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

03/09/2026

Aegis Senior Communities LLC
AEGIS OF MADISON

,

RE: AEGIS OF MADISON # 2241

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 73984 (Completion Date 03/09/2026) and 70072 (Completion Date 01/14/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/09/2026 and found no deficiencies.

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

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

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:

(a) Orientation and safety;

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

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.

The Department staff who did the Off Site verification:

Alma Duran, 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

Residential Care Services
Investigation Summary Report

Provider/Facility: AEGIS OF MADISON
Provider Type: Assisted Living Facility
License/Cert.#: 2241
Compliance Determination #: 70072
Intake ID: 202120
Investigator: Cathy Prentice
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 12/15/2025 through 01/14/2026
Complainant Contact Date(s):

Allegation(s):

A caregiver physically restrained the Named Resident (NR) when the NR was agitated during care that resulted in the NR's bruising on both hands, two open areas on the left hand, a skin tear top of the hand and side of the wrist when the caregiver pinned the NR down on the bed face down and held the NR's wrists to give care. The injuries required first aide from the nurse.

Investigation Methods:

Sample:	Total residents: 80 Resident sample size: 3 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, collateral contacts.
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 for the NR who resided in the memory care unit as required. The facility had a 1:1 caregiver assigned to the care of the NR for fall safety due to dementia, when the NR had bruising and open wounds with swelling on both hands and arms after receiving care from the named staff. The facility completed a thorough investigation to rule out abuse/neglect that was substantiated for abuse. The facility reported, provided protection and thoroughly investigated the physical abuse. Review of staff records showed the facility failed to ensure 4 of 4 staff had work references checked before hire, failed to ensure 3 of 4 staff completed the required trainings before working with residents. See Statement of Deficiencies dated 01/14/2026.

Conclusion / Action:

- [x] 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 12/15/2025 of:

AEGIS OF MADISON
2200 E Madison St
Seattle, WA 98112

This document references the following complaint number(s): 203743, 202120

The following sample was selected for review during the unannounced on-site visit: 3 of 80 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

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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.

Jeanie Seeger
Residential Care Services

1/15/2026
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.

GJ
Administrator (or Representative)

1-19-26
Date

WAC 388-78A-2450 **Staff.**

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 4 staff (Staff B, C, D and E) had the required work reference checks before hire. These failures placed residents at risk of receiving care from staff when the ALF was unaware of their previous work performance and experience.

Findings included...

Review of staff records showed the ALF hired Staff B (Nurse Aide Certified pending) on 11/05/2025. Records showed the ALF had no application or resume on file to review work experiences and references, or to review to ensure the ALF checked the appropriate references. Review of Staff B's reference check worksheet showed the ALF checked one work reference but did not date when the reference was checked, and did not include the employers name.

In an interview, on 12/18/2025 at 2:00 PM, Staff A (Director of Resident Wellness), stated when she hired Staff B and he gave her a named ALF that he was currently working at. Staff A stated she did not check that work reference, at the named ALF, for Staff B.

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

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 interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 4 staff (Staff B, C, D and E) had the required work reference checks before hire. These failures placed residents at risk of receiving care from staff when the ALF was unaware of their previous work performance and experience.

Findings included…

Review of staff records showed the ALF hired Staff B (Nurse Aide Certified pending) on 11/05/2025. Records showed the ALF had no application or resume on file to review work experiences and references, or to review to ensure the ALF checked the appropriate references. Review of Staff B's reference check worksheet showed the ALF checked one work reference but did not date when the reference was checked, and did not include the employers name.

In an interview, on 12/18/2025 at 2:00 PM, Staff A (Director of Resident Wellness), stated when she hired Staff B and he gave her a named ALF that he was currently working at. Staff A stated she did not check that work reference, at the named ALF, for Staff B.

Record review showed the named ALF was not listed as reference checked on Staff B's reference check worksheet.

An email, dated 01/06/2026, from Staff G (Director of operations) confirmed the facility had no application or resume available on file for Staff B.

Review of staff records showed the ALF hired Staff C (Nurse Aide Certified) on 11/02/2025. Record review of an employment record on staff application, and review of the work reference worksheet for Staff C, showed the ALF only checked one of those employers for a reference and did not date when the reference was checked. The reference check worksheet showed the second employer listed was not contacted for a reference.

In an interview, on 12/18/2025 at 2:00 PM, Staff A stated sometimes they have the front desk call work references and she did not know why all work references were contacted for Staff C.

Review of staff records showed the ALF hired Staff D (Home Care Aide) on 11/06/2025. Review of the employment record on the application and the reference check worksheet showed the ALF checked one work reference but did not date when the reference was checked.

Review of staff records showed the ALF hired Staff E (Home Care Aide pending) 11/05/2025. Review of the employment record on the application and the reference check worksheet showed the ALF checked one work reference but did not date when the reference was checked.

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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 MADISON is or will be in compliance with this law and / or regulation on (Date) 2-28-26 .

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

Administrator (or Representative) — Date: 1-19-26

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:

(a) Orientation and safety;

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 staff (Staff B, D and E) completed facility orientation and training. These failures placed residents at risk of receiving care from untrained staff.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-112A-0200- What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training. (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

NOTE: WAC 388-78A-2450 – Staff (2) The assisted living facility must: (h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to: (i) Organization of the assisted living facility; (ii)

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Administrator (or Representative) Date

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(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

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Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 staff (Staff B, D and E) completed facility orientation and training. These failures placed residents at risk of receiving care from untrained staff.

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NOTE: WAC 388-78A-2450 – Staff (2) The assisted living facility must: (h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to: (i) Organization of the assisted living facility; (ii)

Physical assisted living facility layout; (iii) Specific duties and responsibilities; (iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures; (v) Policies, procedures, and equipment necessary to perform duties; (vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; (vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW; and (viii) The facility's comprehensive disaster plan and related on-duty staff procedures.

Review of staff records showed the ALF hired Staff B (Nurse Aide Certified pending) on 11/05/2025. Records showed they worked their first shift with residents on 11/16/2026 as a one to one (1:1) caregiver on the memory care unit. The facility had no documentation of Staff B receiving facility orientation.

In an interview, on 12/18/2025 at 2:00 PM, Staff A (Director of Resident Wellness) stated Staff B did not have facility orientation. Staff A stated she thought they had 30 days for that training.

Review of an email, dated 12/16/2025, showed and confirmed Staff B did not have facility orientation.

Review of staff records showed the ALF hired Staff D (Home Care Aide) on 11/06/2025. Records showed they worked their first shift with residents on 11/10/2025. Review of the facility safety orientation record dated 11/11/2025, showed Staff D did not receive the facility orientation until after she worked with residents.

Review of staff records showed the ALF hired Staff E (Home Care Aide pending) on 11/05/2025, Records showed they worked their first shift with residents on 11/11/2025. Review of the orientation and safety certificate for Staff E showed, Staff E completed the training on 11/28/2025, 14 days after already working with residents.

In an interview, on 12/18/2025 at 2:00 PM, Staff A stated she thought the ALF had 30 days for orientation training to be completed and was not aware it was required before working with residents.

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Administrator (or Representative) — Date: 1-19-26

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 Assisted Living Facility (ALF) failed to have screening for tuberculosis (TB) through approved methods for 4 of 4 staff (Staff B, C, D and E) within three days of employment. This failure placed residents at risk for illness.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2481 -Tuberculosis—Testing method—Required. The assisted living facility must ensure that all tuberculosis testing is done through either:(1) Intradermal (Mantoux) administration with test results read:(a) Within forty-eight to seventy-two hours of the test; and (b) By a trained professional; or (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

NOTE: WAC 388-78A-2485 -Tuberculosis—Positive test result.
When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:(1) Ensure that the staff person has a chest X-ray within seven days; (2)Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and (3) Follow the recommendation of the resident or staff person's health care provider.

Review of staff records showed the ALF hired Staff B (Nurse Aide Certified pending) on

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Administrator (or Representative) Date

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Review of staff records showed the ALF hired Staff B (Nurse Aide Certified pending) on

11/05/2025. Records showed Staff A had a chest x-ray completed on 11/10/2025, 5 days after employment. There were no records of a positive skin or blood test prior to the chest x-ray and no documented evaluation of signs and symptoms of disease that is required with a chest x-ray.

In an email interview, dated 12/16/2025, Staff A (Director of Resident Wellness) stated Staff B had an allergy to TB testing solution and had an x-ray instead. Staff A confirmed Staff B did not have a blood test (alternative to using the intradermal solution) prior to the x-ray.

Review of staff records showed the ALF hired Staff C (Nurse Aide Certified) on 11/02/2025. Records showed Staff C had a chest x-ray on 10/08/2025, almost a month before hire. There were no records of a positive skin or blood test prior to the chest x-ray and no documented evaluation of signs and symptoms of disease that is required with a chest x-ray.

In an interview on 01/14/2026 at 3:00 PM, Staff A confirmed Staff C had no other TB testing at the facility.

Review of staff records showed the ALF hired Staff D (Home Care Aide) on 11/06/2025. Records showed Staff D had a TB blood test on 12/17/2025, over a month after hire.

In an email, dated 12/16/2025, Staff A stated Staff D missed the TB skin test reading and was sent for a blood test 12/17/2025.

Review of staff records showed the ALF hired Staff E (Home Care Aide pending) on 11/05/2025. Records showed Staff C had a positive TB blood test on 12/10/2025, over a month after hire, was sent for an x-ray six days later on 12/16/2025.

In an email dated 12/17/2025, Staff F (Administrator) stated there were no further TB records for Staff B, C, D, E at the ALF.

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Administrator (or Representative) 1-19-26 Date

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