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

Laurelhurst Tenant LLC
Empress Senior Living at Laurelhurst
4020 NE 55th St
Seattle, WA 98105

RE: Empress Senior Living at Laurelhurst License # 2613

Dear Administrator:

This letter addresses Compliance Determination(s) 64404 (Completion Date 08/20/2025) and 61121 (Completion Date 06/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/20/2025 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-2600-2-i, WAC 388-78A-2600-1-b

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: Empress Senior Living at Laurelhurst
Provider Type: Assisted Living Facility
License/Cert.#: 2613
Intake ID: 180897
Compliance Determination #: 61121
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 06/16/2025 through 06/25/2025
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) eloped from the MCU and was found blocks from facility laying on the sidewalk 1.75 hours later with abrasion on elbow. NR followed kitchen staff out of locked unit.

Investigation Methods:

Sample:	Total residents: 53 Resident sample size: 7 Closed records sample size: 0
Observations:	Named Resident (NR); delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Named Resident, 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, the facility completed an Assessment and Negotiated Service Agreement that was not being implemented at the time of the elopement from the facility. The facility staff from dietary and receptionist departments did not know the NR was at risk for elopement and resided in the locked memory care unit when they did not prevent the NR from leaving the facility alone. The NR was found 1.75 hours after eloping a half mile away by citizens when the NR fell on the sidewalk and was sent to the emergency room. The facility failed to have a policy and procedure for all departments to know what residents are at risk for unsafe elopement from the facility and what to do to prevent an unsafe elopement. See Statement of Deficiencies dated 06/25/2025.

Conclusion / Action:

☒ 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

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 06/16/2025 of:

Empress Senior Living at Laurelhurst
4020 NE 55th St
Seattle, WA 98105

This document references the following complaint number(s): 180897, 179810

The following sample was selected for review during the unannounced on-site visit: 7 of 53 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 #: 2613	Compliance Determination # 61121
Plan of Correction	Empress Senior Living at Laurelhurst	Completion Date
Page 2 of 3	Licensee: Laurelhurst Tenant LLC	06/25/2025

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

06/30/2025
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)

7/3/2025
Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living facility (ALF) failed to develop a policy and procedure to ensure Memory Care Residents (MCU) were not allowed to elope. This failure resulted in 1 of 6 residents (Resident 1) who had wandering behaviors to elope from the MCU.

Findings included...

Review of care records showed the ALF admitted Resident 1 on [redacted]/2025 into the locked MCU with a diagnosis of [redacted]). Review of an Assessment, dated [redacted]/2025, showed Resident 1 had a history of falls, severe confusion, exit seeking behaviors and elopements with the risk of becoming lost. Review of a Negotiated Service Agreement (NSA), dated 04/20/2025, showed Resident 1 had frequent wandering/exit seeking behaviors and staff were to follow a wandering plan.

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

06/30/2025
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)

Date

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Statement of Deficiencies	License #: 2613	Compliance Determination # 61121
Plan of Correction	Empress Senior Living at Laurelhurst	Completion Date
Page 3 of 3	Licensee: Laurelhurst Tenant LLC	06/25/2025

Review of an ALF Incident Report (IR), dated 05/27/2025, showed Resident 1 eloped from the locked MCU and facility. The IR showed Resident 1 and was found about a half mile away from the ALF with an abrasion on her left upper extremity following a fall and was transferred to the emergency room. The IR determined Staff B (Dietary Aide) assumed Resident 1 was a visitor and escorted her out of the locked MCU on the elevator. The IR showed Staff C (Receptionist) also thought Resident 1 was a visitor and observed her walk out of the ALF's front doors.

Record review showed at the time of Resident 1's elopement, the ALF did not have a policy or procedure in place to ensure ALF staff were aware of the residents living in the MCU and to ensure they were not allowed off the unit.

In an interview, on 06/16/2025 at 10:40 AM, Staff A (Memory Care Director), stated at the time of resident 1's elopement, the facility did not have a policy in place for staff in all departments to know who the MCU residents were, and who were at risk for elopements, and how to ensure their safety and monitoring.

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, Empress Senior Living at Laurelhurst is or will be in co[illegible]nce with this law and / or regulation on (Date) 8/9/2025 9-25

In addition, I will implement [illegible]nitor and ensure continued compliance with this requirement.

Administrator (or Representative) [signature] Date 7/9/2025

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Record review showed at the time of Resident 1's elopement, the ALF did not have a policy or procedure in place to ensure ALF staff were aware of the residents living in the MCU and to ensure they were not allowed off the unit.

In an interview, on 06/16/2025 at 10:40 AM, Staff A (Memory Care Director), stated at the time of resident 1's elopement, the facility did not have a policy in place for staff in all departments to know who the MCU residents were, and who were at risk for elopements, and how to ensure their safety and monitoring.

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, Empress Senior Living at Laurelhurst is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date