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

06/10/2025

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) 60899 (Completion Date 06/10/2025) and 58295 (Completion Date 04/30/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/10/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

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

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community 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: 175219

Compliance Determination #: 58295

Region/Unit #: RCS Region 2 / Unit D

Investigator: Karri Hernandez

Investigation Date(s): 04/22/2025 through 04/30/2025

Complainant Contact Date(s): 04/21/2025

Allegation(s):

Missing and non-ordered medications

Investigation Methods:

Sample:	Total residents: 90 Resident sample size: 4 Closed records sample size:
Observations:	Identified resident Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Identified staff Nursing staff Residents
Record Reviews:	Medical records Facility policies

Investigation Summary:

Reviewed intake, facility documents. Interviewed relevant parties. Observed facility, residents and staff. Named Resident (NR) did not receive medications over a period of more than three weeks. Facility records show medications not available to be dispensed to NR for over three weeks. Citation issued under WAC 388-78A-2240 with completion date of 04/30/2025.

Conclusion / Action:

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

☐ N/A

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Statement of Deficiencies	License #: 2614	Compliance Determination #58295
Plan of Correction	Renton Assisted Living	Completion Date
Page 1 of 3	Licensee: Greenlake Management Renton, LLC	04/30/2025

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 04/22/2025 of:

Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following complaint number(s): 175219

The following sample was selected for review during the unannounced on-site visit: 4 of 90 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

05/07/2025
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.

Administrator (or Representative)

5/9/25
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interviews and record review, the facility failed to obtain 1 of 1 resident's (Resident 1) prescribed medications. This failure placed Resident 1 at risk of potential medical complications related to missed medications.

Findings included...

Review of Resident 1's April 2025 Medication Administration Record (MAR) showed Resident 1 did not receive all their prescribed medications. The MAR showed Resident 1 did not receive the following medications: Allopurinol (medication used to lower uric acid in the blood) for 18 days, from April 5, 2025 to April 22, 2025; Aspirin (medication used for blood clot reduction) for 13 days, from April 10, 2025 to April 22, 2025; Ferrous Sulfate (medication used for increasing Iron) for 12 days, from April 11, 2025 to April 22, 2025; and Trazadone (medication used for sleep), for 12 days, from April 11, 2025 to April 22, 2025. The medications were each ordered to be given once per day. The MAR showed staff documented the medications as "Drug Not Available" (DNA) or "Drug Not Given" (DNG) for all the scheduled times.

Observation of the medication cart on 04/22/2025 at 2:00 PM showed the medications for Resident 1 were not all available. The orders on Resident 1's April 2025 MAR of the four medications (Allopurinol, Aspirin, Ferrous Sulfate, and Trazadone), did not match the medications available for Resident 1 on the cart.

During an interview on 04/22/2026 at 1:30 PM, Resident 1 stated that multiple times over the previous month, they asked the facility's staff, the medication technician (MT) or the Resident Care Coordinator (RCC), to please order the medications that were unavailable. Resident 1 stated that both the MT and the RCC assured them the medications were on order. Resident 1 stated that they did not receive their medication for weeks, despite their repeated request for the medications to be ordered.

During an interview on 04/22/2026 at 1:45 PM Staff A, Administrator, stated that resident medications were ordered every 30 days. Staff A stated that the Trazadone was last ordered on March 6, 2025, and the Allopurinol was last ordered on March 13, 2025. Staff A stated that they were unable to determine when the facility last ordered the Aspirin and Ferrous Sulfate. Staff A stated that Resident 1 may have an unpaid co-pay with the pharmacy. Staff A stated that if the co-pay was not paid, the pharmacy may not deliver the medications. Staff A stated that the pharmacy co-pays were the residents' responsibility. Staff A stated that the facility was unable to financially pay for all residents' medication co-pays. Staff A stated that they were unable to verify if Resident 1 had any past due balance owed to the pharmacy. Staff A stated if the pharmacy bill has a balance, the pharmacy will not send medications. Staff A stated they had not explored any other ways to secure medications for Resident 1.

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) 5/31/25.

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

Paulette Stark
Administrator (or Representative)

5.9.25
Date