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

Aegis Senior Communities LLC
AEGIS OF MARYMOOR
4585 WEST LAKE SAMMAMISH PARKWAY NE
REDMOND, WA 98052

RE: AEGIS OF MARYMOOR License # 2209

Dear Administrator:

This letter addresses Compliance Determination(s) 83759 (Completion Date 09/16/2026) and 80340 (Completion Date 07/20/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/16/2026 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-2468-1, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0495-4, WAC 388-112A-0720-2-a, WAC 388-112A-0611-1-a-i

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF 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.

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

Statement of Deficiencies	License #: 2209	Compliance Determination # 80340
Plan of Correction	AEGIS OF MARYMOOR	Completion Date
Page 1 of 6	Licensee: Aegis Senior Communities LLC	07/20/2026

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 07/13/2026 and 07/16/2026 of:
AEGIS OF MARYMOOR
4585 WEST LAKE SAMMAMISH PARKWAY NE
REDMOND, WA 98052

The following sample was selected for review during the unannounced on-site visit: 7 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF 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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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

07-21-2026
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.

Per J K
Administrator (or Representative)

7/21/2026
Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to submit a background check (BGI) to the Department of Social and Health Services (DSHS) Background Check Central Unit (BCCU) within one business day after first day worked for pay for 1 of 6 sampled staff (Staff B). This failure placed 56 residents at risk for abuse and neglect from a staff with an unknown background.

Findings included...

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 56 residents received assisted living services.

Review of the facility employee records showed that the facility hired staff B, Medication Care Manager, on 08/14/2025. A review of Staff B's record showed an initial BGI check with results of "no record" was completed on 08/28/2025, 13 days after first day worked for pay. The facility allowed Staff B to have unsupervised access to residents for 13 days.

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During an interview on 07/16/2026 at 11:00 AM, Staff G, General Manager, stated that the facility submitted BGIs during the facility orientation which was done before an employee started work. Staff G stated that they were certain Staff B's BGI was done prior to them working as a Medication Care Manager. Staff G stated they would speak with Staff H, Area Business Office Manager, to obtain a copy of the original BGI.

Review of an email dated 07/16/2026 from Staff G stated that Staff B started work on 08/15/2025. The email showed that Staff B's BGI was initiated on 08/12/2025 by the previous Business Office Manager (BOM). The email showed that the previous BOM attempted to access the results of Staff B's BGI on 08/12/2026, however, due to technical difficulties with the portal was unable to retrieve Staff B's BGI information until 08/28/2025.

Review of an email dated 07/16/2026 at 4:07 PM, from BCCU showed that Staff B's BGI was submitted on 08/28/2025.

Review of an email dated 07/17/2026 at 9:48 AM, from Staff H showed a screen shot of the facility's BCCU account that showed Staff B's BGI was submitted on 08/28/2025 by the previous BOM.

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, AEGIS OF MARYMOOR is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Administrator (or Representative) — Date: 7/21/2026

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training.

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

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(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled care staff (Staff A) completed the specialized training for dementia, 1 of 5 sampled care staff (Staff D) completed the first-aid training, and 2 of 2 sampled care staff (Staff D and Staff E) completed the Continuing Education (CE). These failures placed all 56 residents at risk of receiving inadequate care from untrained staff.

Findings included...

Review of the facility's job descriptions for Care Managers and Mediation Care Managers, dated 04/12/2021, showed that the facility's care staff provided personal care and supervision to the assisted living residents consistent with the Washington State regulations. The document showed that the positions required knowledge for addressing the unique needs and behaviors of individuals with cognitive impairment including dementia (conditions that affect a person's memory, language, problem-solving, and thinking abilities) and Alzheimer's disease (a type of dementia).

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 56 residents received assisted living services. The document showed 31 of the 56 residents had dementia, Alzheimer's disease, or cognitive impairment.

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Review of the facility's undated Disclosure of Services showed that the facility provided care and services to residents with dementia.

Review of the residents' records showed that 14 Assisted Living Residents who resided outside of the secured Memory Care (Life's Neighborhood) had dementia, Alzheimer's disease and cognitive impairment.

STAFF A
Review of the facility's undated employee list showed that the facility hired Staff A on 02/19/2026 as Care Manager 1. Review of Staff A's employee records showed there was no documentation that Staff A completed the Dementia Specialty training within 120 days of hire as required.

Review of the facility's Staff Schedule for July 2026 showed that Staff A worked three shifts in the Assisted Living section outside of the Memory Care unit.

During an interview on 07/16/2026 at 11:00 AM, Staff G, General Manager, stated that Staff A was hired by the company in February 2026 and transferred over to their facility on 07/05/2026. Staff G stated that Staff A did not have their Dementia Specialty training certificate.

STAFF D
Review of the facility's undated employee list showed that the facility hired Staff D, Medication Care Manager, on 06/26/2019. Review of Staff D's employee records showed that Staff D's previous first-aid card expired on 02/19/2026. There was no documentation that showed Staff D maintained a valid first-aid card or certificate. Staff D's employee records showed that Staff D completed 3.75 hours of CE approved by the Department of Social and Health Services (DSHS), between their 2025 birthday and 2026 birthday, 8.25 hours short of the required 12 hours CE training.

Review of the employee schedule showed that Staff D provided care and services to Assisted Living residents in June 2026 and July 2026.

STAFF E
Review of the facility's undated employee list showed that the facility hired Staff E, Medication Care Manager, on 12/02/2021. Review of Staff E's employee records showed that Staff E completed 10 hours CE approved by the DSHS, between their 2024 birthday and 2025 birthday, two hours short of the required 12 hours CE training.

Review of the employee schedule showed that Staff E provided care and services to Assisted Living residents in June 2026 and July 2026.

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During an interview on 07/14/2026 at 11:14 AM, Staff H, Area Business Office Manager, stated that they were unaware Staff D's first-aid card expired. Staff H stated that they were unable to locate a valid first-aid card or certificate for Staff D.

During an interview on 07/17/2026 at 9:40 AM, Staff H stated that they were unaware the care staff did not complete the 12 continuing education hours as required. Staff H stated that they were unable to locate any additional training documentation for their care staff.

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, AEGIS OF MARYMOOR is or will be in compliance with this law and / or regulation on (Date) 9/2/2026 .

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

Peter J Kr — 7/21/2026

Administrator (or Representative) — Date

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