STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

11/13/2025

Aegis Senior Communities LLC
Aegis Living Greenwood
10000 Holman Rd NW
Seattle, WA 98177

RE: Aegis Living Greenwood # 2617

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68648 (Completion Date 11/13/2025) and 65445 (Completion Date 09/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

The Department staff who did the On Site verification:
Cathy Prentice, Complaint Investigator

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 09/10/2025 of:

Aegis Living Greenwood
10000 Holman Rd NW
Seattle, WA 98177

This document references the following SOD dated: 09/15/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 76 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2617	Compliance Determination # 65445
Plan of Correction	Aegis Living Greenwood	Completion Date
Page 2 of 3	Licensee: Aegis Senior Communities LLC	09/15/2025

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.

Jamie Singer
Residential Care Services

09/25/2025
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.

DAVID WATKINS
Administrator (or Representative)

Date 9/26/25

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure products that would be harmful if ingested were kept secure from cognitively impaired residents in 2 of 3 Memory Care Units (MCU) bathrooms (Apartment 207 and 210). This failure placed 24 of 24 cognitively impaired residents at risk of harm.

Findings included...

Review of an ALF policy "Guidelines for Dementia Residents on Restricted Items", dated 09/13/2016, showed all items or products that may present a hazard or risk to resident's health if ingested should be stored in the locked cabinet in the resident's bathroom.

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

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

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Findings included…

Review of an ALF policy “Guidelines for Dementia Residents on Restricted Items”, dated 09/13/2016, showed all items or products that may present a hazard or risk to resident’s health if ingested should be stored in the locked cabinet in the resident’s bathroom.

Statement of Deficiencies	License #: 2617	Compliance Determination # 65445
Plan of Correction	Aegis Living Greenwood	Completion Date
Page 3 of 3	Licensee: Aegis Senior Communities LLC	09/15/2025

Record review of the Resident Characteristic Roster (RCR), on 09/10/2025, showed 24 residents lived in the ALF's second floor MCU. The RCR indicated that of those 24 residents, all had a diagnosis of [redacted], 13 had a [redacted] diagnosis, and 18 had history of behavior issues.

During observation in the MCU on 09/10/2025 at 10:55 AM showed several residents were ambulatory and wandered throughout the unit and apartments were not kept locked. Observation in apartment #210 at 10:56 AM, showed an unlocked bathroom drawer that contained one jar of Vaseline, one eight ounce tube of sunscreen, one bottle of body lotion, one 32 ounce bottle of mouth rinse with chlorine, two tubes of toothpaste, one jar of face cream, one bottle of shampoo, one bottle of nail polish remover, and one tube of lip gloss. Observation in apartment #208, on 09/10/2025 at 11:05 AM, showed an unlocked bathroom cabinet contained a tube of zinc oxide ointment.

In an interview, on 09/10/2025 at 10:55 AM, Staff A (Health Services Director) stated all personal care products and hazardous substances should be locked and secured away from other residents at all times in the MCU.

This is an uncorrected deficiency previously cited on 07/11/2025.

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, Aegis Living Greenwood is or will be in compliance with this law and / or regulation on (Date) 10/30/25 .

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

Administrator (or Representative) [signature] Date 9/26/25

Record review of the Resident Characteristic Roster (RCR), on 09/10/2025, showed 24 residents lived in the ALF's second floor MCU. The RCR indicated that of those 24 residents, all had a diagnosis of [redacted], 13 had a [redacted] diagnosis, and 18 had history of behavior issues.

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This is an uncorrected deficiency previously cited on 07/11/2025.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Aegis Living Greenwood
Provider Type: Assisted Living Facility

License/Cert.#: 2617
Intake ID: 182029
Compliance Determination #: 61854
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 06/30/2025 through 07/11/2025
Complainant Contact Date(s):

Allegation(s):
It was stated there was a 4.5 inch bruise on the Named Resident's (NR) left arm on 06/05/2025 and a staff grabbed the arm causing the bruise.

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 5 Closed records sample size: 0
Observations:	Named Resident (NR); delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Named Resident, other residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:
Observation, interview and record review showed, the facility completed an Assessment and Negotiated Service Agreement as required. The facility completed a thorough investigation to rule out abuse/neglect that concluded abuse could not be ruled out and suspected abuse by a care giver during handling when the NR resisted care was suspected. The facility protected the residents, and terminated the staff. The facility failed to notify law enforcement immediately and a consultation was issued. See Statement of Deficiencies dated 07/11/2025.

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: Aegis Living Greenwood
Provider Type: Assisted Living Facility

License/Cert.#: 2617
Intake ID: 184577
Compliance Determination #: 61854
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 06/30/2025 through 07/11/2025
Complainant Contact Date(s): 06/26/2025, 07/15/2025

Allegation(s):
The Named Resident (NR) ingested jojoba oil at the facility and went to the Emergency Room (ER).

Investigation Methods:

Sample:	Total residents: 82 Resident sample size: 5 Closed records sample size: 0
Observations:	Observed NR and other ALF residents, delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Named Resident, other residents, staff, administration, collateral contacts.
Record Reviews:	Resident care records, Assessment, Negotiated Service Agreement (NSA), investigations, grievances, facility policies, other pertinent records.

Investigation Summary:
Observation, interview and record review showed, the facility completed an Assessment and Negotiated Service Agreement as required. The facility completed a thorough investigation that showed the NR was in another resident's bathroom and had access to and possibly ingested a skin care product. The NR was sent to the ER. Observation showed unsecured personal care products located in the memory care unit. The facility failed to secure potential hazardous substances from resident bathrooms on the memory care unit. See Statement of Deficiencies dated 07/11/2025.

Conclusion / Action:

- [x] 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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 06/30/2025 of:

Aegis Living Greenwood
10000 Holman Rd NW
Seattle, WA 98177

This document references the following complaint number(s): 182029, 184577

The following sample was selected for review during the unannounced on-site visit: 5 of 82 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 2617	Compliance Determination #61854
Plan of Correction	Aegis Living Greenwood	Completion Date
Page 2 of 4	Licensee: Aegis Senior Communities LLC	07/11/2025

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.

Jessie Siegen
Residential Care Services

7/17/2025
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)

7/17/2025
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

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(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure products that would be harmful if ingested were kept secure from 1 of 1 resident (Resident 1) in a bathroom on the Memory Care Unit (MCU). This failure resulted in probable ingestion of skin treatment oil by Resident 1 resulting in emergency medical treatment and placed 25 of 25 cognitively impaired residents at risk of harm.

Findings included...

Review of an ALF policy Guidelines for Dementia Residents on Restricted Items dated 09/13/2016, showed all items or products that may present a hazard or risk to resident's health if ingested should be stored in the resident's room in the locked cabinet in the

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 | 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

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Findings included…

Review of an ALF policy Guidelines for Dementia Residents on Restricted Items dated 09/13/2016, showed all items or products that may present a hazard or risk to resident’s health if ingested should be stored in the resident’s room in the locked cabinet in the

resident's bathroom.

Record review of the Resident Characteristic Roster (RCR), on 06/30/2025, showed 25 residents lived in the ALF's MCU. The RCR indicated that of those 25 residents, 25 residents had a diagnosis of [redacted], 14 had a [redacted] diagnosis, and 20 had history of behavior issues.

Record review showed the ALF admitted Resident 1 to the MCU on [redacted]/2022 with a diagnosis of [redacted]. Review of an Assessment, dated 03/19/2025, showed Resident 1 had poor judgement and wandered into other resident apartments making inappropriate use of resident belongings. Review of an Individual Service Plan (ISP - equivalent to a Negotiated Service Agreement), dated [redacted]/2022, showed Resident 1 had delusions and hallucinations and often wandered into other resident apartments which required staff re-direction.

Review of an Incident Report (IR), dated 06/26/2025, showed documentation of probable cause Resident 1 ingested skin treatment oil. The IR showed Resident 1 was found by Staff A (Caregiver) in another resident's (Resident 2) bathroom holding a cup containing water and skin treatment oil. The IR showed a skin treatment oil bottle was almost empty and there were signs of it around the bathroom sink. The IR showed the ALF phoned poison control and Resident 1 was sent to the emergency room for possible ingestion of a hazardous substance.

Following the probable ingestion of skin treatment oil by Resident 1 on 06/26/2025 the following hazardous products were found unsecured in the MCU on 06/30/2025 at 2:00 PM: Resident 2's unlocked bathroom drawers contained one jar of Vaseline, one eight ounce tube of sunscreen, one bottle of body lotion, two 32 ounce bottles of mouth rinse with chlorine, one eight ounce spray bottle of wound cleanser spray, one tube of toothpaste, one jar of face cream, an eight ounce bottle of body wash, one bottle of shampoo. On 06/30/2025 at 2:10 PM, Resident 3's unlocked bathroom drawer contained a 12 ounce bottle of shampoo, eight ounce bottle of skin cleanser, four ounce bottle of hair conditioner, four ounce bottle of skin lotion, eight ounce bottle of body wash, two tubes of toothpaste with peroxide, one three ounce tube of toothpaste, a small jar of playdough, one deodorant stick, and an eight ounce bottle of shampoo on a shelf.

In an interview, on 06/30/2025 at 2:00 PM, Staff B (Administrator) stated all personal care products and hazardous substances should be locked and secured away from other residents at all times in the MCU.

This deficiency was previously cited on 10/03/2023.

Statement of Deficiencies	License #: 2617	Compliance Determination #61854
Plan of Correction	Aegis Living Greenwood	Completion Date
Page 4 of 4	Licensee: Aegis Senior Communities LLC	07/11/2025

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, Aegis Living Greenwood is or will be in compliance with this law and / or regulation on (Date) 08/25/2025.

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

Administrator (or Representative) — Date: 7/17/25

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, Aegis Living Greenwood is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Aegis Senior Communities LLC
Aegis Living Greenwood
10000 Holman Rd NW
Seattle, WA 98177

RE: Aegis Living Greenwood # 2617

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 07/11/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on any deficiency listed on the enclosed report; and
• May inspect the facility to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  o Return the Plan/Attestation Statement and report with signatures to:

Jamie Singer, Field Manager
Residential Care Services

Region 2, Unit J
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

The Assisted Living Facility failed to make an immediate report to law enforcement with a suspected incident of resident physical abuse. This failure place the residents at risk of harm when law enforcement was not able to conduct an immediate investigation.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure