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

Aegis Senior Communities LLC
Aegis of Queen Anne at Rodgers Park
2900 3rd Ave W
Seattle, WA 98119

RE: Aegis of Queen Anne at Rodgers Park License # 2381

Dear Administrator:

This letter addresses Compliance Determination(s) 79613 (Completion Date 07/08/2026) and 76062 (Completion Date 05/04/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/08/2026 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-2480-1, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b

The Department staff who did the off-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF 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 and complaint investigation on 04/20/2026 and 04/23/2026 of:
Aegis of Queen Anne at Rodgers Park
2900 3rd Ave W
Seattle, WA 98119

This document references the following complaint numbers: 220354.

The following sample was selected for review during the unannounced on-site visit: 11 of 86 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

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

Statement of Deficiencies	License #: 2381	Compliance Determination #76082
Plan of Correction	Aegis of Queen Anne at Rodgers Park	Completion Date
Page 2 of 6	Licensee: Aegis Senior Communities LLC	05/04/2026

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.

Jamie Singer
Residential Care Services

5/7/2026
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)

5/12/2026
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.

This requirement was not met as evidenced by:

Based on interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 3 newly hired employees (Staff C) received their Tuberculosis (TB) test within 3 days of being hired. This failure placed 93 residents at risk for TB.

Findings included...

Record review of the personnel file of Staff C showed they were hired on 09/29/2025 as the full time Culinary Services Director. Further review showed Staff C had a blood test for TB on 10/03/2025.

In an interview, on 04/22/2026 at 11:10 AM, Staff G (Business Office Manager) acknowledged the late TB test. Staff G stated that the company was currently revamping the TB process for new hires.

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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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Statement of Deficiencies	License #: 2381	Compliance Determination # 76082
Plan of Correction	Aegis of Queen Anne at Rodgers Park	Completion Date
Page 3 of 6	Licensee: Aegis Senior Communities LLC	05/04/2026

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 Queen Anne at Rodgers Park is or will be in compliance with this law and / or regulation on (Date) 6/18/2026

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

Roger Young — Administrator (or Representative)

5/12/2026 — Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2239 and 388-78A-2250:

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure physician's ordered medication was given and associated weight monitoring was implemented safely for 1 of 11 sampled residents (Resident 5). This placed the resident at risk for health complications that included fluid retention (fluid retention is often identified through daily weights when a person gains more than two or three pounds in a day or more than five pounds in a week. This weight gain may signal the heart is not working properly).

Findings included...

Record review showed the ALF admitted Resident 5 on [redacted]/2024 with disabling diagnoses including [redacted]. The body may not get the oxygen it needs).

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Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

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Findings included…

Record review showed the ALF admitted Resident 5 on [redacted]/2024 with disabling diagnoses including [redacted] The body may not get the oxygen it needs).

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Review of an Individualized Service Assessment (equivalent to an Assessment), dated 04/02/2026, showed Resident 5 required assistance with routine oral medications. An Individual Service Plan (equivalent to a Negotiated Service Agreement), effective date 04/20/2026, showed Resident 5 required assistance from trained medication staff to administer medications as ordered.

A review of an Electronic Medication Administrations Record (eMAR) for 01/20/2026 through 02/19/2026, showed a physician's order for a "Daily Weight Check", effective 12/17/2025. The weight check directed staff to administer a PRN (as needed) furosemide 20 milligrams (a medication used to reduce fluid build-up in the body) to treat fluid retention if the weight exceeded the parameters set by the physician written as, "nurse to review weights daily, and notify physician for weight gain of increased 3 lbs. (pounds) from baseline, prior SNF (Skilled Nursing Facility) (weight of) 221.6 (lbs.)". The eMAR showed the physician's order for furosemide 20 milligrams, effective date 12/15/2025, "Take one tablet by mouth daily as needed if swelling or weight gain > (greater than) 3 lbs. from baseline 221.2 lbs."

Further review of the Daily Weight Check on the eMAR and additional weight records showed Resident 5's recorded weight as 222 lbs. on 01/25/2026, and 226.2 lbs. on 01/26/2026. There was no documentation to show staff administered the PRN furosemide dose on 01/26/2026.

Review of an eMAR for 02/20/2026 through 03/19/2026 showed Resident 5's recorded weight as 226.7 lbs. on 03/06/2026, and 231.2 lbs. on 03/07/2026. There was no documentation to show staff administered the PRN furosemide dose on 03/07/2026.

Review of eMARs showed Medication Care Managers (MCM) administered the furosemide six times in February of 2026 – on 02/16, 02/17, 02/18, 02/24, 02/25 and 02/27/2026, when Resident 5 did not have a weight increase and therefore should not have received the medication.

Review of eMARs showed MCMs administered the furosemide six times in March of 2026 – on 03/02, 03/03, 03/12, 03/14, 03/55 and 03/16/2026, when Resident 5 did not have a weight increase and therefore should not have received the medication.

During an interview, on 04/22/2026 at 10:10 AM, Staff F stated that there should have been nurse oversight and monitoring of Resident 5's weights and furosemide administration. "We missed it. The ball got dropped."

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

Statement of Deficiencies	License #: 2381	Compliance Determination # 76062
Plan of Correction	Aegis of Queen Anne at Rodgers Park	Completion Date
Page 5 of 5	Licensee: Aegis Senior Communities LLC	05/04/2026

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 Queen Anne at Rodgers Park is or will be in compliance with this law and / or regulation on (Date) 6/18/2026

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

Administrator (or Representative) 5/12/2026 Date

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Plan/Attestation Statement

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_____ _____

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