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

SEASONS OF LIFE
SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND
3085 W MERCER WAY
MERCER ISLAND, WA 98040

RE: SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND License # 751091

Dear Provider:

This letter addresses Compliance Determination(s) 61824 (Completion Date 07/30/2025) and 56778 (Completion Date 04/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/30/2025 and found that you have corrected the violations listed in the Full report dated 04/30/2025. Your home is back in compliance as of 04/09/2025 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 388-76-10165-1-b, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10191-4

The Department staff who did the on-site verification:
Karen Beardsley, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 03/21/2025 of:
SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND
3085 W MERCER WAY
MERCER ISLAND, WA 98040

The following sample was selected for review during the unannounced on-site visit: 0 of 1 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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.

Residential Care Services | 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 staff (Staff A, Provider and Staff B, Caregiver) had an up to date Washington State Name and date of birth background checks (BGC). This placed residents at potential risk of harm from a caregiver with an unknown current criminal background.

Findings included…

On 03/21/2025, a record review of AFH Personnel records dated 04/30/2021, showed no background checks completed in 2024 or 2025. The BGC on file for Staff A and Staff B, and both expired on 04/30/2023.

On 03/21/2025 at 10:13 AM, Staff A stated that they thought they updated their background checks but that they did not have them.

On 03/21/2025 at 2:35 PM, Staff A was asked to clarify if they thought the BGC was in their online provider file or if they could contact the background check unit to find more recent results. Staff A stated that they did not think that BGC had been completed.

On 03/21/2025 at 9:51 PM, department staff (DS) received via email correspondence, the BGC results for Staff A and B dated 03/21/2025.

In an interview on 04/29/2025 at 1:43 PM, Staff A stated that they thought the issue of background checks had been resolved because she had sent them on 03/21/2025 and that she had completed BGC on 11/07/2024 but had never received results.

On 04/29/2025 at 1:53 PM, DS contacted the Background Check Central Unit (BCCU [department that does background check]) requesting they provide the dates prior to 03/21/2025 that Staff A and Staff B had last had BGC results.

On 04/30/2025 at 2:42 PM, DS received an email correspondence from BCCU stating that the last BGC prior to 03/21/2025 for both Staff A and Staff B was completed on 04/23/2021.

In an interview on 04/30/2025 at 4:04 PM, Staff B stated that they had completed a background check on 11/17/2024 but that they had been unaware that the procedure for BGC had changed and the BGC didn't go through because they did not know what to do with the confirmation number and forgot to call the BCCU. Staff B added that for the 03/21/2025 BGC, they had called the BCCU and asked for step-by-step instructions.

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, SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND 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 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(4) Notify the department's complaint resolution unit if there is any lapse in required liability insurance coverage.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the home had an up to date commercial and professional liability insurance as required. This failure placed 1 of 1 resident (Resident 1) at risk of not being covered in the event of personal injury or property damage.

Findings included…

Observation on 03/21/2025 at 10:40 AM, showed Resident 1 was in their bedroom watching television.

Review of the AFH undated business records showed a commercial and liability insurance policy expired on 12/31/2024. There was no current liability insurance policy found.

In an interview on 03/21/2025 at 9:03 AM PM, Staff A, Provider, stated that their insurance had ended at the end of the year (2024), and they had not renewed it due to the cost.

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, SEASONS OF LIFE ADULT FAMILY HOME IN MERCER ISLAND 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