



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

Pacifica Kenmore LLC  
Kenmore Senior Living  
7221 NE 182nd St  
Kenmore, WA 98028

RE: Kenmore Senior Living License # 2566

Dear Administrator:

This letter addresses Compliance Determination(s) 79251 (Completion Date 06/18/2026) and 77271 (Completion Date 05/15/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/18/2026 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-2140-1-a-ii, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2471-4, WAC 388-78A-2480-1, WAC 388-78A-2310-2-f, WAC 388-78A-2450-1-a, WAC 388-78A-2305-1, WAC 388-78A-2620-2-b

The Department staff who did the on-site verification:

Sunny Kent, Licensors  
Scottie Sindora, ALF Licensors

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

Sincerely,

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



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

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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 05/05/2026 and 05/08/2026 of:

Kenmore Senior Living  
7221 NE 182nd St  
Kenmore, WA 98028

This document references the following complaint numbers: 223886.

The following sample was selected for review during the unannounced on-site visit: 10 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licenser  
Scottie Sindora, ALF Licenser

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

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

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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

05/28/2026  
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.

*Kate Aldrich*  
Administrator (or Representative)

*6/5/26*  
Date

**WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:**

- (1) The care and services necessary to meet the resident's needs, including:
  - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
  - (ii) The resident's full assessments;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) The ALF failed to develop and document in the Negotiated Service Agreement (NSA) a plan to monitor and address potential side effects of daily aspirin therapy for 2 of 9 sampled residents (Resident 1 and Resident 2) and a plan to address seizure signs, symptoms and emergency interventions for 2 of 9 sampled residents (Resident 5 and Resident 6). This placed the Resident 1, 2, 5 and 6 at risk for compromised health.

Findings included...

Note: According to the Davis's Drug Guide for Nurses, January 2024, aspirin (also known as Acetylsalicylic Acid or ASA), may be prescribed to reduce the risk of myocardial infarction (MI) (when blood flow that brings oxygen to the heart muscle is severely reduced or cut off completely) in patients with a history of MI. Aspirin decreases platelet aggregation (causes red blood cells to be less sticky so they don't form blood clots). Adverse reactions include gastrointestinal bleeding. Anticoagulant medications may cause unusual bruising, bleeding of the gums, and black, tarry stools.

## Resident 1

Record review of an undated Resident Characteristics Roster (RCR) showed the ALF admitted Resident 1 on [REDACTED]/2025. Record review of a Face Sheet, dated 05/05/2026, showed multiple disabling diagnoses including [REDACTED].

Review of Resident 1's electronic Medication Administration Records (eMAR) for February, March, and April 2026 showed they took aspirin 81 mg (milligrams) every morning for deep vein thrombosis (DVT - a condition where a blood clot [thrombus] forms in the deep veins, most commonly in the legs or pelvis) prophylaxis (action taken to prevent disease). Record review of the Needs and Services Plan (NSP) (equivalent to an NSA) for Resident 1, last updated 02/18/2026, did not show interventions for care staff to refer to for any signs of unusual bleeding or bruising, or risks of bleeding or bruising on the resident.

## Resident 3

Record review of an undated RCR showed the ALF admitted Resident 3 on [REDACTED]/2025. Record review of a Washington Resident Assessment (WRA) (equivalent to Assessment), dated 02/09/2026, showed multiple disabling diagnoses including [REDACTED]

and [REDACTED].

Review of Resident 3's eMARs for February, March, and April 2026 showed they took aspirin 81 mg every morning. Record review of the NSP for Resident 3, last updated 08/15/2025, did not show interventions for care staff to refer to for any signs of unusual bleeding or bruising, or risks of bleeding or bruising on the resident.

## Resident 5

Record review of an undated RCR showed the ALF admitted Resident 5 on [REDACTED]/2023. Record review of a Face Sheet, dated 05/05/2026, showed multiple disabling diagnoses including [REDACTED].

Record review of eMARs for February, March, April and May 1-8, 2026 showed medication staff administered an anticonvulsant medication to Resident 5 twice daily, in the morning and at bedtime. Review of a "Hospice Recertification Plan of Care Update", dated 04/16/2026, showed the hospice provider prescribed the anticonvulsant medication for "seizure prevention". Record review of the NSP for Resident 5, signed by [REDACTED]

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the resident's representative on 01/29/2026, showed a diagnosis of [REDACTED] in the "Safety" section. There were no care plan instructions to direct staff on how to recognize or manage seizure activity for Resident 5. Review of undated Emergency Instructions showed a list of general signs and symptoms of a seizure. None of these signs and symptoms were addressed on Resident 5's NSP.

#### Resident 6

Record review of an undated RCR showed the ALF admitted Resident 6 on [REDACTED]/2025. Record review of a Face Sheet, dated 05/05/2026, showed multiple disabling diagnoses including [REDACTED]

Record review of an eMAR for May, 2026 showed Resident 6 self-administered a daily dose of an anticonvulsant medication to treat a diagnosis of [REDACTED]. Record review of the NSP for Resident 6, last updated on 02/16/2026, did not show a plan for monitoring Resident 6 for seizures or what to do if the resident experienced signs and symptoms consistent with seizure activity.

In an interview, on 05/07/2026 at 1:24 PM, Staff G (Community Support Nurse) stated there were no anticoagulant safety instructions for Resident 1 and Resident 2. On 05/08/2026 at 11:50 AM, Staff G stated there were no specific seizure care plans for Resident 5 and Resident 6.

#### 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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/15/26

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

Kate Albrecht  
Administrator (or Representative)

6/15/26  
Date

#### WAC 388-78A-2210 Medication services.

- (1) An assisted living facility providing medication service, either directly or indirectly, must:
  - (b) Develop and implement systems that support and promote safe medication service for each resident.
- (2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-

2250 :

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure blood pressure parameters and medication administration were implemented as ordered for 1 of 9 residents (Resident 1), and that medications were administered as ordered for 2 of 9 residents (Resident 3 and 5). The ALF also failed to ensure a bowel program (BP) ordered by the prescribing physician was implemented as ordered for 1 of 9 sampled residents (Resident 5), and failed to monitor Medication Technicians (Med Techs) to ensure accurate documentation of bowel movements BM and notification of the licensed nurse (LN) when the number of missed BMs met the threshold for contacting hospice services. This placed Resident 1, 3 and 5 at risk for compromised health.

Findings included...

NOTE: The ALF's Missed or Refused Medications Policy, dated 12/05/2025, shows that, "any missed or refused medications are documented in the resident's medication records in the narrative notes and, "the prescribing physician/practitioner is notified of missed or refused medications."

NOTE: According to Davis Drug Guide for Nurses, January 2024, Levetiracetam, used to treat a variety of seizure disorders, should not be abruptly discontinued as it may increase frequency of seizures.

**Resident 1**

Record review of an undated Resident Characteristics Roster (RCR) showed the ALF admitted Resident 1 on [REDACTED]/2025. Record review of a Face Sheet, dated 05/05/2026, showed multiple disabling diagnoses including [REDACTED]

Record review of electronic Medication Administration Records (eMAR) for February, March, and April 2026 showed Resident 1's primary care provider prescribed three medications to control blood pressure. Each medication included a set of blood pressure parameters directing Med Techs to hold the medication if the systolic (top number) blood pressure exceeded 100 mm hg (millimeters of mercury).

For two of the medications, no blood pressure (BP) reading was recorded at 5:00 PM on March 2, 2026. The medications were documented as held for "BP below parameter". No BP reading was recorded at 5:00 PM on March 6, 2026. The medications were documented as given. On March 22, 2026, 10 various routine medications along with two BP medications, scheduled for 8:00 AM along with corresponding blood pressure

readings were left blank. Exception/Pass notes did not indicate why the medications were not administered as scheduled.

### Resident 3

Record review of an undated RCR showed the ALF admitted Resident 3 on [REDACTED]/2025. Record review of a Washington Resident Assessment (WRA) (equivalent to Assessment), dated 02/09/2026, showed multiple disabling diagnoses including [REDACTED].

Record review of eMARS for February, 2026 showed one medication, Gabapentin 600 mg, was scheduled for administration by Med Techs at 8:00 AM, 12:00 PM and 7:00 PM. Seven doses of the medication were documented in the Exception/Pass Notes as, "Resident out of the facility/building". Review of March eMARs showed six doses documented in the Exception/Pass Notes as the resident was unavailable for a variety of reasons. Review of eMARs for April, 2026 showed six doses documented in the Exception/Pass Notes as the resident was unavailable for a variety of reasons. There was no documentation to show if the ALF administered the medication at a later time or sent it with the resident for self-administration.

On March 21, 2026, 11 medications were documented in the Exception/Pass notes as, "Resident not in room." There was no documentation to show if the resident received the medications at another time during the day.

On March 22, 2026, 12 medications scheduled for 8:00 AM were left blank. Exception/Pass notes did not indicate why the medications were not administered as scheduled.

### Resident 5

Record review of an undated RCR showed the ALF admitted Resident 5 on [REDACTED]/2023. Record review of a Face Sheet, dated 05/05/2026, showed multiple disabling diagnoses including [REDACTED] and vascular [REDACTED]. Resident 5 received hospice (end of life) services.

Record review of a "Hospice Recertification Plan of Care Update", dated 04/16/2026, showed an order for, "instruct bowel protocol as needed". Goals of care included, "Patient will have an effective bowel program as evidenced by medication orders for scheduled or PRN (as needed) use", and "Patient/caregivers will understand symptom scales, how to manage symptoms and report changes to hospice when symptoms occur."

Record review of eMARs for February, March, April and May 1-8, 2026 showed an entry for “BM monitoring – daily BM monitoring, if no BM after two days follow PRN order for constipation and inform hospice.” The eMARs scheduled BM monitoring daily at 10:00 AM and 7:00 PM.

The February, 2026 eMAR documentation for 10:00 AM showed the BM as a zero (0) for February 2-11, 2026 and February 18-20, 2026. At 7:00 PM, the BM was recorded as a 0 for February 1-5 and February 9-28, 2026.

Documentation showed Med Techs administered a suppository to treat the constipation on February 2, 6, 11-12 and February 20, 2026. Treatment was missed February 9 and 10, 2026. Treatment for the 7:00 PM BM of 0 was missed on February 15, February 18, February 23 and February 26, 2026.

The March, 2026 eMAR documentation for 10:00 AM showed the BM as a 0 for March 6-8, 2026, March 16-24, and March 28-30, 2026. At 7:00 PM, the BM was recorded as a 0 for March 1-9, 2026, March 11-14, 2026, March 19-21, and March 23-30, 2026.

Documentation showed Med Techs administered a suppository to treat the constipation on March 18, 2026. Treatment for the 10:00 AM BM of 0 was missed March 8, 21, 24 and 30, 2026. Treatment for the 7:00 PM BM of 0 was missed on March 3, 6, 13, 21, 25 and 28, 2026.

The April, 2026 eMAR for 10:00 AM showed the BM as a 0 for April 15-17 and April 27-29, 2026. At 7:00 PM, the BM was recorded as a 0 for April 8-10, April 12-17, April 20-23 and April 28-30, 2026. Treatment for the 10:00 AM BM of 0 was missed April 17 and 29, 2026. Treatment for the 7:00 PM BM of 0 was missed on April 10, 14, 17, 23 and 30, 2026.

The May 1-8, 2026 eMAR for 10:00 AM showed the BM as a 0 for May 2-4 and May 6-8, 2026. Treatment for the 10:00 AM BM of 0 was missed May 4 and May 8, 2026.

BMs were not recorded (box left empty) on February 7, March 31, April 7 and April 11, 2026. There were no entries on the eMARs or Narrative Charting to show Med Techs reached out to LNs or hospice when Resident 5 produced no BM after two days, as directed by the hospice order.

Record review of eMARs showed Resident 5 was prescribed a medication to control seizures, Levetiracetam 500 mg, twice daily. Documentation of the 8:00 PM dose was left blank on March 17, 21, 28 and 29, 2026. Documentation of the 8:00 AM dose was left blank on April 14, 2026. Documentation of the 8:00 PM dose was left blank on April 26 and 28, 2026. Exception/Pass notes did not indicate why the medication was not

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administered as ordered.

During an interview on 05/07/2026 at 1:34 PM, Staff G, Community Support Nurse, stated that when there are holes in eMARs it means the Med Techs did not sign off on the medications. If a resident needed medications to take with them when they left the facility, ALF staff released the medications to the family. If medications were released to residents for self-administration, it would be documented on the eMARs.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/15/26

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

  
Administrator (or Representative)

Date: 6/15/26

**WAC 388-78A-2471 Background check Confidentiality Use restricted Retention. The assisted living facility must ensure that all disclosure statements, background authorization forms, background check results and related information are:**

(4) Retained and available for department review during the individual's employment or association with a facility and for at least two years after termination of the employment or association.

**This requirement was not met as evidenced by:**

Based on interview and record review, The Assisted Living Facility (ALF) failed to ensure 1 of 5 sampled staff (Staff C) completed a new National Fingerprint Background Check (NFBC) or obtained a copy of an existing NFBI from the Department within 120 days of the date of hire. This placed the ALF's 79 residents at risk for receiving care from a staff person whose background history was incomplete.

Findings included...

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services to 79 residents.

Record review of an undated Staff Roster showed the ALF hired 08/27/2025 as a Medication Technician (Med Tech). Review of staff records for Staff C did not show

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results for an NFBC. Further record review showed the ALF contacted the Background Check Central Unit (BCCU) via fax on 04/17/2026 and requested Staff C's existing final fingerprint result. A receipt showed Staff C originally applied for fingerprints on 11/12/2025.

The Department Representative emailed Staff A, Executive Director, Staff G, Community Support Nurse and Staff H, Business Office Manager, on 05/06/2026 at 12:51 PM requesting fingerprint results for Staff C. As of 05/11/2026, no additional records were returned.

During the exit interview on 05/08/2026 at 2:00 PM, Staff A and Staff H acknowledged there were no fingerprint results available for Staff C.

| 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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) <u>6/15/26</u> |                        |
| In addition, I will implement a system to monitor and ensure continued compliance with this requirement.                                                                                                                                                      |                        |
| <u><i>Katie Adreese</i></u><br>Administrator (or Representative)                                                                                                                                                                                              | <u>6/15/26</u><br>Date |

**WAC 388-78A-2480 Tuberculosis Testing Required.**

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 5 sampled staff (Staff B and Staff C) initiated tuberculosis (TB) testing within three days of hire. This placed the ALF's 79 residents at risk for receiving care from two staff persons whose TB status was unknown.

Findings included...

Record review of an undated Resident Characteristic Roster showed the ALF provided care and services to 79 residents.

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Record review of an undated Staff Roster showed the ALF hired Staff B as the Resident Care Director (RCD) on 04/14/2026. A review of staff records showed Staff B received a TB skin test on 04/21/2026. The test was read on 04/23/2026. The testing was initiated seven days after Staff B's date of hire.

Record review of an undated Staff Roster showed the ALF hired Staff C as a Medication Technician (Med Tech) on 08/27/2025. A review of staff records showed Staff C received a chest x-ray (CXR) on 07/14/2023. There were no accompanying positive skin or blood test results to show why the CXR was necessary. There were no other records to show Staff C initiated TB testing within three days of their date of hire.

The Department Representative emailed Staff A, Executive Director, Staff G, Community Support Nurse and Staff H, Business Office Manager on 05/06/2026 at 12:21 PM requesting additional TB results for Staff B and Staff C. As of 05/11/2026 at 5:00 PM, no additional records were returned.

During the exit interview, on 05/08/2026 at 2:00 PM, Staff A and Staff H acknowledged there were no other TB testing records available for Staff B and Staff C.

This is a recurring deficiency previously cited on 10/30/2024, 08/03/2023 and 05/31/2023.

**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)

*Kali Aldrich*

Date

6/15/26

**WAC 388-78A-2310 Intermittent nursing services.**

(2) The assisted living facility may choose to provide any of the following intermittent nursing services through appropriately licensed and credentialed staff; however, the facility may or may not need to provide additional intermittent nursing services to comply with the reasonable accommodation requirements in federal or state law:

(f) Nurse delegation consistent with chapter 18.79 RCW.

**This requirement was not met as evidenced by:**

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure Nurse Delegation was in place for 3 of 9 sampled residents (Resident 3, 4 and 5) within 90 days. This placed Resident 3, 4 and 5 at risk for medication errors.

Findings included...

NOTE: WAC 246-840-930 Criteria for Delegation. (1) In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.

**EVALUATE**

(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.

(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.

(18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.

**Resident 3**

Record review of an undated Resident Characteristic Roster (RCR) showed the ALF admitted Resident 3 on [REDACTED]/2025. Record review of a Washington Resident Assessment (WRA) (equivalent to Assessment), dated 02/09/2026, showed multiple disabling diagnoses including [REDACTED]. The assessment also showed under "Medications" Resident 3 self-administered some of their medications, and some were safely self-administered with assistance.

Record review of the Needs and Services Plan (NSP) (equivalent to a Negotiated Service Agreement), last updated 08/12/2026, showed Resident 3 required partial assistance for diabetic care.

A review of electronic Medication Administration Records (eMAR) for February, March

and April, 2026 showed Resident 3 measured their blood glucose and needed an insulin injection every night at bedtime, and a twice-daily oral tablet to control their diabetes.

Review of a "Nurse Delegation: Nursing Visit" form, dated 12/20/2025, showed the visit was designated as a 90-day follow-up and showed Nurse Delegation (ND) was necessary for the BG (blood glucose) check and insulin injection, related to physical limits.

#### Resident 4

Record review of an undated RCR showed the ALF admitted Resident 4 on [REDACTED]/2023. Record review of a Face Sheet, dated 05/05/2026, showed multiple disabling diagnoses including [REDACTED] and [REDACTED].

Record review of a WRA, dated 03/13/2026, showed under "Medications" Resident 4's medications were safely self-administered with assistance. Record review of the NSP, last updated 09/08/2025, showed Resident 4 required partial assistance during medication administration.

A review of electronic Medication Administration Records (eMAR) for February, March and April, 2026 showed Resident 4's as needed medications included a pain patch, applied for 12 hours and then removed for 12 hours.

Review of a "Nurse Delegation: Nursing Visit" form, dated 12/20/2025, showed the visit was designated as a 90-day follow-up and showed ND was necessary for the topical pain patch and other as needed medications, related to physical limits.

#### Resident 5

Record review of an undated RCR showed the ALF admitted Resident 5 on [REDACTED]/2023. Record review of a Face Sheet, dated 05/05/2026, showed multiple disabling diagnoses including [REDACTED] and [REDACTED].

[REDACTED]. Resident 5 received hospice services.

Record review of a WRA, dated 01/29/2026, showed under "Medications" Resident 5's medications were safely self-administered with assistance. Record review of the NSP, last updated 01/28/2026, showed Resident 5 required total assistance during medication administration.

Record review of eMARs for February, March, April and May 1-8, 2026 showed Resident

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5 took two daily medications. Resident 5's hospice provider prescribed seven as-needed medications typically used to treat end-of-life conditions.

Review of a "Nurse Delegation: Nursing Visit" form, dated 12/20/2025, showed the visit was designated as a 90-day follow-up and showed ND was necessary for PO (by mouth), PRN (as needed), rectal and topical medications related to cognition, physical limits, and hospice designation.

The return ND visit for Resident 3, Resident 4 and Resident 5 was due on or before 03/20/2026. There was no documentation that showed Resident 3, 4 or 5 had been delegated after 03/20/2026.

During an entrance interview on 05/05/2026 at 10:00 AM with Staff A, Executive Director, Staff B, Resident Care Director (RCD), and Staff G, Community Support Nurse, the team stated that ND was completed by the prior RCD and that the newly hired RCD was not yet trained to perform ND tasks.

#### 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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/5/26.

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

Kate Aldrich  
Administrator (or Representative)

6/19/26  
Date

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

(1) Each assisted living facility must provide sufficient, trained staff persons to:

(a) Furnish the services and care needed by each resident consistent with their negotiated service agreement;

**This requirement was not met as evidenced by:**

Based on interview, and record review, the Assisted Living Facility (ALF) failed ensure care staff were available to provide timely care and services to 7 of 9 sample residents (Residents 1, 2, 5, 6, 7, 8, 9). This failure resulted in Resident 1, 2, 5, 6, 7, 8 and 9 not receiving timely responses to call lights and placed all 79 residents, with assessed care needs, at risk of harm.

#### Findings included...

Record review of the Resident Characteristic Roster, dated 05/05/2026, showed the ALF provided services for 79 residents.

In an interview, on 05/05/2026 at 10:00 AM, Staff A (Executive Director) stated that the current staffing for the ALF was two caregivers and two medication technicians during the day shift, two caregivers and two medication technicians during the evening shift, and two caregivers and one medication technician during the night shift. Staff A stated that the ALF was getting busy, and they might add an additional caregiver in the future.

#### Resident 1

Record review showed the ALF admitted Resident 1 on [REDACTED]/2025. Review of a Negotiated Service Agreement (NSA), dated 11/15/2025, showed Resident 1 required minimum assistance with care.

Record review of the Call Light System Report for 04/05/2026 to 05/05/2026 showed

Resident 1 pulled their call light two times. On one occasion the response time was more than 20 minutes.

#### Resident 2

Record review showed the ALF admitted Resident 2 on [REDACTED]/2024. Review of Resident 2's NSA, dated 03/26/2026, showed Resident 2 required maximum assistance with all activities of daily living (ADLs - dressing, grooming, toileting), and required interventions for anxiety, increased agitation and a history of suicidal ideation.

Record review of the Call Light System Report for 04/05/2026 to 05/05/2026 showed Resident 2 pulled their call light 77 times. There were 12 instances in which the response time was more than 20 minutes. There were five instances in which the response time was more than 30 minutes, and 19 instances in which there was no response from staff.

In an interview, on 05/06/2026 at 1:05 PM, Resident 2 stated that it took a long time to get help when they used their call light.

#### Resident 5

Record review showed the ALF admitted Resident 5 on [REDACTED]/2023. Review of Resident 5's NSA, dated 12/05/2025, showed Resident 5 required total assistance with all ADL's and was receiving hospice (end of life) services.

Record review of the Call Light System Report for 04/05/2026 to 05/05/2026 showed

Resident 5 pulled their call light 40 times. There were six instances in which the response time was more than 20 minutes. There were four instances in which the response time was more than 30 minutes. There were three instances in which the response time was more than 40 minutes. There were three instances in which there was no response from staff.

#### Resident 6

Record review showed the ALF admitted Resident 6 on [REDACTED]/2025. Review of Resident 6's NSA, dated 02/15/2026, showed Resident 6 required stand by assistance for transfers and monitoring for diabetes mellitus (chronic condition where your body either cannot make enough insulin or cannot properly use the insulin it does make, leading to high blood sugar levels).

Record review of the Call Light System Report for 04/05/2026 to 05/05/2026 showed Resident 6 pulled their call light 18 times. There were two instances in which the response time was more than 20 minutes. There were two instances in which the response time was more than 30 minutes. There were eight instances in which there was no response from staff.

#### Resident 7

Record review showed the ALF admitted Resident 7 on [REDACTED]/2025. Review of Resident 2's NSA, dated 03/26/2026, showed the resident required moderate care for ADL's and monitoring for a long-term Foley catheter (a thin, flexible, sterile tube inserted into the bladder to drain urine).

In an interview, on 05/06/2026 at 9:20 AM, Resident 7 stated that the response time for call lights used to be much better. Resident 7 stated that they had problems finding help, during the previous night, and were going to the hospital for an unscheduled long term Foley catheter change at that time.

Call Light System Report for Resident 7 was requested on 05/07/2026 and 05/08/2026 but never received for this resident.

#### Resident 8

Record review showed the ALF admitted Resident 8 on [REDACTED]/2025. Review of Resident 8's NSA, dated 03/26/2026, showed the resident required partial assistance for ADL's and noted the resident had a dialysis shunt (a surgically created connection between an artery and a vein) in their left arm, with direction to not use the left arm when taking vital signs.

In an interview, on 05/08/2026 at 11:50, Resident 8 stated that he had pressed his pendant button two days ago, due to a painful cramp in his arm, and no staff responded to help. Resident 8 stated, "I told a friend about it, the next morning at breakfast, and he said it [no response] happens all the time."

#### Resident 9

Record review showed the ALF admitted Resident 9 on [REDACTED]/2023. Review of Resident 9's NSA, dated 03/26/2026, showed Resident 9 received monitoring for signs of agitation, or attempts to climb over their side rails, and interventions for hallucinations and paranoia.

In an interview, on 05/08/2026, at 11:30 AM, Resident 9 stated that sometimes it took a while for staff to respond after they had pressed their pendant. Resident 9 stated, "a lot longer than I'd like. Sometimes they don't show up at all."

Call Light System Report for Resident 9 was requested on 05/07/2026 and 05/08/2026 but never received for this resident.

In an interview, on 05/08/2026 at 10:30 AM, Staff G (Community Support Nurse) stated that the response time goal for the ALF was 10 minutes.

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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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/15/26.

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

Administrator (or Representative)

*Kate Aldred*

Date 6/15/26

**WAC 388-78A-2305 Food sanitation. The assisted living facility must:**

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

**This requirement was not met as evidenced by:**

Based on observation, and interview, the Assisted Living Facility (ALF) failed to maintain 1 of 1 kitchen (main kitchen) in a clean, sanitary, manner. This failure placed 79 of 79 residents at risk for food borne illness.

**Findings included...**

NOTE: Reference to Food Code WAC 246-215-06505 Methods—Cleaning, Frequency and Restrictions (Food and Drug Administration Food Code 6-501.12). 1) PHYSICAL FACILITIES must be cleaned as often as necessary to keep them clean.

An observation of the main kitchen, on 05/07/2026 at 7:50 AM showed the following; The juice machine was unclean to sight, with a sticky residue on the counter; There were two microwaves, both were unclean to sight with bits of food on all interior walls, and the inside and outside of the microwave door with flakes of dried food, and a yellow substance under the rotating glass plate.

The floors in the dry pantry were unclean to sight with food ground into the floor, crumbs and bits of food were scattered on the floor, and a sticky substance with pieces of grass stuck to it was near the door, partially under a food rack. The oatmeal bin had no scoop, and the lid was soiled with a dried substance.

The grout around the handwashing sink was peeling from the wall and was black with what appeared to be mold. The Kitchen appliances including a Robo-Coup Mixer, a Univex Big Mixer, and a Waring Mixer were unclean to sight with bits of food stuck to

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the inside, and outside, of the bowls as well as on the controls and the base, including a rubber pad that sat under the Robo-Coup Mixer which was covered in a brown oily liquid.

The walk-in refrigerator had sticky floors. There were 18 metal shelves used to store food. All shelves were unclean to sight and had rust with a white substance growing on it. The walk-in freezer had four boxes stored on the floor and frost was accumulating under one of the food racks.

In an interview, on 05/07/2026 at 8:27 AM, Staff I (Dietary Manager) stated that there was no cleaning schedule for the kitchen.

#### 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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/5/26.

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

Administrator (or Representative) Kate Adams Date 6/5/26

**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:
- (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 Assisted Living Facility (ALF) failed to obtain signed certification from a licensed veterinarian that 4 of 4 sample pets (Pets 1, 2, 3, and 4) were free of diseases transmittable to humans. This failure placed all resident at risk for harm and illness.

Findings included...

Record review of the Pet Binder, undated, showed the following: Pet 1 had no certificate from a licensed veterinarian stating they were free of diseases transmittable to humans.

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

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Pet 2 had no certificate from a licensed veterinarian stating they were free of diseases transmittable to humans. Pet 3 had no certificate from a licensed veterinarian stating they were free of diseases transmittable to humans. Pet 4 had no certificate from a licensed veterinarian stating they were free of diseases transmittable to humans. Further review showed a stack of forms for the veterinarian to sign, at the front of the Pet Binder, but all forms were blank.

In an interview, on 05/07/2026 at 10:50 AM, Staff A (Executive Director) stated that all pets should have the certificate, signed by the veterinarian, and she would find them.

**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, Kenmore Senior Living is or will be in compliance with this law and / or regulation on (Date) 6/5/26.

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

Katie Redner  
Administrator (or Representative)

6/5/26  
Date