



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

September 28, 2015

REGULAR MAIL

Administrator
Buchanan Place
4732 35th Avenue South
Seattle, WA 98118

Assisted Living Facility License #1684
Licensee: Full Life Care

LIFT CONDITIONS ON A LICENSE

Dear Administrator:

This letter is formal notice that the conditions placed on your license on **August 6, 2013** in a notice letter dated August 6, 2013, are lifted effective **September 28, 2015**.

If you have any questions, please call Jim Sherman, Field Manager, at (253) 234-6020.

Sincerely,

Dina Longen-Grimes, RN, MSN
Dina Longen-Grimes, RN, MSN
Compliance Specialist
Residential Care Services

cc: Field Manager, Region 2, Unit E
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Valentina Karnafel, HCS
HQ Central Files
ndl