STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 20362 (Completion Date 07/17/2023) and 14927 (Completion Date 12/27/2022).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/17/2023 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-2040-1, WAC 388-78A-2040-2

The Department staff who did the on-site verification:
Michelle Mcglon, Nursing Consultant Institutional

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2566	Compliance Determination # 14927
Plan of Correction	Kenmore Senior Living	Completion Date
Page 1 of 3	Licensee: Pacifica Kenmore LLC	12/27/2022

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 off-site follow-up on 10/11/2022 and 12/22/2022 of:
Kenmore Senior Living
7221 NE 182nd St
Kenmore, WA 98028

This document references the following SOD dated: 12/27/2022

The following sample was selected for review during the unannounced off-site verification: 83 of 83 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the off-site verification(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 388-78A-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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their sixth Fire and Life Safety Inspection (LSI). This placed 83 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Facility Management System, on 12/22/2022, showed the ALF was licensed for 100 beds. Review of a Resident Characteristics Roster showed the ALF was providing care and services for 83 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 08/24/2021. Records showed the ALF failed five consecutive OSFM follow-up visits on 09/29/2021, 12/22/2021, 03/01/2022, 07/13/2022 and 12/05/2022.

Review of the most recent failed LSI report, dated 12/05/2022, showed the facility continued to be out of compliance with International Fire Code (IFC) 907.8.3 2012, 2015, 2018. The Statement of Violation noted the following:

- The facility was unable to provide documentation showing Smoke Detector Sensitivity test, without deficiencies, had been completed within the past 3 years.
- Updated 03/01/2022: Testing was completed, vendor stated that all 92 smoke detectors needed to be replaced. The facility is awaiting quote for repairs. No estimated date of repair.
- Update 07/31/2022: Facility stated that they were waiting on vendor to receive parts and then replace. After talking to the vendor, the vendor stated that a quote to replace 102 smoke detectors was sent on 06/10/2022. The vendor had not received an approval from the facility to proceed. Parts were not on order until the quote was approved.
- Update 12/05/2022: Received an email from the ALF that stated parts were received

Statement of Deficiencies	License #: 2566	Compliance Determination # 14927
Plan of Correction	Kenmore Senior Living	Completion Date
Page 3 of 3	Licensee: Pacifica Kenmore LLC	12/27/2022

and scheduled to be installed on 11/29/2022 and 11/30/2022. Facility failed to update OSFM that the vendor ordered the wrong detectors. Vendor is now waiting on the facility to approve a new quote due to the increase of price of the correct detectors.

Record review showed the Department issued a citation on 12/06/2022, 02/28/2022 and 08/17/2022 for failure to correct International Fire Code (IFC) 907.8.3 2012, 2015, 2018. The ALF had signed an attestation statement, on the most recent citation dated 08/17/2022, stating compliance would be achieved by 10/01/2022.

In interview, on 12/27/2022 at 12:37 PM, the Executive Director (ED) stated he and the ALF's corporate team were aware the facility had been out of compliance with their LSI since 08/24/2021. The ED stated there were continued issues getting the correct equipment ordered. The ED stated repair was scheduled for 01/18/2023.

This a recurring and uncorrected deficiency previously cited on 08/17/2022, 12/06/2021 and 02/28/2022.

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) FEB. 10, 2023 .

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

Administrator (or Representative) 1/19/2023 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036

08/22/2022

CERTIFIED MAIL

0000

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

RE: Kenmore Senior Living License # 2566

Dear Administrator:

This letter addresses deficiencies occurring in the report for: Compliance Determination(s) 12582 (Completion Date 08/17/2022) and 4772 (Completion Date 02/28/2022).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/17/2022 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

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

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

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20816 44th Ave West, Suite 240
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (425)670-6070.

Sincerely,

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

Enclosure

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20816 44th Ave West, Suite 240, 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 an unannounced on-site follow-up on 04/29/2022 and 05/02/2022 of:
Kenmore Senior Living
7221 NE 182nd St
Kenmore, WA 98028

This document references the following SOD dated: 08/17/2022

The following sample was selected for review during the unannounced on-site visit: 80 of 80 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20816 44th Ave West, Suite 240
Lynnwood, WA 98036

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

08/22/2022
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 09/13/22

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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to be in compliance with the Washington State Patrol Fire Protection Bureau's (FPB) Fire and Life Safety Code Inspection after four failed inspections by the Washington State Fire Marshal. This placed 80 of 80 residents at risk of harm.

Findings included...

Review of an undated Residents Characteristics Roster showed that the ALF was providing care and services for 80 residents.

Review of inspection reports from the FPB showed the ALF had failed their initial Fire and Life Safety Code Inspection on 08/24/2021. The ALF failed a second Fire and Life Safety Code Inspection (the first follow-up) on 09/29/2021. The ALF failed a third Fire and Life Safety Inspection (the second follow-up) on 12/22/2021.

Review of inspection reports from the FPB showed a third follow-up Fire and Life Safety Code Inspection was conducted on 07/13/2022. The inspection report showed violations identified during the initial inspection remained uncorrected (smoke detector sensitivity test had not been completed within the past three years).

Review showed the failed Fire and Life Safety Code Inspection stated, "Facility states that they are waiting on vendor to receive parts and then replace [102 smoke detectors]. After talking to the vendor the vendor state that a quote to replace 102 smoke detectors was sent on 6/10/22. The vendor has not received an approval from the facility to proceed. Parts are not on order until the quote is approved."

The ALF failed their fourth Fire and Life Safety Code Inspection by the FPB.

In an interview, on 08/17/2022 at 10:35 AM, Staff C (Interim Administrator/Executive Director) stated that she was not aware of any violation found by the FPB on 07/13/2022.

This is an uncorrected deficiency previously cited on 02/28/2022 and 12/06/2021.

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) In Progress: Waiting on Parts

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

Administrator (or Representative) — Date 09/13/22

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036

AMENDED
03/03/2022

CERTIFIED MAIL

0000

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

RE: Kenmore Senior Living License # 2566

Dear Administrator:

This letter addresses deficiencies occurring in the report for: Compliance Determination(s) 4772 (Completion Date 02/28/2022) and 1352 (Completion Date 12/06/2021).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/28/2022 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

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

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

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20816 44th Ave West, Suite 240
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (425)670-6070.

Sincerely,

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

Enclosure

RECEIVED MAR 2 8 REC'D

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2566	Compliance Determination # 4772
Plan of Correction	Kenmore Senior Living	Completion Date
Page 3 of 5	Licensee: Pacifica Kenmore LLC	02/28/2022

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 02/04/2022 and 02/07/2022 of:
Kenmore Senior Living
7221 NE 182nd St
Kenmore, WA 98028

This document references the following SOD dated: 02/28/2022

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

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licensor
Jamie Singer, Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20816 44th Ave West, Suite 240
Lynnwood, WA 98036

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

03/03/2022
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.

James Kanary
Administrator (or Representative)

Mar 21 2022
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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to be in compliance with the Fire and Life Safety Code after three independent failed follow-up inspection by the Washington State Fire Marshal. This placed all 71 residents in the ALF at risk of harm.

Findings included...

Review of the Department's Facility Management System, on 02/07/2022, showed that the ALF was licensed for 100 beds. Review of an undated Characteristics Roster showed that the ALF is providing care and services for 71 current residents.

Observation of the ALF environment, on 02/07/2022 at 1:20 PM, showed that the residents' apartments were located from the first floor to the third floor. Additionally, the secured Memory Care unit was located on the first floor.

Review of records (written reports) from the Washington State Patrol Fire Protection Bureau, dated 08/24/2021, showed the ALF had failed a Fire and Life Safety inspection on 08/24/2021. A second failed Fire and Life Safety inspection (follow-up) was completed on 09/29/2021. A third failed Fire and Life Safety inspection (follow-up) was completed on 12/22/2021.

In an interview, on 02/07/2022 at 2:18 PM, Staff A (Administrator/Executive Director) stated that he thought the ALF had corrected all previous violations in December 2021, but during the last Fire Marshal re-visit, they found more issues. Staff A stated that the ALF was required to replace all sprinklers and smoke detectors throughout the building because they were old. Staff A stated that the ALF completed the Smoke/Fire Damper test on 02/02/2022, but there was no set date to fix the other two violations.

Statement of Deficiencies	License #: 2566	Compliance Determination # 4772
Plan of Correction	Kenmore Senior Living	Completion Date
Page 5 of 5	Licensee: Pacifica Kenmore LLC	02/28/2022

This is an uncorrected deficiency previously cited on 12/06/2021.

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) April 15 2022 .

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

James Kanaan

Adminstrator (or Representative)

Mar 21 2022

Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Kenmore Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2566
Compliance Determination #: 1352
Intake ID: 2101
Investigator: Keiko Kitano
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 11/17/2021 through 12/06/2021
Complainant Contact Date(s):

Allegation(s):

The Assisted Living Facility (ALF) failed to correct violations during two inspections from the Washington State Patrol Fire Bureau.

Investigation Methods:

Sample:	Total residents: 70 Resident sample size: 70 Closed records sample size:
Observations:	the ALF environment
Interviews:	Administrator
Record Reviews:	Fire Marshal Reports, the ALF records

Investigation Summary:

The ALF failed to be in compliance with the fire and life safety code after two independent inspection visits by the Washington State Fire Marshal.

Conclusion / Action:

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036

12/16/2021

CERTIFIED MAIL

9489 0090 0027 6072 9923 48

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

RE: Kenmore Senior Living License # 2566

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 12/08/2021 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:
- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed Plan/Attestation Statement;
  - Sign and date the enclosed report;
  - For each deficiency, indicate the date you have or will correct each deficiency;
  - Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - Mail the Plan/Attestation Statement and report with original signatures to:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20818 44th Ave West, Suite 240
Lynnwood, WA ~~98626~~ 18036

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (425)670-6070.

Sincerely,

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

Enclosure

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2566	Compliance Determination #1352
Plan of Correction	Kenmore Senior Living	Completion Date
Page 3 of 5	Licensee: Pacifica Kenmore LLC	12/06/2021

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 complaint investigation on 11/17/2021 and 11/17/2021 of:

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

This document references the following complaint number(s): 2101

The following sample was selected for review during the unannounced on-site visit: 70 of 70 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Keiko Kitano, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20816 44th Ave West, Suite 240
Lynnwood, WA 98036

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

12/10/21
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.

X James Kannan 2/11/2022 X

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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to be in compliance with the Fire and Life Safety Code after two independent inspection visits by the Washington State Fire Marshal. This placed all 70 of 70 residents in the ALF at risk of harm.

Findings Included...

Review of the Department Facility Management System, on 11/17/2021, showed that the ALF is licensed for 100 beds. Review of the Characteristics Roster, undated, showed that the ALF is providing care and services for 70 current residents.

Observation during the ALF environment tour with Staff B (Administrator), on 11/17/2021 at 1:05 PM, showed that the residents' apartments were located from the first floor to the third floor. Additionally, the secured memory care unit was located on the first floor.

Review of records (written reports) from the Washington State Patrol Fire Protection Bureau, dated 08/24/2021, showed the ALF had a failed Fire and Life Safety Inspection on 08/24/2021. All violations required the ALF use third-party vendors for corrections to be compliant except, "failed to provide documentation of any completed fire drills within the past 12-month period."

The second failed Fire and Life Safety Inspection (follow-up) was completed on 09/29/2021 and showed the Chief Deputy Fire Marshal approved an extension on violations that required third party vendors through 10/15/2021. However, on 09/29/2021 the ALF did not provide documentation showing they completed Fire Drills since the first inspection on 08/24/2021.

In an interview, on 11/17/2021 at 1:16 PM, Staff B stated that the ALF changed in its ownership in February 2021, and the management company canceled the prior third party vendors. Staff B stated the following four violations were not corrected and exceeded the 10/15/2021 extension:
*Failed to provide documentation showing Quarterly testing of the Automatic Sprinkler system has been completed within the past 12 months.
*Failed to provide documentation showing Annual testing of the Automatic Sprinkler

system has been completed within the past 12 months.
*Failed to provide documentation showing the dry sprinkler system has received a Full Trip test within the past 3 years.
*Failed to provide documentation showing Annual testing of the Automatic Fire Alarm has been conducted within the past 12 months.

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) 12/10/2021.

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

JAMES KAHLER — 12/10/2021

Adminstrator (or Representative) — Date