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) 59852 (Completion Date 05/20/2025) and 57563 (Completion Date 04/07/2025).

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-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

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: 171487

Compliance Determination #: 57563

Region/Unit #: RCS Region 2 / Unit D

Investigator: Karri Hernandez

Investigation Date(s): 03/25/2025 through 04/07/2025

Complainant Contact Date(s): 03/24/2025

Allegation(s):

Facility improper discharge of resident

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 8 Closed records sample size:
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified staff Residents Family members Administrator
Record Reviews:	Medical records Hospital records State reporting log

Investigation Summary:

Reviewed intake, facility documents. Interviewed relevant parties. Facility cited for improper discharge of Resident 1 (R1). Discharge letter provided to R1 and resident representative failed to include discharge date, location R1 discharged to, and name, telephone number of long term ombuds as required in WAC/RCW.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Renton Assisted Living

Provider Type: Assisted Living Facility

License/Cert.#: 2614

Intake ID: 170987

Compliance Determination #: 57563

Region/Unit #: RCS Region 2 / Unit D

Investigator: Karri Hernandez

Investigation Date(s): 03/25/2025 through 04/07/2025

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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 03/25/2025 of:

Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following complaint number(s): 171487, 170987

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

04/10/2025
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)

04.14.25
Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 1 of 1 resident (Resident 1) an appropriate written notice of discharge. This failure placed Resident 1 at risk of not being able to obtain proper housing and safe, appropriate medical care for complex healthcare medical needs.

Findings included...

NOTE: Revised Code of Washington (RCW) 70.129.110 showed the disclosure, transfer, and discharge requirements as follows: Subsection 1) showed that the facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: (a) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (c) the health of individuals in the facility would otherwise be endangered; (d) the resident has failed to make the required payment for his or her stay. Subsection (3) showed that before a long-term care facility transfers or discharges a resident, the facility must: (a) first attempt through reasonable accommodations to avoid the transfer or discharge, unless agreed to by the resident; (b) notify the resident and resident representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; and (c) record the reasons in the resident's record, and (d) Include in the notice the items described in subsection (5) of this section. Subsection (5) showed that the written notice specified in subsection (3) of this section must include the following: (b) the effective date of transfer or discharge; (c) the location to which the resident is transferred or discharged; and (d) the name, address, and telephone number of the state long-term care ombuds.

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

04/10/2025
Date

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Review of the undated discharge notice issued to Resident 1 by the facility, showed the reason for the notice was due to the facility's lack the resources and proper staff to meet Resident 1's ongoing healthcare needs. The discharge notice did not include the required elements as outlined in the RCW. There was no effective date of discharge, no location to where Resident 1 would discharged to, and the notice did not include the name, address and telephone number of the long-term care ombuds.

During an interview on 03/24/2025 at 1:40 PM, Collateral Contact 1 (CC1) stated that Staff A provided them with a notice of discharge. CC1 stated that they were unsure of the date of discharge. CC1 stated that they recalled meeting with Staff A and discussed Resident 1's discharge. CC1 stated that they understood Resident 1 received the discharge notice due to their complicated health care needs. CC1 stated that Staff A told them Resident 1 was issued the discharge for medical reasons and past due rent. CC1 stated that Staff A informed them that Resident 1 owed the facility for the previous three months of rent. CC1 stated that they had planned to speak with Staff A and see if Resident 1 would be allowed to stay in the facility.

During an interview on 03/25/2025 at 10:15 AM, Staff A stated that Resident 1's complicated medical needs exceeded the ability of the facility to safety house and provide safe and competent care. Staff A stated that on 03/03/2025, they met with CC1 and Resident 1. Staff A stated that during the meeting, CC1 and Resident 1 were given a 14-day discharge notice. Staff A stated that they were unaware of the discharge notice requirements that needed to be included in the letter.

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) 04/30/25.

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)

04.14.25
Date

Review of the undated discharge notice issued to Resident 1 by the facility, showed the reason for the notice was due to the facility's lack the resources and proper staff to meet Resident 1's ongoing healthcare needs. The discharge notice did not include the required elements as outlined in the RCW. There was no effective date of discharge, no location to where Resident 1 would discharged to, and the notice did not include the name, address and telephone number of the long-term care ombuds.

During an interview on 03/24/2025 at 1:40 PM, Collateral Contact 1 (CC1) stated that Staff A provided them with a notice of discharge. CC1 stated that they were unsure of the date of discharge. CC1 stated that they recalled meeting with Staff A and discussed Resident 1's discharge. CC1 stated that they understood Resident 1 received the discharge notice due to their complicated health care needs. CC1 stated that Staff A told them Resident 1 was issued the discharge for medical reasons and past due rent. CC1 stated that Staff A informed them that Resident 1 owed the facility for the previous three months of rent. CC1 stated that they had planned to speak with Staff A and see if Resident 1 would be allowed to stay in the facility.

During an interview on 03/25/2025 at 10:15 AM, Staff A stated that Resident 1's complicated medical needs exceeded the ability of the facility to safety house and provide safe and competent care. Staff A stated that on 03/03/2025, they met with CC1 and Resident 1. Staff A stated that during the meeting, CC1 and Resident 1 were given a 14-day discharge notice. Staff A stated that they were unaware of the discharge notice requirements that needed to be included in the letter.

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

_____ _____

Administrator (or Representative) Date