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 License # 2614

Dear Administrator:

This letter addresses Compliance Determination(s) 68005 (Completion Date 10/29/2025) and 65090 (Completion Date 09/08/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/29/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210-1-b

The Department staff who did the on-site verification:
Holly George, Nursing Consultant Institutional
Karri Hernandez, Community Complaint Investigator

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON
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 follow-up on 09/04/2025 and 08/19/2025 of:
Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following SOD dated: 09/08/2025

The following sample was selected for review during the unannounced on-site visit: 17 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karri Hernandez, Community Complaint Investigator
Holly George, Nursing Consultant Institutional

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.

Residential Care Services

09/18/2025
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.

Administrator (or Representative) Date 9/22/25

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident.

(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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure a safe medication delivery system for 9 of 17 residents (Resident 2, Resident 3, Resident 5, Resident 7, Resident 9, Resident 11, Resident 13, Resident 16, and Resident 17). The facility failed to ensure they implemented a system to support safe medication administration for 2 of 3 residents (Resident 4, and Resident 14) that self administered medications. These failures placed residents at risk of negative health impacts.

Findings included...

Record review of the Department's "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received a recurring citation for this regulation

on 07/29/2025 for Medication Administration, placing the facility in Stop Placement. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 08/08/2025.

Review of facility document titled "Medication Management", dated 2/15/2024 showed residents that receive medication assistance must have all medication(s) centrally stored in a designated, locked community storage area. Document showed all medications for residents will be kept together but will be physically separated from other residents' medications.

Observation of the medication cart on 08/19/2025 at 2:00 PM showed Staff B, Medication Technician, compared Resident 2's medications in the medication cart to their electronic Medical Record (eMAR).

Review of the eMAR for Resident 2 on 8/19/2025 at 2:00 PM showed "give as needed" medication(s), Hydroxyzine HCL 10 milligrams (mg) (Medication for itching), Diclofenac 1% (Medication cream for topical pain relief), and Hydrocortisone 1% (Medication topical cream for itchy or dry skin) were not in the medication cart.

Observation of the medication cart on 08/19/2025 at 2:00 PM showed Staff B, compared Resident 3's medications to their eMAR.

Review of the eMAR for Resident 3 on 8/19/2025 at 2:00 PM showed that "give as needed" medication(s), Loperamide 2 mg (medication for diarrhea relief) was not in the medication cart.

Observation of the medication cart on 08/19/2025 at 2:00 PM showed Staff B, compared Resident 5's medications to their eMAR.

Review of the eMAR for Resident 5 on 8/19/2025 at 2:00 PM showed that "give as needed" medication(s), Ondansetron 8 mg (medication given for nausea) was not in the medication cart.

Observation of the medication cart on 08/19/2025 at 2:00 PM showed Staff D, Medication Technician, compared Resident 7's medications to their eMAR.

Review of the eMAR for Resident 7 on 8/19/2025 at 2:00 PM showed that prescribed daily medication, Melatonin 5 mg (medication to assist with sleep), D2 50,000 Units once per month (medication to increase bone health) and that "give as needed" medication(s) saline phosphate enema (medication for constipation) were not in the medication cart.

Observation of the medication cart on 08/192025 at 2:00 PM showed Staff C, Medication Technician, compared Resident 9's medications to their eMAR.

Review of the eMAR for Resident 9 on 8/19/2025 at 2:00 PM showed that "give as needed" medication(s) Milk of Magnesia (medication for constipation) was not in the medication cart.

Observation of the medication cart on 08/19/2025 at 2:00 PM showed Staff C, compared Resident 11's medications to their eMAR.

Review of the eMAR for Resident 11on 8/19/2025 at 2:00 PM showed that "give as needed" medication(s), Bisacodyl Suppository (medication for constipation), and Protein glycol (medication for constipation) were not in the medication cart.

Observation of the medication cart on 08/19/2025 at 2:00 PM showed Staff C, compared Resident 13's medications to their eMAR.

Review of the eMAR for Resident 13 on 8/19/2025 at 2:00 PM showed that a daily prescribed medication, Atorvastatin (medication to lower cholesterol) was not kept in the medication cart.

Observation of the medication cart on 08/19/2025 at 2:00 PM showed Staff C, compared Resident 16's medications to their eMAR.

Review of the eMAR for Resident 16 on 8/19/2025 at 2:00 PM showed that "give as needed" medication(s) Tylenol 325 mg (medication for pain, fever), Hydroxyzine 25 mg (medication for insomnia), melatonin 3 mg (medication for insomnia), and Ondansetron 4 mg (medication for nausea) were not in medication cart.

Observation of the medication cart on 08/19/2025 at 2:00 PM. showed Staff C, compared Resident 17's medications to their eMAR.

Review of the eMAR for Resident 17 on 8/19/2025 at 2:00 PM showed that "give as needed" medication(s) Ibuprofen 200 mg (medication for pain), Trazadone 50 mg (medication for insomnia), and Tramadol/acetaminophen 37.5/325 mg (medication for pain) were not in medication cart.

In interview on 08/19/2025 at 2:30 PM with Staff B, C, and D they stated that if a medication is not found in the medication cart, the staff should then check the medication storage room and nurse's office for the unlocated medication. They stated if the medication is not located, they are to communicate with the facility nurse for assistance to locate missing medications.

Observation on 08/19/2025 at 3:00 PM showed Staff D left the medication cart to locate missing medication for Resident 7. Staff D returned and stated that they looked in the medication cart, medication room and nurse's office and were unable to locate the missing medication.

Observations on 08/19/2025 from 2:00 PM to 4:00 PM showed Staff B, C, and D did not leave the medication carts to locate 19 missing medications, apart from one occurrence.

In interview on 08/19/2025 at 4:00 PM with Staff A, Acting Administrator, and Staff E, Director of Operations West, they stated that all facility resident medications had been audited and reviewed. They stated that all medications had been ordered from the facility pharmacy or from Amazon for the over-the-counter medications the facility pharmacy would not fill. Staff A and E stated that all the medication carts had been audited and all medications accounted for. Staff A and E stated that they could not explain why there were medications that were not present and accounted for in the medication carts. Staff A and E stated that they could not explain why the medication techs did not attempt to look for the missing medications in the medication room or the nurse's station. Staff A and E stated that they were able to prove that the medications had been ordered and delivered to the facility from the pharmacy. They stated that they were unable to explain why the medications were unavailable in the medication cart for safe administration.

Resident 4 and Resident 14

Review of facility document titled "Medication Management" dated 02/15/2024 showed
The Health Services Director (HSD) to determine each resident's ability to self medicate (administer their own medications independently). Residents who self administer medications must have authorization in the form of a written order from their Primary Care Provider, indicating they are able to administer their own medications. The order should indicate the name of the medication, time, amount, strength and quantity to be taken by the resident. The community will make a reasonable effort to maintain a current list of all medications being self administered by each resident, to be used in case of an emergency.

Review of eMAR on 08/19/2025 for Resident 4 showed the resident "self administered" all prescribed medications. No documentation was provided to show HSD assessment or Primary Care Provider (PCP) order for Resident 4 to self administer medications.

Review on 08/19/2025 of Resident 4's Medical Record did not show documentation present for Resident 4 to self administer medications per facility policy.

Review of Resident 14's eMAR on 08/19/2025 showed no medications listed.

In interview on 08/19/2025 at 3:00 PM with Staff D and Staff C, they stated that Resident 14 self administers medications.

No documentation was provided to show HSD assessment or provider order for Resident 14 to self administer medications. No documentation was provided to show any medications that may be prescribed to Resident 14 by Primary Care Provider, if needed, in case of an emergency.

Review on 08/19/2025 of Resident 14's Medical Record did not show any documentation related to self administration of medications per facility policy.

This is a recurring deficiency on 04/09/2025 subsection (1)(a)2(a)(b), 12/06/2024 subsection (1)(b), 08/10/2023 subsection (1)(a)(2)(a)(b), 04/03/2023 (1)(a)(2)(a)(b), and an uncorrected deficiency on 07/17/2025 (1)(b)(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) 10/22/2025

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

Administrator (or Representative) 9/22/2025 Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Renton Assisted Living
Provider Type: Assisted Living Facility

License/Cert.#: 2614
Intake ID: 184037
Compliance Determination #: 61634
Region/Unit #: RCS Region 2 / Unit D
Investigator: Karri Hernandez
Investigation Date(s): 06/24/2025 through 07/17/2025
Complainant Contact Date(s): 06/24/2025

Allegation(s):

1. Staff not responding to call pendant
2. Facility did not provide ordered medications

Investigation Methods:

Sample:	Total residents: 90 Resident sample size: 7 Closed records sample size:
Observations:	Identified resident Residents Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Identified staff Nursing staff Residents
Record Reviews:	Medical records Incident investigation Facility policies

Investigation Summary:

Reviewed intake, facility documents. Interviewed relevant parties. Observed facility, residents and staff.

1. Named Resident (NR) communicated to outside provider they previously fell some days earlier and when they pressed their call pendant for assistance, no staff responded. NR stated that they bumped their knee. NR stated that they got up from the floor and made it back to bed. NR stated that when they pressed their pendant, sometimes it takes time for the staff to respond. Review of facility documents showed facility staff preformed every two hour checks of all residents. Review of facility call pendant log showed NR call pendant operational with pendant logs reflecting activation by NR and response by facility staff. Review of facility documents showed facility completed interviews and review of NR after report of

fall with no findings of abuse or neglect.
2. Observation of medications for NR showed medications were not available in the facility to dispense to NR. Review of the medication administration record (MAR) showed two medications for high blood pressure were not given to NR for the previous five days. Interview with facility staff stated the pharmacy was contacted 21 days prior. They were waiting for the provider to issue another prescription for the medications. Facility received no response from the pharmacy or physician. Citation issued for regulations 388-78A-2210 for CD 61634.

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: 185523
Compliance Determination #: 61634
Region/Unit #: RCS Region 2 / Unit D
Investigator: Karri Hernandez
Investigation Date(s): 06/24/2025 through 07/17/2025
Complainant Contact Date(s): 07/09/2025

Allegation(s):
Medications not available

Investigation Methods:

Sample:	Total residents: 90 Resident sample size: 7 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 Residents
Record Reviews:	Medical records State reporting log Facility policies Hospital records

Investigation Summary:
Reviewed intake, facility documents. Interviewed relevant parties. Observed facility, residents and staff. Named Resident (NR) received a prescription for an antibiotic. Medication Administration Record (MAR) showed medication given to NR by facility staff for the seven days medication was prescribed. NR returned to hospital and required another round of antibiotic therapy. Review of NR MAR showed multiple other medications documented as not available or not given. Citation issued for Washington Administrative Code 388-78A-2240 , CID 61634.

Conclusion / Action:

☐ Failed Provider Practice Identified / Citation(s) Written

☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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

Statement of Deficiencies	License #: 2614	Compliance Determination # 61634
Plan of Correction	Renton Assisted Living	Completion Date
Page 1 of 5	Licensee: Greenlake Management Renton, LLC	07/17/2025

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 07/09/2025 and 06/24/2025 of:

Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following complaint number(s): 184037, 185668, 185523

The following sample was selected for review during the unannounced on-site visit: 7 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

07/29/2025
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)

08/05/2025
Date

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident.

(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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure staff implemented a safe medication management system and that 4 of 4 sampled residents (Resident 1 and Resident 2, Resident 3, and Resident 4) received their prescribed medications as ordered. These failures resulted in Resident 1, Resident 2, Resident 3, and Resident 4 at risk of potential medical complications from not receiving medications as ordered, and Resident 2 having increased difficulty in walking from missed medications.

Findings included...

Review of facility's policy titled, "Medication Administration Policy", dated 02/15/2024,

showed residents received medication assistance according to the prescribed times and methods as indicated by the resident's Primary Care Provider and as indicated on the medication containers label.

RESIDENT 1
Review of Resident 1's June 2025 Medication Administration Record (MAR) showed Resident 1 was prescribed Amlodipine (a medication used to treat high blood pressure) once per day and Clopidogrel (a medication used to prevent blood clots to lower the risk of a stroke and serious heart problems) once per day. The MAR showed Resident 1 did not receive Amlodipine from 06/16/2025 to 06/24/2025. The MAR showed there were no entries for 06/16/2025, 06/17/2025, 06/18/2025, 06/19/2025, and 06/24/2025. The MAR showed staff documented the medication as "Drug Not Given" (DNG) on 06/20/2025, 06/21/2025, 06/22/2025, and 06/23/2025. The MAR showed Resident 1 did not receive Clopidogrel from 06/16/2025 to 06/20/2025 and on 06/24/2025. The MAR showed no entries for 06/16/2025 through 06/19/2025, and an entry of "Drug Not Available" (DNA) on 06/20/2025. There was no entry on 06/24/2025.

Observation of the facility medication cart on 06/24/2025 at 1:00 PM showed Resident 1's Amlodipine and Clopidogrel were not available.

During an interview on 06/24/2025 at 12:15 PM, Resident 1 stated that they had not received their medication for high blood pressure "in a very long time".

RESIDENT 2
Review of Resident 2's June 2025 MAR showed Resident 2 was prescribed Duloxetine (medication used to treat major depressive disorders and nerve pain caused by diabetic neuropathy) once per day. The MAR showed from 06/01/2025 to 06/24/2025, Resident 2 only received Duloxetine on 06/01/2025, 06/06/2025, 06/10/2025, 06/15/2025, 06/21/2025, and 06/22/2025. The MAR showed on 06/05/2025 and 06/11/2025, staff documented the medication as "DNG". The MAR showed no other entries of any medication administration for the other days in June 2025.

During an interview on 06/24/2025 at 12:30 PM, Resident 2 stated that they do not always get pain medication for their legs. Resident 2 stated that without the medication, it was hard for them to walk and move around.

RESIDENT 3
Review of Resident 3's July 2025 Medication Administration Record (MAR) showed Resident 3 was prescribed the following medications: Cholestyrimine (a medication used to lower cholesterol in the blood) four milligrams (mg) twice per day; Eliquis (a medication used to lower the risk of stroke or blood clots), five milligrams, twice per day; Fexofenadine (a medication used to treat allergy symptoms, such as hay fever, in adults), 180 mg once per day; Fiber laxative (a medication for used to increase the amount of water in stool), 625 mg tablets, two tablets once per day; Levetiracetam (a medication used to treat seizures) 500 mg tablets, one to two tablets twice per day;

Metoprolol (a medication used to lower blood pressure and heart rate), 50 mg tablets, three tablets, twice per day; and Rosuvastatin (a medication used to lower cholesterol), 20 mg tablet, once per day.

Review of Resident 3's July 2025 MAR showed the following documentation:
Review of the July 2025 MAR showed Resident 3 received their Cholestyrimine only one dose on 07/08/2025, 07/12/2025, 07/14/025, and 07/15/2025. The MAR showed documentation of "drug not available" (DNG) on all other ordered times from 07/01/2025 to 07/17/2025.

Review of the July 2025 MAR showed Resident 3 received only one dose of their Eliquis on 07/10/2025, 07/11/2025, and 07/14/2025. The MAR showed documentation of "drug not available" (DNA) for two doses on 07/12/2025.

Review of the July 2025 MAR showed documentation of Resident 3's fexofenadine as DNG from 07/02/2025 to 07/07/2025 and on 07/10/2025. The MAR showed documentation of the fexofenadine as DNA on 07/09/2025, 07/13/2025, 07/16/2025, and 07/17/2025.

Review of the July 2025 MAR showed documentation of Resident 3's fiber laxative as DNG from 07/02/2025 to 07/07/2025 and on 07/09/2025. The MAR showed documentation of the fiber laxative as DNA on 07/10/2025, 07/13/2025, and 07/17/2025.

Review of the July 2025 MAR showed Resident 3's levetiracetam was documented as DNG for two doses on 07/07/2025 one dose on 07/08/2025, one dose on 07/09/2025. The MAR showed documentation of DNA for one dose on 07/09/2025 and two doses on 07/10/2025.

Review of the July 2025 MAR showed documentation of DNA for one dose of metoprolol on 07/10/2025, 07/11/2025, 07/12/2025, and 07/16/2025, and documentation of DNA for two doses on 07/13/2025.

Review of the July 2025 MAR showed documentation of DNG for rosuvastatin on 07/07/2025 and 07/08/2025 and DNA on 07/09/2025, 07/10/2025, 07/11/2025, 07/12/2025, 07/13/2025, 07/14/2025.

During an interview on 07/08/2025 at 2:35 PM, Resident 3 stated that the facility medication technician told them the facility had none of their blood pressure medication and anti-seizure medication. Resident 3 stated they were unable to recall when the medications ran out. Resident 3 stated that it had been days ago.

During an interview on 07/08/2025 at 4:20 PM, Staff A stated that Resident 3 had no Primary Care Provider (PCP). Staff A stated that without a PCP, the facility had difficulty obtaining medication refill orders which resulted in no medication delivery from the pharmacy. Staff A stated that facility staff recently scheduled an appointment for Resident 3 with a provider. Staff A stated that the soonest doctor appointment available was not until 07/14/2025.

RESIDENT 4
Review of Resident 4's July 2025 MAR showed Resident 4 was prescribed Clozepam (a medication used to treat seizures), 0.25 mg, once per day; Trazadone (a medication used to treat depression), 50 mg, once per day; Gabapentin, 300 mg, three times per day; Metoprolol (a medication used to treat high blood pressure), 25 mg once per day; and Amlodipine (a medication used to lowers blood pressure) 10 mg, once per day.

Review of Resident 4's July 2025 MAR showed the following documentation:
Review of the July 2025 MAR showed Resident 4 did not receive their Clozepam from 07/01/2025 to 07/08/2025.

Review of the July 2025 MAR showed Resident 4 did not receive their Trazadone from 07/03/2025 to 07/08/2025.

Review of the July 2025 MAR showed documentation of Resident 4's gabapentin was not available for two doses on 07/13/2025, unavailable for one dose on 07/14/2025, and unavailable for all doses on 07/16/2025 and 07/17/2025

Review of the July 2025 MAR showed Resident 4's Metoprolol was unavailable on 07/16/2025 and 07/17/2025.

Review of the July 2025 MAR showed Resident 4's amlodipine was unavailable on 07/16/2025 and 07/17/2025.

This is a recurring deficiency previously cited 06/30/2025 subsection (1)(b), (2)(a)(b), 04/09/2025 subsection (1)(a), (2)(a)(b), 08/10/2023 subsection (1)(a), (2)(a)(b), 04/03/2023 subsection (1)(a), (2)(a)(b), and 09/21/2022 subsection (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) 08/08/2025 .

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

Susan Oakley
Administrator (or Representative)

08/05/2025
Date