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

01/21/2026

THE SAMUEL & JESSIE KENNEY PRESBYT
THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

RE: THE KENNEY # 128

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 67082 (Completion Date 01/21/2026) and 64541 (Completion Date 09/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/21/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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.

The Department staff who did the On Site verification:
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman
James Sherman, Field Manager

This document was prepared by Residential Care Services for the Locator website.

Region 2, Unit J
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: THE KENNEY
Provider Type: Assisted Living Facility
License/Cert.#: 128
Compliance Determination #: 64541
Intake ID: 191001
Investigator: Erin Steinbrenner
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 08/25/2025 through 09/02/2025
Complainant Contact Date(s):

Allegation(s):
The Assisted Living Facility failed their second follow up Fire Marshal inspection.

Investigation Methods:

Sample:	Total residents: 28 Resident sample size: 3 Closed records sample size: 0
Observations:	ALF- general tour
Interviews:	Administrator Facilities Director
Record Reviews:	Fire Marshal reports Fire Marshal letters to ALF Electronic mail between ALF and Vendors detailing plan for compliance

Investigation Summary:
ALF failed their follow up Fire Marshall inspection on 8/12/2025. Deficient practice identified, see WAC 388-78A-2040 (1) (2) Other Requirements.

Conclusion / Action:

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

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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 08/25/2025 of:

THE KENNEY
7125 Fauntleroy Way SW
Seattle, WA 98136

This document references the following complaint number(s): 191001, 191155, 190042

The following sample was selected for review during the unannounced on-site visit: 3 of 28 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional

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

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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

9/3/2025
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)

9/4/2025
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 the ALF failed their follow-up Fire and Life Safety Inspection (LSI). This placed 28 residents, staff, and visitors' safety at risk

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 08/25/2025, showed the ALF was licensed for 53 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 29 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 01/13/2025. Records showed the ALF failed the OSFM follow-up visits on 03/11/2025 and 08/12/2025. The follow-up visit on 08/12/2025 showed the ALF failed to comply with the following International Fire Codes (IFC):

- IFC 903.5 – The ALF failed to provide documentation of annual forward flow tests and quarterly inspections for sprinkler systems.

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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.

Residential Care Services | Date

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Administrator (or Representative) | Date

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This requirement was not met as evidenced by:

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- IFC 903.5 – The ALF failed to provide documentation of annual forward flow tests and quarterly inspections for sprinkler systems.

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- IFC 904.13.5.2 – The ALF failed to provide documentation to show a first semi-annual fire extinguishing system service was completed without deficiencies and a completed second semi-annual report.
- IFC 907.8 – The ALF failed to provide documentation of a completed sensitivity report without deficiencies to fire alarm and fire detection systems.
- IFC 1203.4 – The ALF failed to provide documentation showing completed monthly 30 minute full load testing to emergency and standby power systems.

In interview, on 08/25/2025 at 2:07 PM, Staff A (Facilities Director) stated that he was aware of being out of compliance with the items listed on the OSFM report and the ALF had scheduled appointments with vendors to get the required work completed.

This is a repeated deficiency previously cited on 08/17/2023.

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, THE KENNEY is or will be in compliance with this law and / or regulation on (Date) 10/10/2025.

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

Administrator (or Representative)  Date 9/4/2025

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- IFC 904.13.5.2 – The ALF failed to provide documentation to show a first semi-annual fire extinguishing system service was completed without deficiencies and a completed second semi-annual report.
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

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