STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

05/20/2025

Greenlake Management Renton, LLC
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

RE: Renton Assisted Living # 2614

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59851 (Completion Date 05/20/2025) and 57078 (Completion Date 04/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/20/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(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 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

The Department staff who did the On Site verification:
Karri Hernandez, Community Complaint Investigator

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

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Renton Assisted Living

Provider Type: Assisted Living Facility

License/Cert.#: 2614

Intake ID: 170767

Compliance Determination #: 57078

Region/Unit #: RCS Region 2 / Unit D

Investigator: Karri Hernandez

Investigation Date(s): 03/10/2025 through 04/09/2025

Complainant Contact Date(s): 03/10/2025

Allegation(s):

Facility not dispensing medications as ordered

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 8 Closed records sample size:
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Identified staff Social services staff Administrator
Record Reviews:	Medical records Facility policies State reporting log

Investigation Summary:

Reviewed intake, facility documents. Interviewed relevant parties. Observed facility, residents and staff. Facility citation issued with a Plan of Correction (POC) date 45 days from the last day of data collection, April 10, 2025. Citation issued for failure of practice under Washington Administrative Code (WAC) 388-78A-2210, Medication Services.

Conclusion / Action:

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

☐ N/A

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 complaint investigation on 04/08/2025 and 03/10/2025 of:

Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following complaint number(s): 170767

The following sample was selected for review during the unannounced on-site visit: 8 of 84 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karri Hernandez, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Laurie Anderson
Residential Care Services

04/18/2025
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.

Paulette Stahl
District Administrator
Western Portfolio
Administrator (or Representative)

04.23.25
Date

WAC 388-78A-2210 Medication services.

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(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, facility failed to ensure 1 of 1 sampled resident (Resident 1) received medications as prescribed to meet their medical needs. This failure placed Resident 1 at risk for potential decline in medical conditions, a decreased quality of life, and potential harm.

Finding included...

Review of the facility's policy titled, "Medication Management", dated 2/15/2024 showed that medication administration assistance required community staff to document on the Medication Administration Record (MAR) each time they provide medication administration assistance. The policy showed that medication assistance

occurred according to the prescribed times and methods as indicated by the resident's primary care provider and as indicated on the medication containers label. The policy showed that all medication dispensing, or administration errors, were investigated.

Review of Resident 1's Assessment, dated 08/23/2024, showed Resident 1 required medication management assistance. The medication assistance included management of the medications, clarification of the physician's orders, ordering of the medications, administration of medications, and accurate documentation of administration in the facility electronic medication administration record (eMAR).

During an interview on 03/10/2025 at 12:45 PM, Resident 1 stated that they were unsure if they received all their prescribed medications. Resident 1 stated that they usually received their medications late in the morning.

Observation of the medication cart on 03/10/2025 at 2:00 PM, showed Staff B, Medication Technician, completed an informal audit of Resident 1's medications with a review against Resident 1's eMAR. Review of Resident 1's eMAR during the audit showed that on 03/10/2025, Resident 1 received their morning dose of Topiramate (medication used to treat seizures). Observation showed the medication was not in the medication cart. Observation showed Staff B searched for the empty medication card. Observation showed Staff B was unable to find the empty medication card that showed the medication was available for Resident 1's morning dose.

During an interview on 03/10/2025 at 2:05 PM, Staff B, Medication Technician, stated that they gave Resident 1 the Topiramate medication. Staff B stated that after they spoke with Staff A, they determined the eMAR needed to be amended to reflect that the medication was unavailable to be dispensed. Staff B stated that Resident 1 did not receive the medication as was originally documented on the eMAR.

This is a recurring deficiency previously cited on 08/10/2023, subsections (1)(a)(2)(a)(b), and on 04/03/2023, subsections (1)(a)(2)(a)(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, Renton Assisted Living is or will be in compliance with this law and / or regulation on (Date) 05/09/25.

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

Paulette Stahl
District Administrator
Western Portfolio
Administrator (or Representative)

04/23/25
Date