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

Rachael Ann Gillen
BIRCH MANOR
19815 BIRCH WAY
LYNNWOOD, WA 98036

RE: BIRCH MANOR License # 678300

Dear Provider:

This letter addresses Compliance Determination(s) 70834 (Completion Date 12/31/2025) and 68227 (Completion Date 11/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/31/2025 and found that you have corrected the violations listed in the Full report dated 11/06/2025. Your home is back in compliance as of 12/20/2025 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 388-76-10490-2-b-i, WAC 388-76-10650-2-a, WAC 388-76-10015-1

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

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 11/04/2025 of:
BIRCH MANOR
19815 BIRCH WAY
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 2 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 #: 678300	Compliance Determination #:68227
Plan of Correction	BIRCH MANOR	Completion Date
Page 2 of 6	Licensee: Rachael Ann Gillen	11/06/2025

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.

Renee' Bourque
Residential Care Services

11/07/2025
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.

Rachael Gillen
Provider (or Representative)

11/11/2025
Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the AFH Medication Disposal policy was followed for disposing of expired medications for 1 of 2 residents (Resident 1). This failure placed Resident 1 at risk of harm or injury if expired medications were taken.

Findings included...

Record review of the AFH's Medication Disposal Policy, showed the AFH will dispose of any expired medications for current residents.

Record review showed the AFH admitted Resident 1 on [redacted]2021. Review showed Resident 1 signed and dated the AFH's Medication Disposal policy on [redacted]2021.

Observation, on 11/04/2025 at 1:05 PM, of Resident 1's medication supply, showed a

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

11/07/2025
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

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This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the AFH Medication Disposal policy was followed for disposing of expired medications for 1 of 2 residents (Resident 1). This failure placed Resident 1 at risk of harm or injury if expired medications were taken.

Findings included...

Record review, of the AFH's Medication Disposal Policy, showed the AFH will dispose of any expired medications for current residents.

Record review showed the AFH admitted Resident 1 on [redacted]/2021. Review showed Resident 1 signed and dated the AFH's Medication Disposal policy on [redacted]/2021.

Observation, on 11/04/2025 at 1:05 PM, of Resident 1's medication supply, showed a

bag containing multiple blister packs (packaging which organizes a medication into single doses) of ondansetron (used to treat nausea) 4 milligram (mg) tablets, with instructions which read "take one tablet my mouth every 8 hours as needed for nausea." The ondansetron prescription was dated 11/13/2023 with an expiration date of 11/13/2024. Further observation showed a bottle of polyethylene glycol (used to treat constipation), with instructions which read "mix 1 capful (17 gram [gm]) with 8 ounces of liquid and take by mouth once daily as needed for constipation." The polyethylene glycol prescription was dated 06/19/2024 with an expiration date of 06/19/2025.

In an interview on 11/04/2025 at 1:32 PM, Staff A, Entity Representative, stated that these medications are PRN (ordered to be used as needed.) Staff A stated that Resident 1 rarely used the ondansetron and polyethylene glycol medication. Staff A stated that they did not realize the ondansetron and polyethylene glycol had expired. Staff A removed the expired medications from Resident 1's medication supply.

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, BIRCH MANOR is or will be in compliance with this law and / or regulation on (Date) 12/20/2025.

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

Rachael Gillen — Provider (or Representative)

11/11/2025 — Date

WAC 388-76-10650 Medical devices.

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

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure a safety assessment for the use of a medical device ([redacted] was completed prior to the use of the [redacted] for 1 of 2 residents (Resident 2). This failure placed Resident 2 at risk of injury from improper use of [redacted].

Findings included...

Observation, on 11/04/2025 at 10:40 AM, showed a half-length [redacted] installed on

bag containing multiple blister packs (packaging which organizes a medication into single doses) of ondansetron (used to treat nausea) 4 milligram (mg) tablets, with instructions which read "take one tablet my mouth every 8 hours as needed for nausea." The ondansetron prescription was dated 11/13/2023 with an expiration date of 11/13/2024. Further observation showed a bottle of polyethylene glycol (used to treat constipation), with instructions which read "mix 1 capful (17 gram [gm]) with 8 ounces of liquid and take by mouth once daily as needed for constipation." The polyethylene glycol prescription was dated 06/19/2024 with an expiration date of 06/19/2025.

In an interview, on 11/04/2025 at 1:32 PM, Staff A, Entity Representative, stated that these medications are PRN (ordered to be used as needed.) Staff A stated that Resident 1 rarely used the ondansetron and polyethylene glycol medication. Staff A stated that they did not realize the ondansetron and polyethylene glycol had expired. Staff A removed the expired medications from Resident 1's medication supply.

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, BIRCH MANOR 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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(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure a safety assessment for the use of a medical device ([redacted]) was completed prior to the use of the [redacted] for 1 of 2 residents (Resident 2). This failure placed Resident 2 at risk of injury from improper use of [redacted].

Findings included...

Observation, on 11/04/2025 at 10:40 AM, showed a half-length [redacted] installed on

Resident 2's bed.

Record review showed the AFH admitted Resident 2 on [redacted] 2025. Record review showed an informed consent document for the use of [redacted] which was signed and dated by Resident 2's representative on 04/28/2025. Further review showed Resident 2's negotiated care plan (NCP), dated 03/30/2025, referenced Resident 2's use of one half-length [redacted]. Review of Resident 2's records showed no evidence an assessment was completed identifying Resident 2's need and ability to safely use the [redacted]

In an interview, on 11/04/2025 at 12:13 PM, Staff A, Entity Representative, stated that they were aware a safety assessment was required prior to the use of [redacted]. Staff A stated that they did not believe a safety assessment was completed for Resident 2. Staff A stated that they will work with Resident 2's medical providers to schedule a safety assessment for the use of [redacted]

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, BIRCH MANOR is or will be in compliance with this law and / or regulation on (Date) 12/20/2025

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

Rachael Gillen
Provider (or Representative)

11/11/2025
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license, as required. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of injury or illness due to unsafe medical testing.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted] 2021. Further review showed the AFH admitted Resident 2 on [redacted] 2025

Resident 2's bed.

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Record review showed an informed consent document for the use of [redacted] which was signed and dated by Resident 2's representative on 04/28/2025. Further review showed Resident 2's negotiated care plan (NCP), dated 03/30/2025, referenced Resident 2's use of one half-length [redacted]. Review of Resident 2's records showed no evidence an assessment was completed identifying Resident 2's need and ability to safely use the [redacted].

In an interview, on 11/04/2025 at 12:13 PM, Staff A, Entity Representative, stated that they were aware a safety assessment was required prior to the use of [redacted]. Staff A stated that they did not believe a safety assessment was completed for Resident 2. Staff A stated that they will work with Resident 2's medical providers to schedule a safety assessment for the use of [redacted].

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, BIRCH MANOR 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 licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license, as required. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of injury or illness due to unsafe medical testing.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2021. Further review showed the AFH admitted Resident 2 on [redacted]/2025.

Record review of Resident 1's records showed Resident 1 had a diagnosis of [redacted]

In an interview, on 11/04/2025 at 9:25 AM, Staff B, Caregiver, stated that Resident 1 completes their own blood glucose monitoring twice daily. Staff B stated that the AFH assists with recording and monitoring the results.

In an interview, on 11/04/2025 at 2:12 PM, Staff A, Entity Representative, stated that the home conducts COVID-19 testing on residents. Staff A stated that a COVID-19 test was completed for Resident 2 in August 2025. Staff A stated that the home does not have a MTSW.

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, BIRCH MANOR is or will be in compliance with this law and / or regulation on (Date) 12/20/2025

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

Rachael Gillen
Provider (or Representative)

11/11/2025
Date

Record review of Resident 1's records showed Resident 1 had a diagnosis of [redacted].

In an interview, on 11/04/2025 at 9:25 AM, Staff B, Caregiver, stated that Resident 1 completes their own blood glucose monitoring twice daily. Staff B stated that the AFH assists with recording and monitoring the results.

In an interview, on 11/04/2025 at 2:12 PM, Staff A, Entity Representative, stated that the home conducts COVID-19 testing on residents. Staff A stated that a COVID-19 test was completed for Resident 2 in August 2025. Staff A stated that the home does not have a MTSW.

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, BIRCH MANOR 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

11/07/2025

Rachael Ann Gillen
BIRCH MANOR
19815 BIRCH WAY
LYNNWOOD, WA 98036

RE: BIRCH MANOR # 678300

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/06/2025 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 388-76-10750 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. Observation showed cleaning supplies secured in a cupboard with a child lock. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative, who moved the cleaning supplies to 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 ;

The Adult Family Home (AFH) failed to ensure Resident 1's November 2025 medication log (ML) reflected the accurate dose of a prescribed medication. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative, who made the correction to Resident 1's November 2025 ML.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home (AFH) failed to ensure a signed Disclosure of Charges (DOC) was kept in Resident 1's record. This deficiency was corrected over the course of inspection by Staff A, Entity Representative, who had Resident 1 sign a new DOC.

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 make an IDR request and find directions on the IDR 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 IDRs** 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 supporting documents to:

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

Birch Manor

TO

Tina Beattie, Administrative Assistant3
Residential Care Services

eFax: (206)971-6791
Email: tina.beattie@dshs.wa.gov
(C)253-719-2350/ Fax 206-971-6791
Lynnwood, WA 98036

11.10.2025

PLAN OF CORRECTION

Tina Beattie,

Here is the written plan of correction for my cited deficiencies:

WAC 388-76-10490 **Medication disposal**

Birch Manor has a written policy which is sign/dated by POA/GUARDIANS, and within that form we address the safe disposal of medications that have been discontinued, have expired, or were refused by the resident. I am implementing a quarterly review of all PRN medications.

WAC 388-76-10650 **Medical Devices**

I am aware of the required measures for using a safety medical device, and I complied 2 out of 3 requirements, however, I failed to ensure HH, Hospice, PT, or her home doctor to do an assessment on that resident that identifies the resident's need and ability to safely use the medical device. I was aware of this new requirement, due to a previous resident on Hospice last year. I assure you I will not overlook the third requirement.

WAC388-76-10015 **License for Medical Test Site Waiver (MTSW)**

I was not aware of this requirement. Apparently, having been delegated and a certification for Diabetes education is not sufficient. I will proceed with an application for this license.

Sincerely,

Rachael A. Gillen

Owner/Provider/NAC