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 License # 2617

Dear Administrator:

This letter addresses Compliance Determination(s) 68980 (Completion Date 11/20/2025) and 65444 (Completion Date 09/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2025 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-2160

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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2617
Intake ID: 194146
Compliance Determination #: 65444
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 09/10/2025 through 09/29/2025
Complainant Contact Date(s):

Allegation(s):
The Named Resident (NR) had an unexpected death on [redacted]/2025.

Investigation Methods:

Sample:	Total residents: 76 Resident sample size: 3 Closed records sample size: 1
Observations:	Observed ALF residents, delivery of care and services; staff interactions with residents; residents' appearance; environment.
Interviews:	Interviewed ALF 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 as required, and a Negotiated Service Agreement that included hourly status checks, that was not being implemented at the time of the unexpected death. The NR had an advanced directive for no CPR. The facility completed a thorough investigation to rule out abuse/neglect that was unsubstantiated but showed the NSA was not implemented as the staff missed three hours of hourly checks on the evening of the NR death. The facility investigation showed the NR passed away peacefully in the bed with no sign of injury. The other residents interviewed stated they felt safe at the facility. See Statement of Deficiencies dated 09/29/2025.

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 09/10/2025 of:

Aegis Living Greenwood
10000 Holman Rd NW
Seattle, WA 98177

This document references the following complaint number(s): 190876, 194146

The following sample was selected for review during the unannounced on-site visit: 3 of 76 current residents and 1 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 # 65444
Plan of Correction	Aegis Living Greenwood	Completion Date
Page 2 of 3	Licensee: Aegis Senior Communities LLC	09/29/2025

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.

Jessica Seigler
Residential Care Services

10/2/2025
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)

10/9/2025
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide the agreed upon care and services in the Negotiated Service Agreements (NSA) for 1 of 3 residents (Resident 1) when status checks were not completed hourly. This failure may have contributed to ALF staff being unaware Resident 1 had passed away for approximately three hours.

Findings included...

Record review of a Face Sheet, showed the ALF admitted Resident 1 on [redacted]/2023 with a diagnosis of [redacted] Review of the NSA, dated 03/29/2023, showed an agreed upon care plan that required hourly status checks to ensure Resident 1's location and safety.

Review of a facility investigation, dated [redacted]/2025, showed Resident 1 was found deceased around 10:15 PM on [redacted]/2025. Another facility investigation, dated 09/19/2025, showed the facility found the staff did not complete the hourly status checks for Resident 1 that evening [redacted]/2025 at 8:00 PM or 9:00 PM.

In an interview, on 09/22/2025 at 10:20 AM, Staff A (Registered Nurse and Director of

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

10/2/2025
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

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to provide the agreed upon care and services in the Negotiated Service Agreements (NSA) for 1 of 3 residents (Resident 1) when status checks were not completed hourly. This failure may have contributed to ALF staff being unaware Resident 1 had passed away for approximately three hours.

Findings included...

Record review of a Face Sheet, showed the ALF admitted Resident 1 on [redacted]/2023 with a diagnosis of [redacted] Review of the NSA, dated 03/29/2023, showed an agreed upon care plan that required hourly status checks to ensure Resident 1's location and safety.

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Statement of Deficiencies	License #: 2617	Compliance Determination # 65444
Plan of Correction	Aegis Living Greenwood	Completion Date
Page 3 of 3	Licensee: Aegis Senior Communities LLC	09/29/2025

Wellness), confirmed the staff did not follow the NSA on [redacted]/2025 when they did not do the 8:00 PM or 9:00 PM status checks 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, Aegis Living Greenwood is or will be in compliance with this law and / or regulation on (Date) 11/13/2025 .

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

Administrator (or Representative) 10/9/2025 Date

Wellness), confirmed the staff did not follow the NSA on [redacted]/2025 when they did not do the 8:00 PM or 9:00 PM status checks for Resident 1.

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