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

PRESBYTERIAN RETIREMENT COMMUNITIE
PARK SHORE
1630 43RD AVE E
SEATTLE, WA 98112

RE: PARK SHORE License # 183

Dear Administrator:

This letter addresses Compliance Determination(s) 82502 (Completion Date 08/19/2026) and 79812 (Completion Date 07/06/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/19/2026 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-2260-2-d, WAC 388-78A-24642-1

The Department staff who did the on-site verification:
Scottie Sindora, ALF Licensor
Sunny Kent, 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

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 the unannounced on-site full inspection on 06/29/2026 and 07/01/2026 of:
PARK SHORE
1630 43RD AVE E
SEATTLE, WA 98112

The following sample was selected for review during the unannounced on-site visit: 5 of 25 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 183	Compliance Determination #79812
Plan of Correction	PARK SHORE	Completion Date
Page 2 of 4	Licensee: PRESBYTERIAN RETIREMENT COMMUNITIE	07/06/2026

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.

Jessica Seigner
Residential Care Services

7/8/2026
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.

Randi Sacker
Administrator (or Representative)

07/13/2026
Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 medication cart was secured while unattended by staff. This failure placed 25 of 25 residents at risk when they had medications not prescribed to them.

Findings included...

Record review of the Resident Characteristics Roster (RCR), updated on 06/29/2026 showed 25 residents lived at the ALF. Of the 25 residents, eight residents were noted with a diagnosis of [redacted]

An observation, on 06/30/2026 at 7:01 AM, showed the medication cart on the 4th floor of the ALF Staff H (Registered Nurse) was standing at the medication cart, preparing medications to deliver to residents. At 7:12 AM, Staff H left the medication cart and went to apartment 406 without locking the cart, returning at 7:15 AM. At 7:17 AM, Staff H left the medication cart and went to apartment 402 without locking the cart, returning at 7:20 AM. At 7:22 AM, Staff H went to apartment 407 without locking the cart. During those periods of time the medication cart was left unsupervised.

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

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

7/8/2026
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)

Date

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Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 medication cart was secured while unattended by staff. This failure placed 25 of 25 residents at risk when they had medications not prescribed to them.

Findings included...

Record review of the Resident Characteristics Roster (RCR), updated on 06/29/2026 showed 25 residents lived at the ALF. Of the 25 residents, eight residents were noted with a diagnosis of [redacted].

An observation, on 06/30/2026 at 7:01 AM, showed the medication cart on the 4th floor of the ALF. Staff H (Registered Nurse) was standing at the medication cart, preparing medications to deliver to residents. At 7:12 AM, Staff H left the medication cart and went to apartment 406 without locking the cart, returning at 7:15 AM. At 7:17 AM, Staff H left the medication cart and went to apartment 402 without locking the cart, returning at 7:20 AM. At 7:22 AM, Staff H went to apartment 407 without locking the cart. During those periods of time the medication cart was left unsupervised.

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In an interview, on 06/30/2026 at 7.30 AM, Staff F (Health Services Director) stated that the medication cart should always be locked when unattended.

An observation, on 06/30/2026 at 8.52 AM, showed the medication cart on the 4th floor of the ALF The cart was unattended and unlocked.

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, PARK SHORE is or will be in compliance with this law and / or regulation on (Date) 8/7/2026 .

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

Rondi Seeley — Administrator (or Representative)

07/13/2026 — Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled Staff (Staff A) completed a national fingerprint background check (NFBC) within 120 days of hire. This placed 25 residents in contact with a person whose background history was incomplete.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-24681-Pending results of a national fingerprint background check, shows the Assisted Living Facility may provisionally hire a... caregiver after January 7, 2012, for one hundred and twenty days... when the caregiver is not disqualified based on the results of the Washington state name and date of birth background check.

Record review of an undated Staff Roster showed the ALF hired Staff A as a Registered

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In an interview, on 06/30/2026 at 7:30 AM, Staff F (Health Services Director) stated that the medication cart should always be locked when unattended.

An observation, on 06/30/2026 at 8:52 AM, showed the medication cart on the 4th floor of the ALF. The cart was unattended and unlocked.

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, PARK SHORE 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

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled Staff (Staff A) completed a national fingerprint background check (NFBC) within 120 days of hire. This placed 25 residents in contact with a person whose background history was incomplete.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-24681-Pending results of a national fingerprint background check, shows the Assisted Living Facility may provisionally hire a... caregiver after January 7, 2012, for one hundred and twenty days... when the caregiver is not disqualified based on the results of the Washington state name and date of birth background check.

Record review of an undated Staff Roster showed the ALF hired Staff A as a Registered

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Nurse on 02/17/2026. Review of Staff A's employee file showed two unrestricted name and date of birth background checks, one completed on 02/18/2026 and the other completed on 06/29/2026. The employee file did not show a completed NFBC.

During an interview, on 06/30/2026 at 9:30 AM, Staff F (Health Services Director) stated that the ALF found they had not completed a NFBC for Staff A during an internal audit and initiated the fingerprints on 06/29/2026. Staff F also stated they understood the fingerprints were not initiated at the time of hire, as required.

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, PARK SHORE is or will be in compliance with this law and / or regulation on (Date) 08/07/2026

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

Randi Sacter — Administrator (or Representative)

07/13/2026 — Date

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

Nurse on 02/17/2026. Review of Staff A's employee file showed two unrestricted name and date of birth background checks, one completed on 02/18/2026 and the other completed on 06/29/2026. The employee file did not show a completed NFBC.

During an interview, on 06/30/2026 at 9:30 AM, Staff F (Health Services Director) stated that the ALF found they had not completed a NFBC for Staff A during an internal audit and initiated the fingerprints on 06/29/2026. Staff F also stated they understood the fingerprints were not initiated at the time of hire, as required.

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, PARK SHORE 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.

_____ _____

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