STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

05/15/2026

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) 77483 (Completion Date 05/15/2026) and 74980 (Completion Date 04/02/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/15/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

The Department staff who did the On Site verification:
Michelle Bentz, ALF 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Renton Assisted Living

Provider Type: Assisted Living Facility

License/Cert.#: 2614

Intake ID: 216998

Compliance Determination #: 74980

Region/Unit #: RCS Region 2 / Unit D

Investigator: Michelle Bentz

Investigation Date(s): 03/18/2026 through 04/02/2026

Complainant Contact Date(s):

Allegation(s):

The Named Resident stated a staff member harassed and yelled at them.

Investigation Methods:

Sample:	Total residents: 78 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Administrative Staff
Record Reviews:	Medical records Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:

The facility suspended the Named Staff, cared for and monitored the Named Resident, interviewed other residents and staff, completed an investigation, substantiated the allegation, notified required parties, and updated and implemented interventions on the Named Resident's care plan. Staff failed to obtain required fingerprint checks upon hire for the Named Staff and additional sample staff. Failed provider practice, see Statement of Deficiencies.

Conclusion / Action:

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

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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 03/18/2026 of:

Renton Assisted Living
71 SW VICTORIA ST
RENTON, WA 98057

This document references the following complaint number(s): 216998

The following sample was selected for review during the unannounced on-site visit: 3 of 78 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Bentz, ALF Complaint Investigator

From:
DSHS, Home and Community Living 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.

Jim Sherman
Residential Care Services

04-09-2026
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)

4/10/2026
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 3 sampled staff (Staff B, Caregiver & Staff C, Caregiver) had a valid national fingerprint background check as required. This failure placed residents at risk of potential abuse or neglect by staff with an unknown background.

Findings included...

Review of the facility "Abuse and Neglect-Resident" policy revised on 02/15/2024 showed the facility would send criminal background checks to the appropriate agency, for all staff prior to upon hire, in accordance with Washington Administrative Code (WAC) 388-78a-2461 through WAC 388-78a-24701.

<Staff B>
Review of facility records showed Staff B was hired by the facility on 08/15/2025. A Washington State Name and Date of Birth (WNDOB) background check was completed on 08/13/2025 . There was no subsequent fingerprint background check results for Staff

B.

In an interview on 03/24/2026 at 4:09 PM, Staff A, Executive Director, stated that they did not have a fingerprint check for Staff B.

Review of the facility staffing schedule for March 2026 showed Staff B was assigned to work on the floor and provided direct care to residents.

<Staff C>
Review of facility records showed Staff C was hired by the facility on 08/15/2025. A WNDOB background check was completed on 08/15/2025. There was no subsequent fingerprint background check results for Staff C.

In an interview on 03/31/2026 at 12:52 PM, Staff A stated it was their expectation that a WNDOB background check, including fingerprints, be completed upon hire for all caregivers. Staff A stated that the checks were important to ensure the staff were qualified and to make sure they were safe to be around the residents.

In an interview on 04/02/2026 at 4:00 PM, Staff A stated the fingerprint checks were not done as required for Staff B or Staff C.

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) 5/4/2026 .

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

Administrator (or Representative) — Date: 4/10/2026