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

HSRE-PMB V TRS, LLC
Gencare Lifestyle Federal Way at Steel Lake
31200 23rd Avenue South
Federal Way, WA 98003

RE: Gencare Lifestyle Federal Way at Steel Lake License # 2484

Dear Administrator:

This letter addresses Compliance Determination(s) 81946 (Completion Date 08/12/2026) and 78398 (Completion Date 06/15/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/12/2026 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-2474-2-a, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-e, WAC 388-78A-2474-2-b, WAC 388-112A-0060-1, WAC 388-112A-0060-1-a, WAC 388-112A-0060-1-a-i, WAC 388-112A-0060-1-a-ii, WAC 388-112A-0060-1-a-iii, WAC 388-112A-0060-1-b, WAC 388-112A-0060-1-c, WAC 388-78A-2290-5, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3, WAC 388-78A-2130-4

The Department staff who did the on-site verification:
Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor
Angelica Rios, ALF Licensor

If you have any questions, please contact me at (206)305-3439.

Sincerely,

Jim Sherman

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

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

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 follow-up on 06/04/2026 of:

Gencare Lifestyle Federal Way at Steel Lake
31200 23rd Avenue South
Federal Way, WA 98003

This document references the following SOD dated: 06/15/2026

The following sample was selected for review during the unannounced on-site visit: 9 of 71 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Steven Garrett, LTC Licensor
Angelica Rios, 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

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

Statement of Deficiencies	License #: 2484	Compliance Determination # 78398
Plan of Correction	Gencare Lifestyle Federal Way at Steel Lake	Completion Date
Page 2 of 8	Licensee: HSRE-PMB V TRS, LLC	06/15/2026

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.

Residential Care Services — 06/24/2026 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.

Angelo Avalos — Administrator (or Representative)

6/29/26 — Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

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.

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

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

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(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

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(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

(c) Volunteer staff in assisted living facility. An unpaid person. Required per WAC 388-112A-0200 (1). Not required. Not required. Not required. Not required. Not required.

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;

(b) Basic;

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

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 2 of 6 staff (Staff D and Staff E) completed all required training to perform their job duties and responsibilities. This failure placed all the residents at risk of unmet care needs from staff with incomplete training.

Findings included…

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 04/16/2026 that included findings for Staff D and E. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/31/2026.

Review of the facility's personnel records showed the facility hired Staff D, Assisted Living Caregiver, on 09/06/2025 and Staff E, Memory Care Caregiver, on 01/03/2023.

ORIENTATION AND SAFETY

Review of the facility’s personnel records showed no documentation that Staff D completed the required orientation and safety training.

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During an interview on 06/05/2026 at 1:50 PM, Staff A, Executive Director, stated that they were unaware that Staff D had not completed the required orientation and safety training requirements.

CONTINUING EDUCATION

Review of the facility's personnel records showed documentation that Staff E completed 10.25 hours of the required 12-hour training for continuing education training between their birthday 09/06/2024 and 09/06/2025.

During an interview on 06/05/2026 at 1:55 PM, Staff A stated that they were unaware that Staff E had not completed the required 12-hour continuing education.

This is an uncorrected deficiency previously cited on 04/16/2026 for subsection (2)(a) and (e).

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 7/30/2026

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

Administrator (or Representative) Angelo Abela Date 6/29/26

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as

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During an interview on 06/05/2026 at 1:50 PM, Staff A, Executive Director, stated that they were unaware that Staff D had not completed the required orientation and safety training requirements.

CONTINUING EDUCATION

Review of the facility's personnel records showed documentation that Staff E completed 10.25 hours of the required 12-hour training for continuing education training between their birthday 09/06/2024 and 09/06/2025.

During an interview on 06/05/2026 at 1:55 PM, Staff A stated that they were unaware that Staff E had not completed the required 12-hour continuing education.

This is an uncorrected deficiency previously cited on 04/16/2026 for subsection (2)(a) and (e).

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, Gencare Lifestyle Federal Way at Steel Lake 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-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as

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specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

(5) The assisted living facility may, through policy or procedure, require the resident's family member to immediately notify the assisted living facility of any changes in the medication or treatment plans for family assistance or administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 2 residents (Resident 4 and Resident 6) had a completed written plan for family assistance with medication management. This failure placed Resident 4 and Resident 6 at risk for unmet care needs.

Findings included…

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 04/16/2026 that included findings for Resident 4 and Resident 6. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/31/2026.

During an interview on 04/06/2026 at 10:09 AM, Staff A, Administrator, and Staff H, Wellness Director/Licensed Practical Nurse (LPN), stated that Resident 4 and Resident 6 received family assistance with their medication services.

RESIDENT 4

Review of Resident 4’s records showed the facility admitted Resident 4 on [redacted]/2025. Review of Resident 4’s care plan (equivalent to negotiated service agreement), dated 04/01/2026, showed that Resident 4’s family assisted with their medication services.

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Review of Resident 4's family plan for assistance with medications, showed it was signed by the responsible family members and the facility on 04/01/2026. Further review of Resident 4's family medication plan showed no information regarding their current medications or treatment assistance that Resident 4's family would provide, as required.

RESIDENT 6

Review of Resident 6's records showed the facility admitted Resident 6 on [redacted]/2026. Review of Resident 6's care plan, dated 04/07/2026, showed that Resident 6's family assisted with their medication services.

Review of Resident 6's family plan for assistance with medications showed it was signed by the responsible family members and the facility on 04/17/2026. Further review of Resident 6's family medication plan showed no information regarding their current medications or treatment assistance that Resident 6's family would provide, as required.

During an interview on 06/04/2026 at 1:45 PM, Staff A stated they were aware of the written plan requirements for family assistance with medications and would ensure Resident 4's and Resident 6's family plan for medication assistance was updated with their medication information.

This is an uncorrected deficiency previously cited on 04/16/2026 for WAC 388-78A-2290 subsection (3)(b).

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 7/30/26.

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

Administrator (or Representative) Angelo Banda Date 6/29/26

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident

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Review of Resident 4's family plan for assistance with medications, showed it was signed by the responsible family members and the facility on 04/01/2026. Further review of Resident 4's family medication plan showed no information regarding their current medications or treatment assistance that Resident 4's family would provide, as required.

RESIDENT 6

Review of Resident 6's records showed the facility admitted Resident 6 on [redacted]/2026. Review of Resident 6's care plan, dated 04/07/2026, showed that Resident 6's family assisted with their medication services.

Review of Resident 6's family plan for assistance with medications showed it was signed by the responsible family members and the facility on 04/17/2026. Further review of Resident 6's family medication plan showed no information regarding their current medications or treatment assistance that Resident 6's family would provide, as required.

During an interview on 06/04/2026 at 1:45 PM, Staff A stated they were aware of the written plan requirements for family assistance with medications and would ensure Resident 4's and Resident 6's family plan for medication assistance was updated with their medication information.

This is an uncorrected deficiency previously cited on 04/16/2026 for WAC 388-78A-2290 subsection (3)(b).

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, Gencare Lifestyle Federal Way at Steel Lake 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-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident

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and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 4 residents' (Resident 1) care plan (equivalent to negotiated service agreement) included staff instructions to monitor possible medication side effects and guidance on Resident 1's psychiatric care needs. This placed Resident 1 at risk of unmet care needs and a decreased quality of life.

Findings included…

Review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a citation for this regulation on 04/16/2026 that included findings for Resident 1. The ALF signed an attestation statement that stated the facility would have the deficiency corrected by 05/31/2026.

Review of Resident 1's records showed the facility admitted Resident 1 on [redacted]/2017. Records showed Resident 1 was admitted with diagnoses of [redacted] and [redacted].

Review of Resident 1's assessment, dated 05/15/2026, showed Resident 1 received 81 milligrams (mg) of Aspirin EC (specialty coated medication that delays absorption until reaching the small intestine, used to reduce blood clotting), 1 tablet, once daily, by mouth; 25 mg of Quetiapine (a medication used to treat mental health disorders by balancing the chemicals in the brain) 1 tablet, twice a day; and 50 mg of Sertraline (a medication used to treat mental health disorders such as depression and anxiety), 1 tablet, once daily. Additional review of Resident 1's assessment showed that they had a history of attempted suicide.

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Review of Resident 1's care plan, dated 05/15/2026, showed no documentation that provided care staff with guidance to monitor and report possible side effects from Resident 1's medications. Review of Resident 1's care plan showed no information regarding Resident 1's history of attempted suicide and did not provide care staff with guidance on monitoring suicide risks.

During an interview on 06/04/2026 at 1:45 PM, Staff H, Wellness Director, stated that they were not aware that Resident 1's care plan did not include guidance regarding their medication. Staff H stated that they were not aware they needed to include information regarding Resident 1's suicide attempt in their care plan and that they would ensure Resident 1's care plan was updated to include all care details.

This is an uncorrected deficiency previously cited on 04/16/2026 for WAC 388-78A-2130 subsection (3)(b).

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 7/30/26.

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

Angela Bahr — Administrator (or Representative)

6/29/26 — Date

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

Review of Resident 1's care plan, dated 05/15/2026, showed no documentation that provided care staff with guidance to monitor and report possible side effects from Resident 1's medications. Review of Resident 1's care plan showed no information regarding Resident 1's history of attempted suicide and did not provide care staff with guidance on monitoring suicide risks.

During an interview on 06/04/2026 at 1:45 PM, Staff H, Wellness Director, stated that they were not aware that Resident 1's care plan did not include guidance regarding their medication. Staff H stated that they were not aware they needed to include information regarding Resident 1's suicide attempt in their care plan and that they would ensure Resident 1's care plan was updated to include all care details.

This is an uncorrected deficiency previously cited on 04/16/2026 for WAC 388-78A-2130 subsection (3)(b).

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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Residential Care Services
Investigation Summary Report

Provider/Facility: Gencare Lifestyle Federal Way at Steel Lake
License/Cert.#: 2484
Compliance Determination #: 74623
Investigator: Steven Garrett
Investigation Date(s): 03/23/2026 through 04/16/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 214407
Region/Unit #: RCS Region 2 / Unit D

Allegation(s):

Named Resident had an un-witnessed fall; facility staff did not contact Emergency Medical Services at the time the Named Resident was found by facility staff on the floor. At the time the Named Resident was found on the floor facility care staff on duty did not notify the facility administrator or nursing director.

Investigation Methods:

Sample:	Total residents: 73 Resident sample size: 9 Closed records sample size: 0
Observations:	Named Resident appearance, Named Resident's room, Named Resident's interaction with facility staff.
Interviews:	Resident/Resident Rep, Memory Care Director/RN, Executive Director, care staff
Record Reviews:	Named Resident facility medical records, incident report, investigation summary, facility polices

Investigation Summary:

On site investigation during a full licensing inspection found facility failed practice. The Named Resident resided in the secure Memory Care unit. The NR had a documented diagnosis of [redacted]. Records showed the NR was found on the floor of their room. Facility staff failed to assess and document NR status in the NR record, failed to notify facility nurse, NR's representative, and failed to contact emergency services to assess NR. Facility policies showed that facility staff failed to follow facility procedures/policies re: unwitnessed injury and mandatory reporting. The NR had not been assessed by the facility nurse until the day following the incident. The NR was found to have injuries which required additional assessment and treatment by community medical facility. The facility incident report/investigative summary showed missing information with no documentation of the circumstances of the alleged un-witnessed fall. In an Interview with Executive Director and Memory Care Director/RN they stated that care staff had not followed policy and the investigative summary was missing information with no investigative process, no incident circumstances, and no plan to prevent future incidents. Failed

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facility practice found.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 03/23/2026 and 03/26/2026 of:
Gencare Lifestyle Federal Way at Steel Lake
31200 23rd Avenue South
Federal Way, WA 98003

This document references the following complaint numbers: 216703, 214407.

The following sample was selected for review during the unannounced on-site visit: 9 of 73 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Claudia Allis, 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.

Jamie Singer
Residential Care Services

04-20-2026
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.

Angelo Marks
Administrator (or Representative)

4/24/26
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State Name and Date of Birth Background check for 2 of 6 staff (Staff E and Staff F). These failures placed 73 residents at risk of potential abuse or neglect by a caregiver with an unknown background.

Findings included....

Review of facility's undated personnel records showed the facility hired Staff E, Memory- Care Unit Caregiver, on 01/03/2023. Review of facility's undated personnel records showed the facility hired Staff F, Memory- Care Unit Caregiver, on 07/06/2023.

Review of Staff E's records showed documentation that Staff E completed a Washington State Name and Date of Birth background check on 01/03/2023, requiring renewal by 01/03/2025. Review of Staff E's records showed documentation that Staff E completed a Washington State Name and Date of Birth background check on 07/23/2025. The records showed Staff E provided direct care to residents for 202 days without a valid

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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.

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(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State Name and Date of Birth Background check for 2 of 6 staff (Staff E and Staff F). These failures placed 73 residents at risk of potential abuse or neglect by a caregiver with an unknown background.

Findings included….

Review of facility's undated personnel records showed the facility hired Staff E, Memory- Care Unit Caregiver, on 01/03/2023. Review of facility's undated personnel records showed the facility hired Staff F, Memory- Care Unit Caregiver, on 07/06/2023.

Review of Staff E’s records showed documentation that Staff E completed a Washington State Name and Date of Birth background check on 01/03/2023, requiring renewal by 01/03/2025. Review of Staff E’s records showed documentation that Staff E completed a Washington State Name and Date of Birth background check on 07/23/2025. The records showed Staff E provided direct care to residents for 202 days without a valid

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Washington State Name and Date of Birth background check.

Review of Staff F's records showed documentation that Staff F's date of hire was 07/06/2023. Record review showed documentation that Staff F completed a Washington State Name and Date of Birth background check on 01/18/2024. The records showed Staff F provided direct care to residents for 197 days without a valid Washington State Name and Date of Birth background check. Review of Staff F's records showed documentation that Staff F completed a Washington State Name and Date of Birth background check on 01/24/2026. The records showed Staff F's provided direct care to residents for six days without a valid Washington State Name and Date of Birth background check

During an interview on 03/26/2026 at 2:55 PM, Staff A, Executive Director, stated that the facility was aware that staff needed Washington State Name and Date of Birth background checks upon hire and then every 2 years.

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 5/31/26 .

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

Angela Starla — Administrator (or Representative)

4/27/26 — Date

WAC 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special

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Washington State Name and Date of Birth background check.

Review of Staff F's records showed documentation that Staff F's date of hire was 07/06/2023. Record review showed documentation that Staff F completed a Washington State Name and Date of Birth background check on 01/18/2024. The records showed Staff F provided direct care to residents for 197 days without a valid Washington State Name and Date of Birth background check. Review of Staff F's records showed documentation that Staff F completed a Washington State Name and Date of Birth background check on 01/24/2026. The records showed Staff F's provided direct care to residents for six days without a valid Washington State Name and Date of Birth background check

During an interview on 03/26/2026 at 2:55 PM, Staff A, Executive Director, stated that the facility was aware that staff needed Washington State Name and Date of Birth background checks upon hire and then every 2 years.

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, Gencare Lifestyle Federal Way at Steel Lake 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 388-112A-0060 What are the training and certification requirements for volunteers and long-term care workers in assisted living facilities and assisted living facility administrators?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, an administrator or designee, and a long-term care worker in an assisted living facility: Who Status Facility orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Long-term care worker in assisted living facility.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required. Twelve hours per WAC 388-112A-0611 for NA-Cs, HCAs, and other professionals listed in WAC 388-112A-0090 , such as an individual with special

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education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

(ii) A long-term care worker employed on January 6, 2012, or was previously employed sometime between January 1, 2011, and January 6, 2012, and has completed the basic training requirements in effect on the date of hire. WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Not required.

(iii) Employed in an assisted living facility and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets the definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

(b) Assisted living facility administrator or administrator designee. A qualified assisted living facility administrator or administrator designee who does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required. Twelve hours per WAC 388-112A-0611 . Home care aide certification required per WAC 388-112A-0105 .

(c) Volunteer staff in assisted living facility. An unpaid person. Required per WAC 388-112A-0200 (1). Not required. Not required. Not required. Not required. Not required.

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;

(b) Basic;

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

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interviews and record reviews the facility failed to ensure 4 of 6 staff (Staff A, Staff B, Staff D, and Staff E) completed all required training to perform their job duties and responsibilities. This failure placed all the residents at risk of unmet care needs from staff with incomplete training.

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Findings included…

Review of the facility's personnel records showed the facility hired Staff A, Executive Director, on 01/05/2026; Staff B, Assisted Living Care Giver, on 01/30/2026; Staff D, Assisted Living Caregiver, on 09/26/2025; and Staff E, Memory Care Caregiver, on 01/03/2023.

ORIENTATION AND SAFETY
Review of the facility’s personnel records showed no documentation that Staff B and Staff D completed the required orientation and safety training.

During an interview on 03/26/2026 at 1:50 PM, Staff A stated that they were unaware that Staff B and Staff D had not completed the required orientation and safety training requirements.

BASIC TRAINING

Review of the facility’s personnel records showed no documentation that Staff A completed the required basic training.

During an interview on 03/26/2026 at 1:50 PM, Staff A stated that they were aware that they had not completed the required basic training. Staff A stated that they had enrolled in a Home Care Aide program and the Home Care Aide training included the required 70-hour basic training.

SPECIALTY TRAINING
Review of the facility’s personnel records showed no documentation that Staff B completed the required specialty training for dementia.

During an interview on 03/26/2026 at 1:55 PM, Staff A stated that they were unaware that Staff B did not complete the required specialty training requirements.

CONTINUING EDUCATION

Review of the facility’s personnel records showed no documentation that Staff E completed the required 12-hour training for continuing education training between their birthday 09/06/2024 and 09/06/2025.

During an interview on 03/26/2026 at 1:55 PM, Staff A stated that they were unaware

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that Staff E had not completed the required 12-hour continuing education.

Plan/Attestation Statement

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

Angelo Nadal — Administrator (or Representative)

4/24/26 — Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

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that Staff E had not completed the required 12-hour continuing education.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

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(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

(5) The assisted living facility may, through policy or procedure, require the resident's family member to immediately notify the assisted living facility of any changes in the medication or treatment plans for family assistance or administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 3 of 3 residents (Resident 1, Resident 4, and Resident 6) had a written plan for family assistance with medication management, signed and dated by the resident or the resident's representative, the family member implementing the plan, and a facility representative. This failure placed Resident 1, Resident 4, and Resident 6 at risk for unmet medication care needs.

Findings included…

During an interview on 03/23/2026 at 10:10 AM, Staff A, Administrator/Executive Director, Staff H, Wellness Director, and Staff J, Memory Care Director, stated the facility allowed family assistance with medications. Staff A, Staff H, Wellness Director/Licensed Practical Nurse (LPN), and Staff J stated there were residents in the facility receiving family assistance with their medication services.

Review of the facility's undated Disclosure of Services document showed the facility permitted family assistance with resident's medication services for those residents residing and receiving care and services in the assisted living area of the facility. The document showed that the facility did not permit family assistance with medication services for residents residing and receiving care and services in the secured memory care area of the facility.

RESIDENT 1
Review of Resident 1's records showed the facility admitted Resident 1 on [redacted]/2017. Review of Resident 1's assessment, dated 05/19/2025, showed that Resident 1 was assessed to need staff to administer all medications. The assessment showed Resident 1's family brought medications to the facility for the staff to store and provide medications to Resident 1 as ordered. The assessment showed Resident 1's family assisted with Resident 1's medication services by ordering, picking up, and bringing medications to the facility. Review of Resident 1's records showed that Resident 1's family had not completed a family medication assistance agreement.

RESIDENT 4
Review of Resident 4's records showed the facility admitted Resident 4 on [redacted]/2025. Review of Resident 4's assessment, dated 03/05/2026, showed that Resident 4 was assessed to self-administer. The assessment showed Resident 4's family assisted with Resident 4's medication services. Review of Resident 4's self-medication assessment,

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undated, showed that Resident 4's family filled medisets (medication organizer devices designed to allow for placement of medications by date and time) with Resident 4's medications allowing Resident 4 to take their medications as prescribed. Review of Resident 4's records showed that Resident 4's family had not completed a family medication assistance agreement.

RESIDENT 6
Review of Resident 6's records showed the facility admitted Resident 6 on [redacted]/2026. Review of Resident 6's assessment, dated 02/09/2026, showed that Resident 6 was assessed to need assistance with self-administration. The assessment showed Resident 6's family assisted with Resident 6's medication services. Review of Resident 6's self medication assessment, dated 03/26/2026, showed that Resident 6's family filled medisets with Resident 6's medications allowing Resident 6 to take their medications as prescribed.

Review of Resident 6's family plan for assistance with medications showed the name, signature and date of the family member who will provide the medication assistance. The plan showed no signature by a representative of the facility, as required.

During an interview on 03/26/2026 at 10:16 AM, Resident 6 stated that their daughter helps manage their medications. Resident 6 stated that their daughter fills their medisets and they take their medications from the medisets.

During an interview on 03/26/2026 at 2:40 PM, Staff A, Staff J, and Staff I, Nurse Delegator, stated they were aware of the written plan requirements for family assistance with medications. Staff A, Staff J, and Staff I stated they were unaware that Resident 1 and Resident 4 did not have a family medication agreement plan, as required. Staff A, Staff J, and Staff I stated that they were unaware that Resident 6's family medication agreement plan was not signed by a facility representative, as required.

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Plan/Attestation Statement

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

Angela Bala — Administrator (or Representative)

4/24/26 — Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to investigate and address an unwitnessed fall that resulted in an injury for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk of additional harm, unmanaged pain, and additional falls.

Findings included...

Review of Resident 1's record showed the ALF admitted Resident 1 on [redacted]/2017 with multiple diagnoses. Resident 1's assessment, dated 05/19/2025, showed Resident 1 had a history of falls and diagnosis of [redacted].

Review of Resident 1's progress notes, dated [redacted]/2026 at7:30 PM, showed Staff J, Memory Care Director/RN (registered nurse), documented that they assessed Resident 1 on [redacted]/2026 following an alleged un-witnessed fall reported to occur on 02/24/2026 at approximately 10:00 PM. Staff J stated that they assessed Resident 1 on [redacted]/2026 to have an injury to their head, multiple bruises to the left side of their body, and complaints of pain. Staff J documented in Resident 1's progress that the differences between reported findings by facility staff from 02/24/2026, the injuries found during assessment on [redacted]/2026, and concerns for potential additional injuries, Staff J documented that emergency services were notified. Resident 1 was transported to the

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Plan/Attestation Statement

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

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Administrator (or Representative) Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to investigate and address an unwitnessed fall that resulted in an injury for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk of additional harm, unmanaged pain, and additional falls.

Findings included...

Review of Resident 1's record showed the ALF admitted Resident 1 on [redacted]/2017 with multiple diagnoses. Resident 1's assessment, dated 05/19/2025, showed Resident 1 had a history of falls and diagnosis of [redacted].

Review of Resident 1's progress notes, dated [redacted]/2026 at7:30 PM, showed Staff J, Memory Care Director/RN (registered nurse), documented that they assessed Resident 1 on [redacted]/2026 following an alleged un-witnessed fall reported to occur on 02/24/2026 at approximately 10:00 PM. Staff J stated that they assessed Resident 1 on [redacted]/2026 to have an injury to their head, multiple bruises to the left side of their body, and complaints of pain. Staff J documented in Resident 1's progress that the differences between reported findings by facility staff from 02/24/2026, the injuries found during assessment on [redacted]/2026, and concerns for potential additional injuries, Staff J documented that emergency services were notified. Resident 1 was transported to the

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local medical facility for assessment and treatment. Resident 1 was admitted to the local community facility on [redacted]/2026. Resident 1 returned to the secured memory care unit of the Assisted Living facility on [redacted]/2026.

Review of the facility incident report and investigative summary showed no documentation of the time that facility staff found Resident 1 on the floor on 02/24/2026. Review of the facility incident report and investigative summary showed incomplete documentation of the assessment process, no documentation of the appearance of Resident 1's room, and no documentation of the facility staff actions to monitor Resident 1 following the incident.

During an interview, on 03/25/2026 at 10:50 AM, Staff A, Executive Director, and Staff J stated that residents in the memory care unit do not have access to call pendants and call lights to notify staff that assistance was needed. Staff J stated that Resident 1 returned to the facility on [redacted]/2026. Staff A stated that Resident 1 had been evaluated at the community medical center and diagnosed with a [redacted] and [redacted]. Staff J and Staff A stated that there was no documentation of a facility assessment completed when Resident 1 returned to the facility from the community medical care facility. Staff J stated that the service plan for Resident 1 had not been updated following the incident. Staff J stated that there was no documentation of the infection control precautions taken when Resident 1 returned to the facility with a positive [redacted] diagnosis.

During an interview on 03/25/2026 at 1:35 PM, Staff A stated that they were unaware of the Washington State regulatory investigation requirements. Staff A stated that they had used the corporate incident form and were unaware that they had not completed all the investigative process. Staff A stated that they did not know if the recommended infection control procedures were followed when Resident 1 returned to the facility following hospitalization.

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Plan/Attestation Statement

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

Administrator (or Representative) — Date: 4/24/26

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:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain current veterinarian pet records for 2 of 4 pets (Pet 1 and Pet 2) that resided in the facility. This failure placed all residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

Review of the facility's Disclosure of Services showed the facility permitted pets with the conditions stated in their pet policy. Review of the facility's undated document titled, "Pet policy", showed that pets must maintain regular veterinary examinations and immunizations. The pet policy showed that pets must be free of diseases transmittable to humans.

Review of the facility's pet binder showed there were four pets that lived in the facility.

A review of the records showed no documentation that Pet 1 (dog) had received a regular examination of health in 2025 or 2026. Review of Pet 1's records showed no documentation of a current veterinarian certificate that verified they were free of diseases transmittable to humans.

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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, Gencare Lifestyle Federal Way at Steel Lake 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-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:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain current veterinarian pet records for 2 of 4 pets (Pet 1 and Pet 2) that resided in the facility. This failure placed all residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included…

Review of the facility's Disclosure of Services showed the facility permitted pets with the conditions stated in their pet policy. Review of the facility's undated document titled, "Pet policy", showed that pets must maintain regular veterinary examinations and immunizations. The pet policy showed that pets must be free of diseases transmittable to humans.

Review of the facility's pet binder showed there were four pets that lived in the facility.

A review of the records showed no documentation that Pet 1 (dog) had received a regular examination of health in 2025 or 2026. Review of Pet 1’s records showed no documentation of a current veterinarian certificate that verified they were free of diseases transmittable to humans.

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A review of the records showed no documentation that Pet 2 (cat) had no documentation of a current veterinarian certificate that verified they were free of diseases transmittable to humans.

During an interview on 03/26/2026 at 2:1- PM, Staff A, Executive Director, stated that they were unaware of the pets who needed updated health examinations, health certifications, and vaccinations.

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 5/31/26 .

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

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.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 4 of 4staff (Staff A, Staff B, Staff C, and Staff D) were screened for Tuberculosis (TB), as required. This failure placed 73 residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Review of the facility's personnel records showed the facility hired Staff A, Executive Director, on 01/05/2026; Staff B, Assisted Living Caregiver, on 01/30/2026; Staff C, Memory Care Caregiver, on 01/09/2026; and Staff D, Assisted Living Caregiver, on 09/26/2025.

Review of the facility's staff schedule showed that Staff A worked at the facility providing supervision of care and services for residents. Review of Staff A's personnel

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A review of the records showed no documentation that Pet 2 (cat) had no documentation of a current veterinarian certificate that verified they were free of diseases transmittable to humans.

During an interview on 03/26/2026 at 2:1- PM, Staff A, Executive Director, stated that they were unaware of the pets who needed updated health examinations, health certifications, and vaccinations.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) 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 facility failed to ensure 4 of 4staff (Staff A, Staff B, Staff C, and Staff D) were screened for Tuberculosis (TB), as required. This failure placed 73 residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Review of the facility's personnel records showed the facility hired Staff A, Executive Director, on 01/05/2026; Staff B, Assisted Living Caregiver, on 01/30/2026; Staff C, Memory Care Caregiver, on 01/09/2026; and Staff D, Assisted Living Caregiver, on 09/26/2025.

Review of the facility's staff schedule showed that Staff A worked at the facility providing supervision of care and services for residents. Review of Staff A's personnel

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records showed no documentation that Staff A completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff B worked at the facility providing care and services for residents. Review of Staff B's personnel records showed no documentation that Staff B completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff C worked at the facility providing care and services for residents. Review of Staff C's personnel records showed documentation that Staff C completed the first step of TB screening and testing on 01/12/2026. Review of Staff C's personnel records showed no documentation that Staff C completed the second step of TB screening and testing. Review of Staff C's personnel records showed no documentation that Staff C completed both the required first and second step of skin TB screening and testing.

Review of the facility's staff schedule showed that Staff D worked at the facility providing care and services for residents. Review of Staff D's personnel records showed no documentation that Staff D completed TB screening and testing within 3 days of the date of hire.

During an interview on 03/26/2026 at 2:15 PM, Staff A stated that they were unaware Staff A, Staff B, Staff C, and Staff D had not been tested for tuberculosis (TB) when they were hired.

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 5/31/26 .

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

Administrator (or Representative) — Date: 4/24/26

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(5) Be written on a page that is separate from other documents and be written in a type

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records showed no documentation that Staff A completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff B worked at the facility providing care and services for residents. Review of Staff B's personnel records showed no documentation that Staff B completed TB screening and testing within 3 days of the date of hire.

Review of the facility's staff schedule showed that Staff C worked at the facility providing care and services for residents. Review of Staff C's personnel records showed documentation that Staff C completed the first step of TB screening and testing on 01/12/2026. Review of Staff C's personnel records showed no documentation that Staff C completed the second step of TB screening and testing. Review of Staff C's personnel records showed no documentation that Staff C completed both the required first and second step of skin TB screening and testing.

Review of the facility's staff schedule showed that Staff D worked at the facility providing care and services for residents. Review of Staff D's personnel records showed no documentation that Staff D completed TB screening and testing within 3 days of the date of hire.

During an interview on 03/26/2026 at 2:15 PM, Staff A stated that they were unaware Staff A, Staff B, Staff C, and Staff D had not been tested for tuberculosis (TB) when they were hired.

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, Gencare Lifestyle Federal Way at Steel Lake 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-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(5) Be written on a page that is separate from other documents and be written in a type

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font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 8 of 9 residents (Resident 1, Resident 2, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 9) with a copy of the facility's policy for acceptance of [redacted] as a payment source on a separate document apart from other documents. The facility failed to ensure the resident, or the residents representative acknowledged the facility policy on Medicaid as a payment source with a signature and date. This failure placed Resident 1, Resident 2, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 9 at risk of being discharged and unable to reside in the facility on state [redacted] assistance as a payment source.

Findings included…

Review of the facility's undated Disclosure of Services document showed the facility provided assistance with activities of daily living (ADL's). The document showed the facility did not accept [redacted] as a payment source.

During an interview on 03/23/2026 at 10:10 AM, Staff A, Administrator/Executive Director, stated that the facility did not have a [redacted] contract. Staff A stated that the facility did not accept [redacted] as a payment source for residents who resided in their facility.

Review of the facility's admission records showed that the facility did not have a Medicaid policy on a separate document, as required. There was no documentation of any acknowledgement by residents or representatives that showed the facility explained their policy on accepting [redacted] as a payment source.

Review of the facility's document titled, "Resident Handbook", dated 12/01/2022, showed that the facility's Medicaid Disclosure statement was on page 41 of 47 of the Resident Handbook. The records showed that the Medicaid Disclosure statement was not part of a separate document and showed no acknowledgement signatures and dates for residents or their representatives.

During an interview on 03/26/2026 at 9:35 AM, Resident 9 stated that they do not recall receiving the facility's Resident Handbook. Resident 9 stated that they do not understand the facility's policy on [redacted] and if the facility accepts [redacted] as a payment source.

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

During an interview on 03/26/2026 at 10:16 AM, Resident 6 stated that they do not recall receiving the facility's Resident Handbook. Resident 6 stated that they do not understand the facility's policy on [redacted] and if the facility accepts [redacted] as a payment source.

During an interview on 03/26/2026 at 12:45 PM, Resident 5 stated that they do not recall receiving the facility's Resident Handbook. Resident 5 stated that they do not understand the facility's policy on [redacted] and if the facility accepts [redacted] as a payment source.

During an interview on 03/24/2026 at 9:20 AM, Staff A stated that the facility's Medicaid policy was part of the Resident Handbook. Staff A stated that there was no separate Medicaid policy document to provide to residents, as required. Staff A stated that they were unaware of any current residents' records that contained this type of documentation. Staff A stated that they were unaware of the requirements to provide the facility's Medicaid policy on a separate document with acknowledging signatures and dates by residents or their representatives.

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 5/31/26 .

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

Angelo Abala — Administrator (or Representative)

4/27/26 — Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Note: WAC 246-338-020 Licensure-Types of medical test site licenses showed After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1: (1) Certificate of waiver.

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

During an interview on 03/26/2026 at 10:16 AM, Resident 6 stated that they do not recall receiving the facility's Resident Handbook. Resident 6 stated that they do not understand the facility's policy on [redacted] and if the facility accepts [redacted] as a payment source.

During an interview on 03/26/2026 at 12:45 PM, Resident 5 stated that they do not recall receiving the facility's Resident Handbook. Resident 5 stated that they do not understand the facility's policy on [redacted] and if the facility accepts [redacted] as a payment source.

During an interview on 03/24/2026 at 9:20 AM, Staff A stated that the facility's Medicaid policy was part of the Resident Handbook. Staff A stated that there was no separate Medicaid policy document to provide to residents, as required. Staff A stated that they were unaware of any current residents' records that contained this type of documentation. Staff A stated that they were unaware of the requirements to provide the facility's Medicaid policy on a separate document with acknowledging signatures and dates by residents or their representatives.

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, Gencare Lifestyle Federal Way at Steel Lake 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-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Note: WAC 246-338-020 Licensure-Types of medical test site licenses showed After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1: (1) Certificate of waiver.

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Based on record review and interview, the facility failed to maintain 1 of 1 current Medical Test Site Waiver (MTSW) certificate for the performance of medical testing on the facility premises. This failure placed 73 residents at risk of receiving medical tests from a facility that has not been waived to conduct onsite medical tests.

Findings included...

Review of the Department of Health's (DOH) website showed that the facility had a MTSW certificate. The website showed that the facility's MTSW certificate expired as of 09/30/2025.

During an interview on 03/23/2026 at 10:10 AM, Staff A, Administrator/Executive Director, stated that the facility performed testing on residents that required MTSW certification. Staff A stated that the facility had an MTSW certificate.

Review of the facility's posted MTSW certificate showed that it had expired as of 09/30/2025.

During an interview on 03/26/2026 at 2:40 PM, Staff A stated that they were unaware the facility's MTSW certificate had expired.

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 5/31/26.

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

Administrator (or Representative) — Date 4/24/26

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Maintain and provide staff persons with the necessary training, supplies, equipment,

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Based on record review and interview, the facility failed to maintain 1 of 1 current Medical Test Site Waiver (MTSW) certificate for the performance of medical testing on the facility premises. This failure placed 73 residents at risk of receiving medical tests from a facility that has not been waived to conduct onsite medical tests.

Findings included…

Review of the Department of Health's (DOH) website showed that the facility had a MTSW certificate. The website showed that the facility's MTSW certificate expired as of 09/30/2025.

During an interview on 03/23/2026 at 10:10 AM, Staff A, Administrator/Executive Director, stated that the facility performed testing on residents that required MTSW certification. Staff A stated that the facility had an MTSW certificate.

Review of the facility's posted MTSW certificate showed that it had expired as of 09/30/2025.

During an interview on 03/26/2026 at 2:40 PM, Staff A stated that they were unaware the facility's MTSW certificate had expired.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Maintain and provide staff persons with the necessary training, supplies, equipment,

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and personal protective equipment for preventing and controlling the spread of infections by:

(ii) Ordering supplies when necessary.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to maintain inventory for 1 of 1 U.S National Institute for Occupational Safety and Health (N95) respirator (protective device used to filter airborne particles and prevent inhaling hazardous particles) for which staff had been fit-tested to wear for infectious disease prevention protocols. This failure placed 73 residents at risk for contracting and spreading of contagious infections by staff due to lack of access to proper personal protective equipment (PPE).

Findings included…

Review of the facility's policy titled, "Personal Protective Equipment", dated 05/08/2019, showed that the use of personal protective equipment (PPE) was to protect their employees from exposure to workplace hazards. The policy showed that Department Directors with oversight from the Executive Director are responsible for implementing and enforcing PPE use and providing appropriate PPE and making it available to employees.

During an interview on 03/23/2026 at 10:10 AM, Staff A, Administrator/Executive Director, stated that Staff I, Nurse Delegator, was the facility's Respiratory Protection Program (RPP) administrator. Staff A stated that Staff I performed medical clearance and fit testing for staff required to wear N95 respirators in cases of potential infectious airborne outbreaks.

Review of facility's N95 fit testing documents showed that on 07/02/2025 there were 13 facility staff fit tested for an N95 respirator. The records showed that the staff were fit tested for the 3M 9502+ brand of N95 respirator.

During an interview on 03/25/2026 at 3:20 PM, Staff A stated that they perform weekly PPE inventory supply monitoring to determine adequate supplies of PPE.

Observation on 03/26/2026 at 9:00 AM showed that facility PPE supplies, including N95 respirators, were stored in a closet inside the Wellness Center Office on the first floor of the facility. Observation showed no inventory of the 3M 9502+ N95 respirators were stocked in the PPE supply closet. During an interview at the time, Staff A and Staff H, Wellness Director, stated that there was no supply of 3M 9502+ N95 respirators onsite at the facility.

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Plan/Attestation Statement

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

Angelo Abrela — Administrator (or Representative)

4/24/26 — Date

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:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(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, interview, and record review the facility failed to document in writing an initial agreement to use electronic monitoring, the duration of use, and quarterly reevaluations of electronic surveillance for 2 of 2 residents (Resident 7 and Resident 10). This failure placed Resident 7 and Resident 10 at risk for potential violation of their rights.

Findings included...

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

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, Gencare Lifestyle Federal Way at Steel Lake 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-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:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(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, interview, and record review the facility failed to document in writing an initial agreement to use electronic monitoring, the duration of use, and quarterly reevaluations of electronic surveillance for 2 of 2 residents (Resident 7 and Resident 10). This failure placed Resident 7 and Resident 10 at risk for potential violation of their rights.

Findings included…

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

During an interview on 03/23/2026 at 10:10 AM, Staff A, Administrator/Executive Director, stated that there were no surveillance cameras in any residents' rooms.

Review of the facility's policy titled, "Electronic Monitoring Equipment", dated 10/04/2019, showed that an agreement for electronic monitoring will be for a specific use and duration, and that at the end of the specified period the monitoring will be discontinued, and a new agreement will be established. The policy showed the agreement will be valid for no more than 90 days. The policy showed that all agreements will be signed and dated by the resident and/or the resident representative.

Observation on 03/23/2026 at 12:30 PM, showed signage on the outside door of Resident 7 and Resident 10's rooms that indicated electronic monitoring equipment was present inside the room.

RESIDENT 7
Review of Resident 7's records showed the facility admitted Resident 7 on [redacted]/2023. Records showed no documentation of an agreement for electronic monitoring between the resident or the resident's representative and the facility. Records showed no documentation of a specific duration or any quarterly reevaluation for the electronic monitoring, in writing with signatures from the resident, resident's representative, or the facility.

Observation on 03/26/2026 at 10:05 AM, showed a video camera in Resident 7's room located in the kitchen area on top of the refrigerator. During an interview at the time, Resident 7 stated that the video camera was installed and monitored by their spouse.

RESIDENT 10
Review of Resident 10's records showed the facility admitted Resident 10 on [redacted]/2025. Records showed a consent for electronic monitoring installed on 08/05/2025. The records showed no documentation of a specific duration or any quarterly reevaluation for the electronic monitoring, in writing with signatures from the resident, resident's representative, or the facility.

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Plan/Attestation Statement

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

Angelo Mala — Administrator (or Representative)

4/24/26 — Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 4 of 9 residents (Resident 1, Resident 4, Resident 6, and Resident 9) initial and updated care plans (equivalent to negotiated service agreement) met current and changing needs to include care staff instructions and interventions. This placed Resident1, Resident 4, Resident 6, and Resident 9 at risk for unmet needs and a decreased quality of life.

Findings included...

Review of the facility's undated policy titled, "Preadmission Assessment Process",

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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, Gencare Lifestyle Federal Way at Steel Lake 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-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 4 of 9 residents (Resident 1, Resident 4, Resident 6, and Resident 9) initial and updated care plans (equivalent to negotiated service agreement) met current and changing needs to include care staff instructions and interventions. This placed Resident1, Resident 4, Resident 6, and Resident 9 at risk for unmet needs and a decreased quality of life.

Findings included…

Review of the facility’s undated policy titled, “Preadmission Assessment Process”,

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showed that the facility conducts clinically informed preadmission assessments to ensure appropriate determination of care needs. The policy showed the facility obtains clinical information that includes evaluation of medical diagnoses, medication management needs, behavioral safety considerations, and psychosocial needs.

Review of the facility's policy titled, "Initial Assessment", dated 10/04/2019, showed that the initial assessment becomes the resident's first service plan. The policy showed the assessment will include a licensed medical or health professional's diagnoses, prescribed medications that the resident can take independently or with assistance, and the level of personal care needs.

RESIDENT 1
Review of Resident 1's records showed the facility admitted Resident 1 on [redacted]/2017. Records showed Resident 1 was admitted with diagnoses of [redacted] and [redacted]. Review of Resident 1's assessment, dated 05/19/2025, showed Resident 1 received 81 milligrams (mg) of Aspirin EC (specialty coated medication that delays absorption until reaching the small intestine, used to reduce blood clotting), 1 tablet, once daily, by mouth; 25 mg of Seroquel (a medication used to treat mental health disorders by balancing the chemicals in the brain) 1 tablet, twice a day; and 50 mg of Sertraline (a medication used to treat mental health disorders such as depression and anxiety), 1 tablet, once daily. Review of Resident 1's care plan, dated 05/19/2025, showed no documentation that provided care staff with guidance about monitoring and reporting for possible side effects from Resident 1's medications.

RESIDENT 4
Review of Resident 4's records showed the facility admitted Resident 4 on [redacted]/2025. Records showed Resident 4 was admitted with diagnosis of [redacted] and [redacted]. Review of Resident 4's assessment, dated 03/05/2026, showed Resident 4 received 2.5 mg of Eliquis (specialty medication that is a blood thinning medication used to reduce blood clotting and prevent cerebral vascular accident (CVA), 1 tablet, twice daily, by mouth. Review of Resident 4's care plan, dated 03/05/2026, showed no documentation that provided care staff with guidance about monitoring and reporting for possible side effects from Resident 4's medication.

RESIDENT 6
Review of Resident 6's records showed the facility admitted Resident 6 on [redacted]/2026. Records showed Resident 6 was admitted with diagnosis of [redacted]. Review of Resident 6's assessment, dated 02/09/2026, showed Resident received 81 mg of Aspirin EC, 1 tablet, once daily, by mouth. Review of Resident 6's care plan, dated 02/09/2026, showed no documentation that provided care staff with guidance about monitoring and reporting for possible side effects from Resident 6's aspirin medication.

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RESIDENT 9
Review of Resident 9's records showed the facility admitted Resident 9 on [redacted]/2025. Records showed that Resident 9's last assessment and care plan was on [redacted]/2025. Records showed no updated care plan following an annual assessment since [redacted]/2025.

During an interview on 03/26/2026 at 2:40 PM, Staff A, Administrator/Executive Director, and Staff I, Nurse Delegator, stated that the facility utilized an electronic documentation system. Staff A and Staff I stated that when an assessment and care plan were completed for residents, the care plan should include documentation of the individualized care and services needs for each resident. Staff A and Staff I stated they were unaware the comprehensive elements required in resident care plans had not been completed or updated at least annually.

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 5/31/26 .

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

Angelo Abella — Administrator (or Representative)

4/27/26 — Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(I) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

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RESIDENT 9
Review of Resident 9's records showed the facility admitted Resident 9 on [redacted]/2025. Records showed that Resident 9's last assessment and care plan was on [redacted]/2025. Records showed no updated care plan following an annual assessment since [redacted]/2025.

During an interview on 03/26/2026 at 2:40 PM, Staff A, Administrator/Executive Director, and Staff I, Nurse Delegator, stated that the facility utilized an electronic documentation system. Staff A and Staff I stated that when an assessment and care plan were completed for residents, the care plan should include documentation of the individualized care and services needs for each resident. Staff A and Staff I stated they were unaware the comprehensive elements required in resident care plans had not been completed or updated at least annually.

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, Gencare Lifestyle Federal Way at Steel Lake 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

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Based on observation, interview, and record review, the facility failed to complete 3 of 9 residents (Resident 2, Resident 6, and Resident 7) assessments at least annually that included the required assessment components. This failure placed Resident 2, Resident 6, and Resident 7 at risk of harm from unidentified care needs and changes in condition.

Findings included…

During an interview on 03/23/2026 at 10:10 AM, Staff A, Administrator/Executive Director, stated that the facility had residents that utilized medical devices to assist in mobility and positioning in their beds.

Review of the facility's policy titled, "Resident Use of Bed Enablers", dated 06/02/2023, showed the facility allowed bed enablers (e.g. assist rails, bed handles) to support residents' mobility and positioning in their beds, provided they do not pose a safety risk or create a restraint environment. The policy showed that bed enablers must be assessed for need and its use documented in the residents' care plan (equivalent to the negotiated service agreement), monitored by staff regularly for safety and effectiveness, reassessed quarterly or as the residents' condition changes, and installed and adjusted by trained staff.

RESIDENT 2
Review of Resident 2's records showed the facility admitted Resident 2 on [redacted]/2025. Review of Resident 2's assessment and care plan, dated 07/29/2025, showed that Resident 2 was independent with mobility/transfers with queueing and reminders, and no physical assistance was required. The assessment showed that Resident 2 was able to self-transfer from bed to wheelchair and sit up and turn independently in bed. The assessment and care plan showed no documentation of a medical device used by Resident 2 for mobility and positioning. The records showed no documentation that Resident 2 was assessed to safely use a bed siderail. The records showed no documentation Resident 2 was monitored for the safe use of a bed siderail.

Observation of Resident 2's apartment on 03/26/2026 at 9:15 AM, showed half bed side rails attached at the head of the bed frame, along both the right and left side of the bed. The bed rails were in the raised position and measured approximately 30 inches wide with a four-inch gap between the vertical rail bars. The side rails were uncovered, and the side rail on the right side was loosely attached to the bed frame. During an interview at the time, Resident 2 stated that they use the side rails to maneuver in bed. Resident 2 stated that they have had the bed rails since moving into the facility.

RESIDENT 6
Review of Resident 6's records showed the facility admitted Resident 6 on [redacted]/2026. Review of Resident 6's preadmission assessment, dated 02/10/2026, showed that Resident 6 had a medical history of falls and utilized a wheelchair for mobility. Review of Resident 6's assessment and care plan, dated 02/09/2026, showed that Resident 6 was able to transfer independently from their bed to a chair/wheelchair. The

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assessment and care plan showed no documentation of a medical device used by Resident 6 for mobility and positioning. The records showed no documentation Resident 6 was assessed to safely use a bed enabler. The records showed no documentation Resident 6 was monitored for the safe use of a bed enabler.

Observation of Resident 6's apartment on 03/26/2026 at 10:16 AM, showed a bed cane (a U-shaped bedside support handle that helps to transfer in and out of bed) attached to the left side of the upper part of Resident 6's bed frame. The bed cane was uncovered with approximately a 17-inch gap between the vertical rails. During an interview at the time, Resident 6 stated they use the bed cane to get into and out of their bed.

RESIDENT 7
Review of Resident 7's records showed the facility admitted Resident 7 on [redacted]/2023. Review showed Resident 7 was admitted with a diagnosis of [redacted] Review of Resident 7's assessment and care plan, dated 03/09/2026, showed Resident 7 required mobility and transfer assistance. Review of the assessment and care plan showed Resident 7 used a transfer pole to assist with mobility. The assessment and care plan showed no documentation Resident 7 used a bed enabler and repositioning medical device. The records showed no documentation Resident 7 was monitored for the safe use of a mobility, transfer, or bed enabler device.

Observation of Resident 7's apartment on 03/26/2026 at 10:05 AM, showed half bed side rails attached at the head of the bed frame, along both the right and left side of the bed. The right bed rail was in the lowered position, and the left bed rail was in the raised position. The bed rails were uncovered and measured approximately 30 inches wide with a four-inch gap between the vertical rail bars. During an interview at the time, Resident 7 stated that they use the bed side rails to help maneuver and position in bed. Observation showed two floor to ceiling transfer poles, attached to the floor and ceiling of Resident's apartment. The transfer poles were located next to Resident 7's recliner chair and next to Resident 7's toilet in the bathroom.
During an interview on 03/26/2026 at 2:40 PM, Staff A, Administrator/Executive Director, Staff J, Memory Care Director, and Staff I, Nurse Delegator, stated that they were aware of the ongoing assessment requirements and components involved in an assessment. Staff A, Staff J, and Staff I stated they were unaware of the missing bed enabler device components of Resident 2, Resident 6, and Resident 7's assessments, and their corresponding service needs.

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

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, Gencare Lifestyle Federal Way at Steel Lake is or will be in compliance with this law and / or regulation on (Date) 5/31/26 .

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

Angela Shala — Administrator (or Representative)

4/22/26 — Date

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

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, Gencare Lifestyle Federal Way at Steel Lake 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

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