STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

July 30, 2025

CERTIFIED MAIL 9489 0090 0027 6340 4908 80

Administrator
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

Assisted Living Facility License # **2614**
Licensee: Greenlake Management Renton, LLC

STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Administrator:

On July 17, 2025, the Department of Social and Health Services (DSHS), Residential Care Services, conducted a complaint investigation at your facility. This letter constitutes formal notice of a stop placement order prohibiting admissions for your assisted living facility, located at **71 SW Victoria St, Renton,** by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190 and 18.20.520.

An assisted living facility that is subject to a stop placement order or limited stop placement order under RCW 18.20.190 is required to publicly post in a conspicuous place at the facility a standardized notice that the department has issued a stop placement order or limited stop placement order for the facility under the authority granted pursuant to RCW 18.20.520.

The stop placement order prohibiting admissions is effective on **July 30, 2025,** and electronic facsimile receipt of this letter with the attached Statement of Deficiencies dated **July 17, 2025.**

WAC 388-78A-2210 (1)(b)(2)(a)(b) Medication services.

The licensee failed to ensure staff implemented a safe medication management system and that four residents received their prescribed medications as ordered. These failures resulted in four residents being at risk of potential medical complications from not receiving medications as ordered, and one of the four residents having increased difficulty in walking from missed medications.

This is recurring deficiency previously cited June 30, 2025, subsection (1)(b), (2)(a)(b), April 9, 2025, subsection (1)(a), (2)(a)(b), August 10, 2023, subsection (1)(a), (2)(a)(b), April 3, 2023, subsection (1)(a), (2)(a)(b), and September 21, 2022, subsection (2)(a)(b).

NOTE: This is the violation, which resulted in the stop placement order; see the attached Statement of Deficiencies for any additional violations.

The stop placement order prohibiting admissions to your assisted living facility is effective immediately on **July 30, 2025,** and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Laurie Anderson, Field Manager, at (253) 234-6020.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Laurie Anderson, Field Manager
Region 2, Unit D
20425 72nd Ave S suite 400
Kent, WA 98032-2388
Phone: (253)234-6020 / Fax: (253) 395-5071
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Please **email** your request(s) and supporting documentation to:

RCSIDR@dshs.wa.gov

OR

FAX to: 360-725-3225

Formal Administrative Hearing

You may contest the stop placement order by requesting a formal administrative hearing to challenge the deficiency, which resulted in the stop placement order. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Laurie Anderson, Field Manager, at (253) 234-6020.

Sincerely,

Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit D
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

_____ _____

Licensee or Designee Signature Date