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

Aegis Senior Communities LLC
Aegis Living Lake Union
1936 Eastlake Ave E
Seattle, WA 98102

RE: Aegis Living Lake Union License # 2630

Dear Administrator:

This letter addresses Compliance Determination(s) 82321 (Completion Date 08/17/2026) and 78557 (Completion Date 06/18/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/17/2026 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-2305-1, WAC 388-78A-2305-2, WAC 246-215-03339-2-a, WAC 246-215-04565-3-b, WAC 246-217-025-9, WAC 246-217-035-3, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0495-4, WAC 388-112A-0720-2-a

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

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

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 the unannounced on-site full inspection on 06/05/2026 and 06/10/2026 of:

Aegis Living Lake Union
1936 Eastlake Ave E
Seattle, WA 98102

The following sample was selected for review during the unannounced on-site visit: 7 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Statement of Deficiencies	License #: 2630	Compliance Determination #78557
Plan of Correction	Aegis Living Lake Union	Completion Date
Page 2 of 9	Licensee: Aegis Senior Communities LLC	06/18/2026

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: 06/22/2026

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: 6/24/2026

WAC 246-217-025 Issuance of food worker cards -- Fees.

(8) All food worker cards shall be issued and signed by the local health officer. The local health officer may contract with persons to provide the required training or testing within his/her jurisdiction. The contracts shall include test security provisions so that test questions, scoring keys, and other examination data are exempt from public disclosure to the same extent as records maintained by state or local government agencies.

WAC 246-217-035 Validity and form of food worker cards.

(3) Any legally issued food worker card shall be valid throughout Washington state.

WAC 246-215-03339 Preventing contamination from equipment, utensils, and linens Wiping cloths, use limitation (FDA Food Code 3-304.14).

(2) Cloths in-use for wiping counters and other equipment surfaces must be:

(a) Held between uses in a chemical sanitizer solution at a concentration specified under WAC 246-215-04565 ; and

WAC 246-215-04565 Equipment Manual and mechanical warewashing equipment, chemical sanitization Temperature, pH, concentration, and hardness (FDA Food Code 4-501.114). A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under WAC 246-215-04710 must meet the requirements specified under WAC 246-215-07220 , must be used in accordance with the EPA-registered label use instructions, and must be used as follows:

(3) A quaternary ammonium compound solution must:

(b) Have a concentration as specified under WAC 246-215-07220 and as indicated by the manufacturer's use directions included in the labeling; and

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with

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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 — 06/22/2026 (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) — Date

WAC 246-217-025 Issuance of food worker cards -- Fees.

(9) All food worker cards shall be issued and signed by the local health officer. The local health officer may contract with persons to provide the required training or testing within his/her jurisdiction. The contracts shall include test security provisions so that test questions, scoring keys, and other examination data are exempt from public disclosure to the same extent as records maintained by state or local government agencies.

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WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with

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chapter 246-215 WAC, Food service;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to test the sanitation solution to determine if the solution was at the correct concentration required to prevent contamination of clean equipment, counter surfaces, tables, and utensils for 1 of 1 kitchen (Main Kitchen). The facility failed to ensure that 1 of 6 staff (Staff H) maintained a valid food worker card and 1 of 6 staff (Staff I) obtained a food worker card through the Washington state Public County Health Department. This failure placed 55 residents at risk for receiving food from an unqualified food service worker.

Findings included...

Review of the facility's "Surface Cleaning and Sanitation Policy" dated 10/24/2024 showed that Food residues on food-contact surfaces and equipment could provide an ideal environment for the growth of disease-causing bacteria, which can contaminate other foods. The policy showed that soiled wiping cloths could become a "breeding ground for bacteria" that could be transferred to other surfaces. The policy showed that food residues that are not cleaned within the required time frame the bacteria could multiply to "dangerous levels". The Policy showed that routine cleaning and sanitizing of food-contact surfaces and equipment was necessary to prevent the growth of bacteria. The policy showed that surfaces must be cleaned after each use. Further review showed that sanitizing surfaces reduces bacteria and viruses to a "safer level". The policy showed it was necessary to follow manufacturer's directions as "concentration and time on a surface are important to reducing bacteria and viruses". The policy showed to test solutions with test strips regularly to ensure that the proper sanitization solution strength was maintained. The policy showed that sanitization buckets should be changed every two to four hours or more as needed to keep the water clean, and that a record log should be used to track every time the sanitizer bucket was changed. Review of the policy showed that the sanitization solution should be changed when the concentration gets weak or the solution becomes cloudy.

Review of the facility's undated "Resident Characteristics Roster" showed 55 residents currently resided at the facility.

SANITIZATION BUCKETS

Observations and interview during the environmental tour on 06/05/2026 at 1:00 PM, showed Staff H, Culinary Services Director, used new test strips to test the Quaternary ammonia (Quat) sanitization solution contained in red buckets used to sanitize kitchen counter surfaces. Observation showed Staff H tore off a piece of test strip from a roll from a container that was labeled with a concentration range in several shades of blue

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that indicated the concentration strength level of the sanitization solution. Staff H tested the sanitization solution in the bucket located under the cooking/serving counter. Observation showed that the test strip did not change color and registered 0 parts per million (ppm). Staff H walked over to a second quat bucket located by the dishwasher and tested the Quat solution. Observation showed that the test strip showed 0 ppm. Observation showed Staff H walked over to the main Quaternary ammonia sanitization solution dispenser and filled an empty red bucket with solution. Staff H tested the sanitization solution which registered zero ppm. Staff H stated they would contact the vendor to assess the sanitization system.

Kitchen observation on 06/08/2026 at 12:32 PM, showed Staff H, Culinary Services Director, used a test strip to test two sanitization buckets, one located in the dishwasher area and one behind the line/cooking area. Staff H confirmed in a statement that the test strips were the correct test strips for the sanitization solution and were new test strips. After Staff H stirred the test strip for over a minute in the sanitization solution, they removed the test strip and compared the color on the test strip with the concentration level chart on the test strip container. Observation showed that the test strip showed the sanitation concentration strength was 0 parts per millimeter. Observation showed Staff H tested a second bucket that was filled directly from the Quat sanitization dispenser. Observation showed that when tested the Quat sanitization solution showed the concentration level was 200-ppm-400-ppm which was in within the effective range.

During an interview on 06/08/2026 at 12:32 PM, Staff H stated that the sanitization company came out and examined the dispenser and found that one of the direct supply line hoses from the Quaternary sanitization solution was bent.

FOOD WORKER CARD

STAFF H

Review of Staff H's employee record showed the facility hired Staff H as the Culinary Service Director on 08/04/2025. Review of Staff H's record showed an expired food worker card with an expiration date of 02/21/2026.

During an interview on 06/10/2026 at 2:00 PM. Staff H stated that they recently renewed their food worker card through the King County Public Health Department. Staff H stated that they were unable to locate the current valid food worker card. Staff H stated that they attempted to access their account established with King Public County Health Department to obtain a copy of the food worker card and were unsuccessful. Staff H stated that they moved to a different county and due to the change in address Staff H was required to use the Public County Health Department where they resided.

STAFF I

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Statement of Deficiencies	License #: 2630	Compliance Determination #78557
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Review of Staff I's employee record showed the facility hired Staff I as a Dining Room Host, on 05/04/2026. Review of Staff I's record showed they completed a food worker certification course through an outside company instead of a Washington state Public County Health Department as required. The certification dated 04/09/2025 with an expiration date of 04/09/2028 showed it was not signed by a Public Health officer from the Public County Health Department. There was no documentation that showed Staff I completed a food handler training through a Washington state Public County Health Department.

During an interview on 06/10/2026 at 2:00 PM, Staff H stated that they were not aware a food worker cards were required to be obtained through a Washington state Public County Health Department.

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 Lake Union is or will be in compliance with this law and / or regulation on (Date) 6/30/2026

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

Administrator (or Representative) — Date: 6/24/2026

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.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State name and date of birth background check (BGI) for 2 of 8 staff (Staff E and Staff F) every two years. This failure placed 55 residents at risk of abuse, neglect, or exploitation from caregivers with unknown backgrounds.
Findings included...

Review of the facility's undated "Resident Characteristics Roster" showed 55 residents

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Review of Staff I's employee record showed the facility hired Staff I as a Dining Room Host, on 05/04/2026. Review of Staff I's record showed they completed a food worker certification course through an outside company instead of a Washington state Public County Health Department as required. The certification dated 04/09/2025 with an expiration date of 04/09/2028 showed it was not signed by a Public Health officer from the Public County Health Department. There was no documentation that showed Staff I completed a food handler training through a Washington state Public County Health Department.

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Plan/Attestation Statement

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Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete a Washington State name and date of birth background check (BGI) for 2 of 6 staff (Staff E and Staff F) every two years. This failure placed 55 residents at risk of abuse, neglect, or exploitation from caregivers with unknown backgrounds.
Findings included...

Review of the facility's undated "Resident Characteristics Roster" showed 55 residents

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currently resided at the facility.

STAFF E

Review of the facility's employee roster showed the facility hired Staff E as a Care Manager on 06/03/2024. Review of the records showed that Staff E's previous Washington state name and date of birth BGI expired on 05/28/2026. The records showed that on 06/01/2026, the facility completed a new BGI, 3 days after the previous BGI expired.

STAFF F

Review of the facility's employee roster showed the facility hired Staff F as a Medication Care Manager on 05/21/2024. Review of the records showed that Staff F's previous Washington state name and date of birth BGI expired on 06/16/2026. The records showed that on 06/01/2026, the facility completed a new BGI, 15 days after the previous BGI expired.

During an interview on 06/10/2026 at 11:00 AM, Staff N, Area Business Office Manager, stated that they realized Staff E and Staff F's every two-year background checks were done late.

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 Lake Union is or will be in compliance with this law and / or regulation on (Date) 7/31/2026

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

Administrator (or Representative) Date 6/24/2026

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within one hundred twenty days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within

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currently resided at the facility.

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STAFF F

Review of the facility's employee roster showed the facility hired Staff F as a Medication Care Manager on 05/21/2024. Review of the records showed that Staff F's previous Washington state name and date of birth BGI expired on 05/16/2026. The records showed that on 06/01/2026, the facility completed a new BGI, 15 days after the previous BGI expired.

During an interview on 06/10/2026 at 11:00 AM, Staff N, Area Business Office Manager, stated that they realized Staff E and Staff F's every two-year background checks were done late.

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

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Administrator (or Representative) Date

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ninety days of completion of basic training.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 1 of 3 sampled care staff (Staff C) completed the dementia and mental health specialty trainings, 1 of 3 sampled care staff (Staff C) completed the Cardiopulmonary Resuscitation (CPR) training, 2 of 3 sampled staff (Staff C and Staff D) completed the first-aid card or certificate within the required timeline, and 1 of 5 sampled staff (Staff F) completed 12 hours of Continuing Education from birthday to birthday. This failure placed 55 residents at risk of receiving improper care from untrained care staff persons.

Findings included...

Review of the facility's document titled "Position Description – Care Manager", dated 08/31/2020, showed that Care Managers provided direct personal care to assisted living residents. The document showed that Care Managers were responsible for providing care and services for residents with cognitive impairment and mental illnesses. The document showed that Care Managers were required to complete the assigned training including Continuing Education (CE) by due date.

Review of the facility's undated Assisted Living Facility Resident Characteristic Roster showed that 55 residents received Assisted Living services. The Characteristic Roster showed that 32 of 55 residents had dementia (loss of memory, language, problem-solving and other thinking abilities), Alzheimer's disease (a condition that affects memory, thinking and behavior), or cognitive impairment, and 23 of 55 residents had behavior or psychosocial issues.

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Review of the residents' records showed that the facility admitted Resident 1 in [redacted] 2023 with medical diagnoses of [redacted] and [redacted]. The residents' records showed that the facility admitted Resident 2 in [redacted] 2022 with medical diagnoses of [redacted]. The residents' records showed that the facility admitted Resident 4 in [redacted] 2024 with a medical diagnosis of [redacted]. The residents' records showed that the facility admitted Resident 5 in [redacted] 2022 with medical diagnoses of [redacted] and [redacted]. The residents' records showed that the facility admitted Resident 6 in [redacted] 2025 with a medical diagnosis of [redacted].

STAFF C
Review of the facility's undated employee list showed that the facility hired Staff C, Care Manager, on 09/23/2025. Review of Staff C's employee records showed that Staff C's Nursing Assistant Certification was in active status with the first credential date 09/29/2025. The records showed that Staff C completed the Department of Social and Health Services' (DSHS) Dementia Specialty Training on 04/26/2026, 215 days after hire, and the DSHS' Mental Health Specialty Training on 03/03/2026, 161 days after hire. The records showed that Staff C completed the CPR and first-aid training in December 2025, 69 days after hire.

STAFF D
Review of the facility's undated employee list showed that the facility hired Staff D, Care Manager, on 12/12/2025. Review of Staff D's employee records showed that Staff D completed the first-aid training in March 2026, 79 days after hire.

During an interview on 06/09/2026 at 11:25 AM, Staff N, Area Business Office Manager, stated that they were aware of the training requirements. Staff N stated that the facility had a system in place that kept track of the training due dates for each care staff. Staff N stated that before the training due dates, they sent reminders to the care staff that instructed the care staff to complete the required training. Staff N stated that the care staff completed the required training late.

STAFF F
Review of the facility's undated employee list showed that the facility hired Staff F, Medication Care Manager, on 05/21/2024. Review of the facility's Care Staff Schedule showed in March 2026, April 2026, May 2026, and June 2026, Staff F worked in the facility.

Review of Staff F's employee records showed Staff F's Nursing Assistant Certified (NA-C) credential was first issued on 08/23/2023 and was last renewed on 01/19/2026 by the Department of Health (DOH). The records showed no documentation that Staff F completed any CE training between their March 2025 and March 2026 birthdays as required. There was no documentation that showed Staff F completed any CE training as required.

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During the exit conference on 06/10/2026 at 11:10 AM, Staff N stated that Staff F did not complete the required 12 hours of CE as required.

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 Lake Union is or will be in compliance with this law and / or regulation on (Date) 7/31/2026

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

Administrator (or Representative) 6/29/2026 Date

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During the exit conference on 06/10/2026 at 11:10 AM, Staff N stated that Staff F did not complete the required 12 hours of CE as required.

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