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

Santé Shoreline ALF Op Co LLC
Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

RE: Laurel Cove Community License # 2389

Dear Administrator:

This letter addresses Compliance Determination(s) 78955 (Completion Date 06/16/2026) and 75776 (Completion Date 04/21/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2026 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-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2474-1, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-3, WAC 388-78A-2690-1, WAC 388-78A-2690-6-c, WAC 388-78A-2690-7, WAC 388-78A-2690-7-a, WAC 388-78A-2690-7-b, WAC 388-78A-2690-9, WAC 388-78A-2600-1-b, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J

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

Residential Care Services

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

Statement of Deficiencies	License #: 2389	Compliance Determination # 75776
Plan of Correction	Laurel Cove Community	Completion Date
Page 1 of 11	Licensee: Santé Shoreline ALF Op Co LLC	04/21/2026

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 04/14/2026 and 04/16/2026 of:
Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

The following sample was selected for review during the unannounced on-site visit: 9 of 72 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

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 #: 2389	Compliance Determination # 75776
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Page 2 of 11	Licensee: Santé Shoreline ALF Op Co LLC	04/21/2026

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 Seigen
Residential Care Services

4/27/2026
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)

4/27/26
Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 staff members (Staff C) completed the required two-step tuberculin skin test (TST) within three days of hire. This placed 72 residents at risk of exposure to a communicable disease.

Findings included...

Review of staff records showed the ALF hired Staff C (Medication Assistant) on 12/17/2025. Review showed Staff C two-step TST was initiated on 01/16/2026, 31 days after date of hire.

In an interview, on 04/15/2026 at 2:13 PM, Staff G (Business Office Manager) stated they were not sure what happened and acknowledged Staff C had worked in the community prior to their first TST.

This is a repeated deficiency previously cited on 10/10/2024.

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Statement of Deficiencies	License #: 2389	Compliance Determination # 75776
Plan of Correction	Laurel Cove Community	Completion Date
Page 3 of 11	Licensee: Santé Shoreline ALF Op Co LLC	04/21/2026

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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 6/5/26 .

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

Administrator (or Representative) Date 4/27/26

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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

(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 1 of 6 sampled staff (Staff B) completed the required cardiopulmonary resuscitation (CPR) training and 1 of 6 sampled staff (Staff A) had the necessary specialized dementia training to fulfill their expected responsibilities. This failure placed 72 residents at risk of harm from care staff with improper CPR technique in the event of an emergency and untrained staff.

Findings included...

CPR

NOTE: Washington Administrative Code (WAC) 388-112A-0720 What are the CPR and first-aid training requirements?

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(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.

NOTE: WAC 388-112A-0700 - What is CPR training? Cardiopulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

Review of staff records showed the ALF hired Staff B (Caregiver) on 01/09/2026. Record review, on 04/15/2026, showed Staff B did not complete the required CPR training.

During an interview, on 04/15/2026 at 2:13 PM Staff G (Business Office Manager) confirmed Staff B did not have current CPR training and was scheduled for a class in May.

Specialized Training

NOTE: WAC 388-78A-2510 - Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090(7).

Review of a Resident Characteristic Roster, showed the ALF provided care and services to 72 residents of which 31 had a diagnosis of [redacted].

Review of staff records showed the ALF hired Staff A (Executive Director) on 04/23/2025. Review of staff records on 04/15/2026 showed Staff A did not have the required eight-hour specialized dementia training.

During an interview, on 04/15/2026 at 12:57 PM, Staff G confirmed she did not have the certificate and would follow up with the staff.

In follow-up electronic communication with Staff A, on 04/21/2026 at 11:25 AM, Staff A stated he had not completed the eight-hour dementia training course and thought the two-hour course for managers was sufficient.

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Statement of Deficiencies	License #: 2389	Compliance Determination # 75776
Plan of Correction	Laurel Cove Community	Completion Date
Page 5 of 11	Licensee: Santé Shoreline ALF Op Co LLC	04/21/2026

Plan/Attestation Statement

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Administrator (or Representative) Date 4/27/26

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

(9) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's representative.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 resident (Resident 9) who had a video camera in her apartment completed a quarterly evaluation, that included duration and was signed by the resident or their representative. This placed Resident 9 at risk of violation of privacy rights.

Findings included...

Review of a Facesheet showed the ALF admitted Resident 9 on [redacted]/2025 with multiple disabling diagnoses.

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Observation, on 04/16/2026 at 10:50 AM, showed signage on Resident 9's door to indicate "There is audio and video recording device in this room." Further observation showed an electronic video camera mounted to Resident 9's ceiling, pointing towards her bed.

Record review showed written quarterly evaluation, that included agreed upon duration for video monitoring that was signed by the resident or their representative.

In a telephone interview, on 04/20/2026 at 11:20 AM, Staff A (Executive Director) reported no quarterly evaluation had been done for video monitoring for Resident 9.

Plan/Attestation Statement

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Administrator (or Representative) 4/27/26 Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement their policies and procedures related to care and safety needs for 3 of 3 sampled residents (Residents 6, 7, and 8) who had bed side rails (BSR). This failure placed Resident 6, 7, and 8 at risk for improper use of equipment, injury and entrapment.

Findings included...

Note: Washington Administrative Code 388-78A-2090 Full assessment topics - The assisted living facility must obtain sufficient information to be able to assess the

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capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause: (6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including: (e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

Review of the ALF's policy detail for "Supporting Device with Restraining Qualities" showed "The use of supportive devices with restraining qualities must be based on a comprehensive assessment of the resident's needs, preferences, and safety risks. Prior to the use of any supportive device with restraining qualities, an individualized care plan must be developed in consultation with the resident, family members, and relevant healthcare professionals." and "The use of supportive devices with restraining qualities must be documented in the resident's care plan, including the rationale for use, consent process, and ongoing monitoring."

Resident 6

Review of a Face Sheet showed that the ALF admitted Resident 6 on [redacted]/2022 into the Memory Care Unit (MCU) with multiple medically disabling conditions including dementia (a group of symptoms that affects memory, thinking and interferes with daily life), Alzheimer's disease (a type of dementia that affects memory, thinking and behavior with symptoms that eventually grow severe enough to interfere with daily tasks) and anxiety disorder.

Observation, on 04/15/2026 at 2:42 PM, showed a BSR had been installed on both sides of Resident 6's bed.

Review of facility records showed Resident 6 had no assessment of his ability to safely use BSR. Review of Resident 6's Service Plan Report (SPR), dated 04/24/2026, gave no documentation to show Resident 6 used BSR. There were no monitoring instructions for staff on the use of BSR.

In interview, on 04/15/2026 at 2:43 PM, Staff L (Nursing Assistant), reported the BSR were used to help keep Resident 6 in his bed and prevent Resident 6 from falling out of bed.

Resident 7

Review of a Face Sheet showed that the ALF admitted Resident 7 on [redacted]/2024 into the MCU with multiple medically disabling conditions including hypertension (high blood pressure--when the force of blood flowing through your blood vessels is consistently too high) and cognitive impairment.

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Observation, on 04/15/2026 at 2:05 PM, showed BSR installed on both sides of Resident 7's bed.

Review of facility records showed Resident 7 had no assessment of her ability to safely use BSR. Review of Resident 7's undated SPR, gave no documentation to show Resident 7 used BSR. There were no monitoring instructions for staff on the use of BSR.

Resident 8

Review of a Face Sheet showed that the ALF admitted Resident 8 on [redacted]/2026 with multiple medically disabling conditions including chronic kidney disease (severe loss of kidney function, osteoarthritis (a disease of the entire joint, including bone, cartilage ligaments, fat and the tissues lining the joint) and chronic atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat).

Observation, on 04/16/2026 at 10:04 AM, showed BSR attached to both sides of Resident 8's bed.

Review of Resident 8's SPR, dated [redacted]/2026, gave no documentation to show Resident 8 used BSR. There were no monitoring instructions for staff on the use of BSR.

In interview, on 04/16/2026 at 9:01 AM, Staff I (Director of Nursing), reported in order for residents to use BSR, an assessment needed to be completed and instruction for monitoring on the use of BSR needed to be documented in resident's SPR.

In a follow up interview on 04/16/2026 at 11:52 AM, Staff I confirmed assessments for BSR had not been completed for Residents 6 and 7, and there was no documentation with instruction for monitoring on the use of BSR for Residents 6, 7, and 8.

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Statement of Deficiencies	License #: 2389	Compliance Determination # 75776
Plan of Correction	Laurel Cove Community	Completion Date
Page 9 of 11	Licensee: Santé Shoreline ALF Op Co LLC	04/21/2026

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

Administrator (or Representative) Date 4/27/26

WAC 388-78A-2210 Medication services.

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

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(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-2230 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 implement systems to promote safe medication services and ensure physician orders were followed for 2 of 8 sampled residents (Residents 1 and 8) who required staff assistance with medication. This placed Residents 1 and 8 at risk for compromised health conditions when medication service was not delivered safely and as prescribed.

Findings included...

Record review showed the ALF had an electronic Medication Administration Record (eMAR), for each resident on medication assistance services, with a boxes for initials of the staff member to document that the medication was administered or task was completed.

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Resident 1

Record review of a Facesheet, dated 04/16/2026, showed the ALF admitted Resident 1 on [redacted]/2025 with diagnoses of [redacted] and [redacted].

Review of an Assessment, dated 04/24/2025, showed Resident 1 required medication administration assistance two times daily by the facility.

Review of eMAR for January 2026 showed an order to check blood pressure in the evening and give PRN (as needed) Losartan 1 tablet (used to treat high blood pressure) if systolic blood pressure (measures the maximum pressure in your arteries when the heart beats and contacts, pushing blood out. A reading of 130+ signifies high blood pressure) is greater than 160.

Further review of the January 2026 eMAR showed documentation of systolic blood pressure readings of 167 on 01/03/2026, and 162 on 01/04/2026. There were no staff initials on 01/03/2026 and 01/04/2026 to indicate losartan was administered per the physicians order to give when systolic blood pressure was greater than 160.

In interview and record review, on 04/16/2026 at 11:15 AM, Staff H (Resident Care Coordinator) reviewed Resident 1's eMAR and did not find documentation that the facility administered the Losartan as ordered when the diastolic blood pressure reading was greater than 160. Staff H stated the medication technician should have given the PRN Losartan.

Resident 8

Review of a Face Sheet showed that the ALF admitted Resident 8 on [redacted]/2026 with multiple medically disabling conditions including chronic kidney disease (severe loss of kidney function, osteoarthritis (a disease of the entire joint, including bone, cartilage ligaments, fat and the tissues lining the joint) and chronic atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat). Review of an Assessment, dated [redacted]/2026, showed Resident 8 required medication administration assistance.

Record review of an eMAR for Resident 8 showed a physician's order for Lidocaine patch (used to treat pain), with instructions to apply patch to both knees and right shoulder topically every day and remove after 12 hours.

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Review of Resident 8's March 2026 through April 14, 2026 eMAR showed no staff initials indicating Resident 8's Lidocaine patch was removed each day.

In a joint interview, on 04/16/2026 at 9:03 AM, Staff I (Director of Nursing), Staff J (Medication Assistant), and Staff K (Nurse Consultant) confirmed that Resident 8's eMAR should include a designated box for staff initials to show the Lidocaine patch was removed. They could not explain why the information was missing.

In a follow up interview, on 4/16/2026 at 10:24 AM, Staff K stated she further reviewed Resident 8's eMAR and the ALF's record management program, she could not verify staff removed Resident 8's Lidocaine patch each day.

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, Laurel Cove Community is or will be in compliance with this law and / or regulation on (Date) 6/5/26 .

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

Administrator (or Representative) Date: 4/27/26

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

Santé Shoreline ALF Op Co LLC
Laurel Cove Community
17201 15th Ave NE
Shoreline, WA 98155

RE: Laurel Cove Community # 2389

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/21/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
Preferred methods:

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eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/21/2026), no later than 06/05/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

The Assisted Living Facility (ALF) failed to ensure a pet who lived on the premises of the ALF was certified by a veterinarian to be free of diseases transmittable to humans. This placed all residents at risk of disease transmission.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

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

• Please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure

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