STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

TWT LLC
AVONDALE COUNTRY ESTATE
13110 NE 177th Pl #220
Woodinville, WA 98077

RE: AVONDALE COUNTRY ESTATE License # 404803

Dear Provider:

This letter addresses Compliance Determination(s) 71087 (Completion Date 01/07/2026) and 68303 (Completion Date 11/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/07/2026 and found that you have corrected the violations listed in the Follow up report dated 11/05/2025. Your home is back in compliance as of 11/23/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10825-3, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-h

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 404803	Compliance Determination #:68303
Plan of Correction	AVONDALE COUNTRY ESTATE	Completion Date
Page 1 of 4	Licensee: TWT LLC	11/05/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 11/05/2025 of:
AVONDALE COUNTRY ESTATE
16400 Avondale Rd NE
Woodinville, WA 98077

This document references the following SOD dated: 11/05/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

11/10/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

11/25/25
Date

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all heaters that were hot to the touch had a barrier that prevented contact by any residents. This failure placed 3 of 6 residents (Residents 2, 4, and 6) at risk of injury if they came into contact with the heater.

Findings included...

Observation, on 11/05/2025 at 10:42 AM, of bedroom [redacted], bedroom [redacted], and bedroom [redacted] showed no barricade installed over the existing wall heaters.

In an interview, on 11/05/2025 at 10:42 AM, Staff B, Resident Manager, stated that no changes had been made to the wall heaters.

In a telephonic interview, on 11/05/2025 at 12:49 PM, Staff A stated that they plan to replace the existing wall heaters with different wall heaters with different covers. Staff A stated that they will hire someone to complete the installation. Staff A stated that they intend to have the installation completed the following week.

This is an uncorrected deficiency previously cited on 10/15/2025.

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, AVONDALE COUNTRY ESTATE is or will be in compliance with this law and / or regulation on (Date) 11/23/25.

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

Provider (or Representative) — Date: 11/23/25

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Notice of Rights and Services (admission agreement) was updated at least every 24 months for 1 of 6 residents (Resident 1). This failure placed Resident 1 at risk of not being fully aware of their rights or of the services provided by the AFH.

Findings included...

Record review of Resident 1's records showed the AFH admitted Resident 1 on [redacted]/2020. Record review showed Resident 1 had a representative that signed on their behalf. Further review showed Resident 1's admission agreement was last reviewed and signed by Resident 1's representative on 12/04/2022.

In a telephone interview, on 11/05/2025 at 10:45 AM, Staff A, Entity Representative, stated that Resident 1's admission agreement had been updated and signed by Resident 1's representative. Staff A stated that they were out of town at the time of follow up visit. Staff A stated that they would fax a copy of Resident 1's updated admission agreement.

In a telephone interview, on 11/05/2025 at 3:33 PM, Staff A stated that they were unable to fax Resident 1's updated admission agreement due to Staff A being out of town and not having access to the document.

This is an uncorrected deficiency previously cited on 10/15/2025.

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, AVONDALE COUNTRY ESTATE is or will be in compliance with this law and / or regulation on (Date) Resident passed away [redacted]25

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

Provider (or Representative) — Date: 11/25/25

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 Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 10/06/2025 and 10/08/2025 of:
AVONDALE COUNTRY ESTATE
16400 Avondale Rd NE
Woodinville, WA 98077

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 404603	Compliance Determination #:66590
Plan of Correction	AVONDALE COUNTRY ESTATE	Completion Date
Page 2 of 8	Licensee: TWT LLC	10/15/2025

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.

Renae' Bourque
Residential Care Services

10/16/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

10/25/25
Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;

(e) Not located behind a locked door.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the fire extinguishers were mounted at a minimum of four inches and a maximum of 60 inches from the floor. The AFH also failed to ensure all fire extinguishers were not located behind a locked door. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury in the event of a fire.

Findings included...

Observation, on 10/06/2025 at 11:05 AM, of the upper level of the home, showed a fire extinguisher on a counter. The fire extinguisher was not mounted or securely fastened in a stationary position.

Observation, on 10/06/2025 at 11:05 AM, showed the lower level of the home had a fire extinguisher located inside the locked laundry room. Further observation showed the fire extinguisher was on the floor and not mounted or securely fashioned in a stationary position.

In an interview, on 10/06/2025 at 4:05 PM, Staff A, Entity Representative, stated that

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.

Renee' Bourque
Residential Care Services

10/16/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

WAC 388-76-10810 Fire extinguishers.

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(e) Not located behind a locked door.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the fire extinguishers were mounted at a minimum of four inches and a maximum of 60 inches from the floor. The AFH also failed to ensure all fire extinguishers were not located behind a locked door. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury in the event of a fire.

Findings included...

Observation, on 10/06/2025 at 11:05 AM, of the upper level of the home, showed a fire extinguisher on a counter. The fire extinguisher was not mounted or securely fashioned in a stationary position.

Observation, on 10/06/2025 at 11:05 AM, showed the lower level of the home had a fire extinguisher located inside the locked laundry room. Further observation showed the fire extinguisher was on the floor and not mounted or securely fashioned in a stationary position.

In an interview, on 10/06/2025 at 4:05 PM, Staff A, Entity Representative, stated that

Statement of Deficiencies	License #: 404603	Compliance Determination #:66090
Plan of Correction	AVONDALE COUNTRY ESTATE	Completion Date
Page 3 of 8	Licensee: TWT LLC	10/15/2025

they would mount the fire extinguishers. Staff A stated that they were aware the fire extinguishers need to be readily accessible.

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, AVONDALE COUNTRY ESTATE is or will be in compliance with this law and / or regulation on (Date) 10/25/25.

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

Provider (or Representative) — Date: 10/25/25

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all heaters that were hot to the touch had a barrier that prevented contact by any residents. This failure placed 2 of 6 residents (Residents 2 and 6) at risk of injury if they came into contact with the heater.

Findings included...

Observation, on 10/08/2025 at 11:18 AM, of bedroom [redacted] (Resident 6's bedroom), showed a wall heater that was emitting heat. Further observation of this wall heater showed that the metal vent of the heater was hot to the touch.

In an interview, on 10/08/2025 at 11:18 AM, Staff B, Resident Manager, stated that the wall heater was hot after Staff B touched it with their hand. Staff B stated that wall heaters were only located in bedrooms [redacted], and [redacted].

In an interview on 10/08/2025 at 12:05 PM, Staff A, Entity Representative, stated that the wall heaters had been in place the entire time the AFH has been licensed

Further observation, on 10/08/2025 at 10:20 AM, showed the wall heaters in bedroom [redacted]

they would mount the fire extinguishers. Staff A stated that they were aware the fire extinguishers need to be readily accessible.

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, AVONDALE COUNTRY ESTATE 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.

_____ _____
Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all heaters that were hot to the touch had a barrier that prevented contact by any residents. This failure placed 2 of 6 residents (Residents 2 and 6) at risk of injury if they came into contact with the heater.

Findings included...

Observation, on 10/06/2025 at 11:18 AM, of bedroom [redacted] (Resident 6's bedroom), showed a wall heater that was emitting heat. Further observation of this wall heater showed that the metal vent of the heater was hot to the touch.

In an interview, on 10/06/2025 at 11:18 AM, Staff B, Resident Manager, stated that the wall heater was hot after Staff B touched it with their hand. Staff B stated that wall heaters were only located in bedrooms [redacted], [redacted] and [redacted]

In an interview on 10/06/2025 at 12:05 PM, Staff A, Entity Representative, stated that the wall heaters had been in place the entire time the AFH has been licensed.

Further observation, on 10/08/2025 at 10:20 AM, showed the wall heaters in bedroom [redacted]

Statement of Deficiencies	License #: 404803	Compliance Determination #: 66690
Plan of Correction	AVONDALE COUNTRY ESTATE	Completion Date
Page 4 of 8	Licensee: TWT LLC	10/15/2025

and bedroom [redacted] were not emitting heat and were cool to touch. The top portion of the metal vent of the wall heater in bedroom [redacted] (Resident 2's bedroom) was hot to the touch.

In an interview, on 10/08/2025 at 10:20 AM, Staff A stated that they understood barriers needed to be installed to prevent Resident 2 and Resident 6 from touching the wall heaters.

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, AVONDALE COUNTRY ESTATE is or will be in compliance with this law and / or regulation on (Date) 10/25/25.

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

Provider (or Representative) — Date: 10/25/25

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to update the negotiated care plans (NCP) at least every 12 months for 4 of 6 residents (Residents 1, 2, 3, and 4). This failure placed Residents 1, 2, 3, and 4 at risk of experiencing unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted] 2020. Further review showed Resident 1's NCP was last signed and dated by Resident 1's representative on 04/30/2024.

Record review showed the AFH admitted Resident 2 on [redacted] 2022. Further review showed Resident 2's NCP was last signed and dated by Resident 2 on 09/02/2024.

and bedroom [redacted] were not emitting heat and were cool to touch. The top portion of the metal vent of the wall heater in bedroom [redacted] (Resident 2's bedroom) was hot to the touch.

In an interview, on 10/08/2025 at 10:20 AM, Staff A stated that they understood barriers needed to be installed to prevent Resident 2 and Resident 6 from touching the wall heaters.

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, AVONDALE COUNTRY ESTATE 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to update the negotiated care plans (NCP) at least every 12 months for 4 of 6 residents (Residents 1, 2, 3, and 4). This failure placed Residents 1, 2, 3, and 4 at risk of experiencing unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2020. Further review showed Resident 1's NCP was last signed and dated by Resident 1's representative on 04/30/2024.

Record review showed the AFH admitted Resident 2 on [redacted]/2022. Further review showed Resident 2's NCP was last signed and dated by Resident 2 on 09/02/2024.

Record review showed the AFH admitted Resident 3 on [redacted]/2022. Further review showed Resident 3's NCP was last signed and dated by Resident 3's representative on 08/17/2024.

Record review showed the AFH admitted Resident 4 on [redacted]/2024. Further review showed Resident 4's NCP was last signed and dated by Resident 4's representative on 09/12/2024.

In an interview, on 10/06/2025 at 12:20 PM, Staff A, Entity Representative, stated that Resident 1's NCP was recently updated. Staff A stated that Resident 2's NCP was not updated as it was missed. Staff A stated that Resident 3 and Resident 4's NCP's were both late.

In an email, received by the Department on 10/07/2025, Staff A provided updated NCPs for Resident 1 and Resident 2. Resident 1's NCP was signed and dated by Resident 1's representative on 10/06/2025. Resident 2's NCP was signed and dated by Resident 2 on 10/06/2025.

In an email, received by the Department on 10/08/2025, Staff A provided an updated NCP for Resident 4. Resident 4's NCP was signed and dated by Resident 4's representative on 10/07/2025.

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, AVONDALE COUNTRY ESTATE is or will be in compliance with this law and / or regulation on (Date) 10/25/25.

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

Provider (or Representative) — Date: 10/25/25

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Record review showed the AFH admitted Resident 3 on [redacted]/2022. Further review showed Resident 3's NCP was last signed and dated by Resident 3's representative on 08/17/2024.

Record review showed the AFH admitted Resident 4 on [redacted]/2024. Further review showed Resident 4's NCP was last signed and dated by Resident 4's representative on 09/12/2024.

In an interview, on 10/06/2025 at 12:20 PM, Staff A, Entity Representative, stated that Resident 1's NCP was recently updated. Staff A stated that Resident 2's NCP was not updated as it was missed. Staff A stated that Resident 3 and Resident 4's NCPs were both late.

In an email, received by the Department on 10/07/2025, Staff A provided updated NCPs for Resident 1 and Resident 2. Resident 1's NCP was signed and dated by Resident 1's representative on 10/06/2025. Resident 2's NCP was signed and dated by Resident 2 on 10/06/2025.

In an email, received by the Department on 10/08/2025, Staff A provided an updated NCP for Resident 4. Resident 4's NCP was signed and dated by Resident 4's representative on 10/07/2025.

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, AVONDALE COUNTRY ESTATE 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.

_____ _____

Provider (or Representative) Date

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(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a national fingerprint background check for 1 of 5 staff (Staff D, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of receiving care from someone with an unknown criminal history.

Findings included...

Record review showed the AFH hired Staff D on 10/08/2024. Further review, of Staff D's records, showed no evidence a fingerprint check had been completed by Staff D.

In an interview, on 10/06/2025 at 2:58 PM, Staff A, Entity Representative, stated that all necessary background checks were completed however Staff A needed to print the documents.

During an additional field visit, on 10/08/2025, Staff A provided a fingerprint check for Staff D. Record review of Staff D's fingerprint check showed it was completed on 10/08/2025.

In an interview, on 10/08/2025 at 10:15 AM, Staff A stated that the fingerprint check for Staff D was completed on 10/07/2025. Staff A stated that Staff D stated they had previously completed a fingerprint check before they were hired. Staff A said Staff D's prior fingerprint check was not received by the AFH and kept in Staff D's records.

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, AVONDALE COUNTRY ESTATE is or will be in compliance with this law and / or regulation on (Date) 10/25/25.

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

Provider (or Representative) — Date: 10/25/25

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

Based on record review and interview, the Adult Family Home (AFH) failed to have a national fingerprint background check for 1 of 5 staff (Staff D, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of receiving care from someone with an unknown criminal history.

Findings included...

Record review showed the AFH hired Staff D on 10/08/2024. Further review, of Staff D's records, showed no evidence a fingerprint check had been completed by Staff D.

In an interview, on 10/06/2025 at 2:58 PM, Staff A, Entity Representative, stated that all necessary background checks were completed however Staff A needed to print the documents.

During an additional field visit, on 10/08/2025, Staff A provided a fingerprint check for Staff D. Record review of Staff D's fingerprint check showed it was completed on 10/08/2025.

In an interview, on 10/08/2025 at 10:15 AM, Staff A stated that the fingerprint check for Staff D was completed on 10/07/2025. Staff A stated that Staff D stated they had previously completed a fingerprint check before they were hired. Staff A said Staff D's prior fingerprint check was not received by the AFH and kept in Staff D's records.

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, AVONDALE COUNTRY ESTATE 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.

_____ _____
Provider (or Representative) Date

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(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Notice of Rights and Services (admission agreement) was updated at least every 24 months for 1 of 6 residents (Resident 1). This failure placed Resident 1 at risk of not being fully aware of their rights or of the services provided by the AFH.

Findings included...

Record review of Resident 1's records showed the AFH admitted Resident 1 on [redacted]/2020. Record review showed Resident 1 had a representative that signed on their behalf. Further review showed Resident 1's admission agreement was last reviewed and signed by Resident 1's representative on 12/04/2022.

In an interview, on 10/06/2025 at 12:17 PM, Staff A, Entity Representative, stated that admission agreements must be updated at least every 24 months. Staff A stated that the reason Resident 1's admission agreement was not updated was due to Resident 1's family residing out of state and visits infrequently.

Statement of Deficiencies	License #: 404603	Compliance Determination #: 66690
Plan of Correction	AVONDALE COUNTRY ESTATE	Completion Date
Page 8 of 8	Licensee: TWT LLC	10/16/2025

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, AVONDALE COUNTRY ESTATE is or will be in compliance with this law and / or regulation on (Date) 10/25/25.

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

Provider (or Representative) — Date: 10/25/25

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, AVONDALE COUNTRY ESTATE 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.

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

10/16/2025

TWT LLC
AVONDALE COUNTRY ESTATE
13110 NE 177th Pl #220
Woodinville, WA 98077

RE: AVONDALE COUNTRY ESTATE # 404803

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/15/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

The Adult Family Home (AFH) failed to ensure that Resident 4's negotiated care plan (NCP) included information about how a [redacted] would be used by the resident. This deficiency was corrected over the course of inspection by Staff A, Entity Representative. Staff A provided Resident 4's updated NCP which described how Resident 4 would use the [redacted].

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(c) On every level of a multilevel home.

The Adult Family Home (AFH) failed to ensure that a smoke detector was installed on the upper level of the home. This deficiency was corrected on site at the time of inspection by Staff B, Resident Manager, who installed a smoke detector on the upper level.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure that all toxic chemicals were kept in locked storage. This deficiency was corrected on site at the time of inspection by Staff B, Resident Manager, who moved the chemicals into locked storage.

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

The Adult Family Home (AFH) failed to ensure the dose of an over-the-counter medication purchased by Resident 2's family was consistent with the dose listed for the medication on Resident 2's October 2025 medication log. Staff A, Entity Representative, stated that they would contact Resident 2's family and request they purchase the correct medication.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

The Adult Family Home (AFH) failed to ensure Resident 2's negotiated care plan (NCP) described how Resident 2's medications would be managed. The AFH also failed to ensure Resident 1's NCP described how to reduce tension, agitation, and problem behaviors. This deficiency was corrected over the course of the inspection by Staff A, Entity Representative. Staff A added information about medication management to Resident 2's NCP. Staff A added information about addressing behaviors to Resident 1's NCP.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225