STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

THE LODGE AT EAGLE RIDGE LLC
THE LODGE AT EAGLE RIDGE
1600 S EAGLE RIDGE Dr S
Renton, WA 98055

RE: THE LODGE AT EAGLE RIDGE License # 1798

Dear Administrator:

This letter addresses Compliance Determination(s) 83277 (Completion Date 09/03/2026) and 79559 (Completion Date 07/17/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/03/2026 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-2040-1, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2480

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

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

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 06/29/2026 and 07/02/2026 of:

THE LODGE AT EAGLE RIDGE
1600 S EAGLE RIDGE Dr S
Renton, WA 98055

The following sample was selected for review during the unannounced on-site visit: 9 of 61 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Statement of Deficiencies	License # 1798	Compliance Determination # 79559
Plan of Correction	THE LODGE AT EAGLE RIDGE	Completion Date
Page 2 of 4	Licensee: THE LODGE AT EAGLE RIDGE LLC	07/17/2026

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.

Jim Sherman
Residential Care Services

07-28-2026
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)

7/30/26
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.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to obtain 1 of 1 current Medical Test Site Waiver (MTSW) certificate for the performance of medical testing on the facility premises. This failure placed 61 residents at risk of receiving medical tests from a facility that has not been waived to conduct onsite medical tests.

Findings included...

Note: WAC 246-338-020 Licensure-Types of medical test site licenses showed After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1: (1) Certificate of waiver.

Review of the Department of Health's (DOH) website showed that the facility did not have an active MTSW certificate.

Review of the facility's Characteristic Roster showed the facility provided care and services to 61 residents.

During an interview on 06/29/2026 at 10:51 AM, Staff A, Executive

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Director/Administrator, and Staff H, Wellness Director, stated that the facility performed testing on residents that required MTSW certification, including blood glucose monitoring, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) nasal swab, and rapid response urinalysis reagent testing of urine.

During an interview on 07/02/2026 at 3:21 PM, Staff A stated that they were unaware the facility did not have an active MTSW certificate.

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 LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 8/31/26 .

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

Administrator (or Representative) 7/30/26 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 3 of 4 staff (Staff C, Staff D, and Staff E) were screened for Tuberculosis (TB), as required. This failure placed all 68 residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Review of the facility's personnel records showed the facility hired Staff C, Wellness Director, on 10/28/2025; Staff D, Assisted Living Caregiver, on 09/22/2025; and Staff E, Assisted Living Caregiver, on 08/21/2025.

Review of the facility's staff schedule showed that Staff C worked at the facility

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Statement of Deficiencies	License #: 1798	Compliance Determination # 79559
Plan of Correction	THE LODGE AT EAGLE RIDGE	Completion Date
Page 4 of 4	Licensee: THE LODGE AT EAGLE RIDGE LLC	07/17/2026

providing supervision of care and services for residents from 10/28/2025 through 07/12/2026. Review of Staff C's personnel records showed no documentation that Staff C completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff D worked at the facility providing care and services for residents from 09/22/2025 through 07/12/2026. Review of Staff D's personnel records showed no documentation that Staff D completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff E worked at the facility providing care and services for residents from 08/21/2025 through 07/12/2026. Review of Staff E's personnel records showed no documentation that Staff E completed TB screening and testing within 3 days of the date hire.

During an interview on 07/12/2026 at 2:15 PM, Staff A, Executive Director, stated that they were unaware Staff C, Staff D, and Staff E had not been tested for tuberculosis (TB) when they were hired.

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 LODGE AT EAGLE RIDGE is or will be in compliance with this law and / or regulation on (Date) 8/31/26.

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

Administrator (or Representative) 7/30/26 Date

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