STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Aegis Senior Communities LLC
Aegis Living Laurelhurst
3200 NE 45th St
Seattle, WA 98105

RE: Aegis Living Laurelhurst License # 2692

Dear Administrator:

This letter addresses Compliance Determination(s) 83456 (Completion Date 09/14/2026) and 79215 (Completion Date 07/16/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/14/2026 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-2140-1-e, WAC 388-78A-2140-5, WAC 388-78A-2474-2-c

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

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

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2692
Intake ID: 227553
Compliance Determination #: 79215
Region/Unit #: RCS Region 2 / Unit J
Investigator: Cathy Prentice
Investigation Date(s): 06/18/2026 through 07/16/2026
Complainant Contact Date(s): 06/09/2026, 07/24/2026

Allegation(s):

1. The staff gave the Named Resident (NR) an anti-anxiety medication without notifying the family first.
2. The staff may not be washing the NR's hair regularly or treating the NR the same as other residents.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 3 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 Assessments Negotiated Service Agreement (NSA) Investigations Grievances Facility policies Other pertinent records

Investigation Summary:

1. The staff gave the NR an anti-anxiety medication according to the physician order. There was no order to notify the family before giving the medication for anxiety and agitation. The facility failed to have behavioral interventions on the Negotiated Service Agreement (NSA) to direct staff in how to support the NR during

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anxiety/agitation episodes especially in the dining room. See Statement of deficiencies dated 07/16/2026.
2. According to observation, interview and record review, the facility implemented the NSA for the NR for hygiene, showers, hair care with the NR's salon preferences and other ADLs. No failed practice identified.

Conclusion / Action:

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

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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 06/18/2026 of:

Aegis Living Laurelhurst
3200 NE 45th St
Seattle, WA 98105

This document references the following complaint number(s): 227553

The following sample was selected for review during the unannounced on-site visit: 3 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Cathy Prentice, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 2692	Compliance Determination # 79215
Plan of Correction	Aegis Living Laurelhurst	Completion Date
Page 2 of 5	Licensee: Aegis Senior Communities LLC	07/16/2026

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.

Jessica Siegen — Residential Care Services — 7/22/2026 — 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) — 7/28/2026 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document behavioral interventions for 1 of 3 residents (Resident 1) in the Negotiated Service Agreements (NSA). This failure placed Resident 1 at risk of not receiving support and care for distressing behaviors and mental discomfort.

Findings included...

Record review showed the ALF admitted Resident 1 in on [redacted]/2025 with a diagnosis of [redacted]. The facesheet showed shortly after admission, Resident 1 was diagnosed with [redacted]. Review of the NSA, dated 08/25/2025, showed Resident 1 was dependent on staff for Activities of Daily Living (ADLs-a term used in healthcare to refer to people's daily self-care activities such as bathing, grooming, ambulation, etc.) and medication management.

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Residential Care Services _____ Date _____

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Administrator (or Representative) _____ Date _____

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Review of an NSA, dated 08/25/2025 and updated on 06/10/2026, showed Resident 1 had time and place disorientation managed with community services and had no behaviors requiring staff interventions. The NSA noted staff were to speak in a clear tone and the resident does better in a structured environment and with a routine. However the NSA had no interventions listed for caregivers to support Resident 1 with anxiety, agitation discomfort, fearfulness or other behavioral issues reflected in the record.

Review of the June 2026 Medication Administration Record (MAR) dated showed a physician's order, dated 04/29/2026, for lorazepam 1 milligram by mouth, every four hours, as needed for anxiety or agitation.

Review of Progress Notes (PN), from 08/25/2025 to 06/18/2026, showed notes the ALF staff had documented regarding Resident 1 having anxiety behaviors and mental health provider visits. The PNs showed Resident 1 exhibited confusion, forgetfulness, sundown syndrome (a pattern of increased confusion, agitation, and anxiety in people with dementia, typically occurring in the late afternoon or evening.) and delusions. PNs from November 2025, showed Resident 1 received 1:1 (personal private care) companion care that continued through 2026 for behavioral and emotional support. PNs from December 2025 showed an increase in cueing needs as well as increased anxiety and depression. PNs from March 2026 showed Resident 1 had a companion in the dining room for several hours and preferred not to eat alone, liked to have someone with her during meals and needed reminders and encouragement to continue eating. PNs documented a general cognitive decline for Resident 1, as well as paranoid behaviors, depression and anxiety and needed increased support from family and staff. PNs from April 2026 showed Resident 1 had paranoia in the dining room which impacted appetite, and had poor reactions to surroundings with increased agitation toward others. PNs from May 2026 showed the ALF noted Resident 1 had a history of paranoid thoughts, hallucinations and anxiety with episodes in the dining room specifically. A PN, dated 06/09/2026, showed Resident 1 requested to leave the dining room due to anxiety. A PN, dated 06/10/2026, showed Resident 1 exhibited anxiety and was suspicious of people in the facility.

In an interview on 06/18/2026 at 9:25 AM, Staff A (Wellness Director) stated information for anxiety or interventions for agitation and other behavioral issues should be in the care plan under behaviors. Staff A confirmed Resident 1's NSA did not include care and services necessary to meet Resident 1's needs regarding appropriate behavioral interventions for anxiety and mental agitation.

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Statement of Deficiencies	License #: 2692	Compliance Determination # 79215
Plan of Correction	Aegis Living Laurelhurst	Completion Date
Page 4 of 5	Licensee: Aegis Senior Communities LLC	07/16/2026

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 Laurelhurst is or will be in compliance with this law and / or regulation on (Date) August 30th 2026.

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

Administrator (or Representative) Date 7/28/2026

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;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed ensure for 3 of 10 staff (Staff B, C, and D) completed specialty Dementia training as required in Washington Administrative Code (WAC) 388-112A . This failure placed residents with cognitive diagnosis at risk of not receiving appropriate care related to their special needs.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-112A-0400: (1) Specialty training refers to approved curricula that meets the requirements of Revised Code of Washington (RCW) 18.20.270 and 70.128.230 to provide basic core knowledge and skills to effectively and safely provide care to residents living with mental illness, dementia, or developmental disabilities. (4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows: (b) Dementia specialty training as described in WAC 388-112A-0440; (6) For long-term care workers who have completed the 75-hour training and do not have a specialty training certificate that indicates completion and competency testing, the long-term care worker must complete specialty training when employed by the adult family home, enhanced services facility, or assisted living facility that serves residents with special needs.

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Administrator (or Representative) Date

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Statement of Deficiencies	License #: 2692	Compliance Determination # 79215
Plan of Correction	Aegis Living Laurelhurst	Completion Date
Page 5 of 5	Licensee: Aegis Senior Communities LLC	07/16/2026

Review of the ALF's Resident Characteristic Roster on 06/18/2026 showed, the facility had 34 of 81 residents with a [redacted] diagnosis living at the ALF receiving care and services.

Review of the facility undated Disclosure of Services, showed the ALF provided services for residents with dementia in secured and unsecured environments based on their needs.

Review of staff records showed Staff B (Caregiver), hired on 01/28/2026, Staff C (Caregiver/Medication Technician), hired on 07/30/2025, Staff D (Caregiver), hired on 07/11/2024 did not have dementia specialty training completed.

In an interview, on 06/18/2026 at 12:00PM, Staff A (Wellness Director) confirmed the ALF did not have documentation of training for dementia for Staff B, C, and D.

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 Laurelhurst is or will be in compliance with this law and / or regulation on (Date) 8/30/2026 .

August 30th 2026

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

Administrator (or Representative) — Date: 7/28/2026

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