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

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

RE: Renton Assisted Living # 2614

Dear Administrator:

This document references Compliance Determination 58975 (06/02/2025), which included complaint number(s) 176287.

The Department completed a complaint investigation of your Assisted Living Facility on 06/02/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Karri Hernandez, Community Complaint Investigator

Consultation:

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

The facility failed to notify Home and Community Service (HCS) agency responsible as the payer source when a resident was admitted and hospitalized for over twenty-four hours. During the investigation, the facility provided documentation of the policy and procedure initiated to ensure proper notification of resident's relocation to a hospital.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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: 176287

Compliance Determination #: 58975

Region/Unit #: RCS Region 2 / Unit D

Investigator: Karri Hernandez

Investigation Date(s): 05/01/2025 through 06/02/2025

Complainant Contact Date(s): 04/30/2025

Allegation(s):

Failure to notify payor of transfer of resident to hospital

Investigation Methods:

Sample:	Total residents: 90 Resident sample size: 5 Closed records sample size:
Observations:	Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified staff Residents 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. Named Resident (NR) was transferred to hospital and then to physical rehab facility. NR Health and Community Services (HCS) case manager notified of transfer. NR transferred to hospital on multiple occasions before transfer that preceded rehab admit. Facility staff stated awareness and knowledge of Washington State Administrative Code (WAC) 388-78A-2640. Facility Administrator and Business Office Manager developed a policy and procedure at time of investigation to ensure HCS case managers and all other payors notified of any resident transfer as per the WAC. Consultation issued 06/02/2025.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A