In interview, on 05/19/2025 at 10:15 AM, Staff A (Administrator) confirmed the above items had not been completed at the OSFM follow-up re-inspection on 05/06/2025.

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, Keystone is or will be in compliance with this law and / or regulation on (Date) 5/30/2025

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

Deborah Parker — Administrator (or Representative)

5/28/2025 — Date

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

_____ _____

Administrator (or Representative) Date