



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Aegis Senior Communities LLC
AEGIS SENIOR INN OF KENT
10421 SE 248th St
Kent, WA 98030

RE: AEGIS SENIOR INN OF KENT License # 1944

Dear Administrator:

This letter addresses Compliance Determination(s) 48561 (Completion Date 10/10/2024) and 44044 (Completion Date 08/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/10/2024 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:
Harrison Udoe, Community Complaint Investigator

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: AEGIS SENIOR INN OF KENT
License/Cert.#: 1944
Compliance Determination #: 44044
Investigator: Harrison Udoe
Investigation Date(s): 07/11/2024 through 08/12/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility
Intake ID: 138217
Region/Unit #: RCS Region 2 / Unit D

Allegation(s):
Alleged safety concerns

Investigation Methods:

Sample: Total residents: 38
Resident sample size: 1
Closed records sample size: 1

Observations: Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews: Identified staff
Nursing staff
Residents
Human resources
Therapy staff
Staff development coordinator

Record Reviews: Medical records
Hospital records
Incident investigation
Facility policies
Personnel files
Staff training records

Investigation Summary:

Report of alleged neglect in the Assisted Living Facility (ALF). Interview and record review showed that on 07/10/2024 at about 2:00 PM, Named Resident and spouse were seated out on the covered area of the patio, directly outside of the facility day room. Per facility report Named Resident and spouse were asked to come inside due to high the temperature. Spouse agreed, Named Resident insisted on staying outdoors. Facility staff stated that Named Resident's upper torso

was under the shade and their feet exposed to the sun. Sun exposure caused blisters to Named Resident's feet. Facility staff immediately applied first aid, notification of Resident representative and other appropriate agencies. Failed practice identified. Facility failed to implement hourly safety checks on the Named Resident as stated in the individualized care plan and service agreement. Citation issued.

Conclusion / Action:

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



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Statement of Deficiencies	License #: 1944	Compliance Determination # 44044
Plan of Correction	AEGIS SENIOR INN OF KENT	Completion Date
Page 1 of 3	Licensee: Aegis Senior Communities LLC	08/12/2024

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 07/11/2024, 07/11/2024, 07/19/2024 and 07/11/2024 of:

AEGIS SENIOR INN OF KENT
 10421 SE 248th St
 Kent, WA 98030

This document references the following complaint number(s): 138217

The following sample was selected for review during the unannounced on-site visit: 1 of 38 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Harrison Udoe, Community Complaint Investigator

From:
 DSHS, Aging and Long-Term Support 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.

Laurie Anderson

08/13/2024

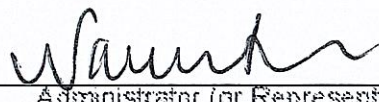
Residential Care Services

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.

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

Statement of Deficiencies	License # 1944	Compliance Determination # 44044
Plan of Correction	AEGIS SENIOR INN OF KENT	Completion Date
Page 2 of 3	Licensee: Aegis Senior Communities LLC	08/12/2024



Administrator (or Representative)



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 facility failed to implement 1 of 1 sampled Resident (Resident 1)'s Negotiated Service Agreement (NSA). This failure placed Resident 1 at risk for unmet care needs and potential injury.

Finding included...

Review of Resident 1's Individualize Service Plan, dated 06/30/2024, showed that Assisted Living Facility staff were required to conduct hourly visual check for location, safety, and if needed, tend to any observed concerns.

Review of Resident 1's Progress Notes, dated 07/11/2024, showed staff observed Resident 1 seated outside on the patio, in the shade, with their feet exposed to the sun. The notes showed that facility staff observed blisters on Resident 1's feet. Facility staff sent Resident 1 to the urgent care for assessment and treatment. There was no documentation that showed facility staff completed hourly safety check on Resident 1, as required.

During an interview on 07/11/2024 at 4:20 PM, Staff B, Director of Nursing Services, stated that on 07/10/2024 at 2:50 PM, Resident 1 was seated in the courtyard's outdoor area. Staff B stated that Resident 1 sat in the patio area, in the line of sight for the care staff. Staff B stated that Resident 1 was brought back into the facility at about 4:30 PM on the same day. Staff B stated that the over exposure to the sun and high temperature resulted in severe blisters on Resident 1's feet.

During an interview on 07/18/2024 at 11:50 AM, Staff A, Executive Director, stated that staff found Resident 1 asleep on the outdoor couch of the facility's courtyard. Staff A stated that staff were required to conduct resident safety checks every two hourly, per the facility's standard of operation. Staff A stated that they were unaware that on 06/30/2024, Resident 1's service plan was updated to hourly safety checks. Staff A stated that they were unsure if staff completed Resident 1's hourly safety checks. Staff A stated that the safety of residents was a priority, especially during periods of

Administrator (or Representative)

Date

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During an interview on 07/11/2024 at 4:20 PM, Staff B, Director of Nursing Services, stated that on 07/10/2024 at 2:50 PM, Resident 1 was seated in the courtyard's outdoor area. Staff B stated that Resident 1 sat in the patio area, in the line of sight for the care staff. Staff B stated that Resident 1 was brought back into the facility at about 4:30 PM on the same day. Staff B stated that the over exposure to the sun and high temperature resulted in severe blisters on Resident 1's feet.

During an interview on 07/19/2024 at 11:50 AM, Staff A, Executive Director, stated that staff found Resident 1 asleep on the outdoor couch of the facility's courtyard. Staff A stated that staff were required to conduct resident safety checks every two hourly, per the facility's standard of operation. Staff A stated that they were unaware that on 06/30/2024, Resident 1's service plan was updated to hourly safety checks. Staff A stated that that they were unsure if staff completed Resident 1's hourly safety checks. Staff A stated that the safety of residents was a priority, especially during periods of

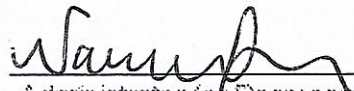
Statement of Deficiencies	License # 1944	Compliance Determination # 44044
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high temperatures.

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 SENIOR INN OF KENT is or will be in compliance with this law and / or regulation on (Date) 9/3/24

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


Administrator (or Representative)

8/15/24
Date

high temperatures.

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 SENIOR INN OF KENT 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