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

KIN ON HEALTH CARE CENTER
Kin On Assisted Living
5214 42nd Ave S
Seattle, WA 98118

RE: Kin On Assisted Living License # 2519

Dear Administrator:

This letter addresses Compliance Determination(s) 80780 (Completion Date 07/22/2026) and 78481 (Completion Date 06/05/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/22/2026 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-2450-2-h-i, WAC 388-78A-2450-2-h-ii, WAC 388-78A-2450-2-h-iii, WAC 388-78A-2450-2-h-iv, WAC 388-78A-2450-2-h-v, WAC 388-78A-2450-2-h-viii, WAC 388-78A-2450-3-d-i, WAC 388-78A-2483-2

The Department staff who did the on-site verification:
Scottie Sindora, ALF Licensor
Sunny Kent, Licensor

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

Sincerely,

Jamie Singer

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

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 06/02/2026 and 06/03/2026 of:

Kin On Assisted Living
5214 42nd Ave S
Seattle, WA 98118

The following sample was selected for review during the unannounced on-site visit: 4 of 9 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Scottie Sindora, ALF Licensor
Sunny Kent, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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

6/10/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

06/22/2026
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(viii) The facility's comprehensive disaster plan and related on-duty staff procedures.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to document Facility Orientation for 1 of 5 staff (Staff A). This placed 9 of 9 vulnerable residents in the care of a staff person whose orientation to the ALF was not confirmed through documentation and signature.

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(1) A documented history of a previous positive skin test, with ten or more millimeters induration;
(2) A documented history of a previous positive blood test; or
(3) Documented evidence of:
(a) Adequate therapy for active disease; or
(b) Completion of treatment for latent tuberculosis infection preventive therapy.

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services to 9 residents.

Record review of a Current Employee Roster, dated 05/27/2026, showed the ALF hired Staff B as a Certified Nursing Assistant (CNA) on 01/23/2026. A review of staff records showed Staff B received a QuantiFERON blood test (a blood test used to detect Mycobacterium tuberculosis) on 08/14/2025. The test was read on 08/16/2025 with negative results. There were no other testing records to show Staff B initiated TB testing within three days of the date of hire.

Record review of a Current Employee Roster, dated 05/27/2026, showed the ALF hired Staff C as a Certified Nursing Assistant (CNA) on 12/11/2025. A review of staff records showed Staff B received a QuantiFERON blood test (a blood test used to detect Mycobacterium tuberculosis) on 09/13/2025. The test was read on 09/16/2025 with negative results. There were no other testing records to show Staff C initiated TB testing within three days of the date of hire.

In an interview on 06/02/2026 at 10:28 AM, the Department Representative asked Staff E (Director of Supportive Housing) if there were additional testing records for Staff B and Staff C. Staff E stated they would check.

During the exit interview, on 06/02/2026 at 3:10 PM, the Department gave Staff E until 5:00 PM on 06/04/2026 to submit additional records. As of 06/04/2026 at 5:00 PM, no additional TB test records were received for Staff B and Staff C.

This deficiency was previously cited on 01/06/2025.

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Findings included...

Record review of a Current Employee Roster, dated 05/27/2026, showed the ALF hired Staff A on 04/21/2026 as a Cook. A review of Staff A's employment records showed no documentation of Facility Orientation.

In an interview, on 06/03/2026 at 10:17 AM, Staff E (Director of Supportive Housing) stated that the orientation was completed by several different departments of the ALF, but the orientation was not documented.

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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/20/2026 .

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

Administrator (or Representative) — Date: 06/22/2026

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff B and Staff C) received their second Tuberculosis (TB) screening within one year of the first one. This placed 9 residents at risk for receiving care from a two staff whose TB history was incomplete.

Findings included...

NOTE: WAC 388-78A-2482 Tuberculosis—No testing.

The assisted living facility is not required to have a staff person tested for tuberculosis if the staff person has:

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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, Kin On Assisted Living is or will be in compliance with this law and / or regulation on (Date) 7/20/2026.

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

Administrator (or Representative)

06/22/2026
Date

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