STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

BERNADETH VIRAY
TREE OF LIFE PROFESSIONALS ADULT FAMILY HOME
22110 38TH AVE WEST
MOUNTLAKE TERRACE, WA 98043

RE: TREE OF LIFE PROFESSIONALS ADULT FAMILY HOME License # 751552

Dear Provider:

This letter addresses Compliance Determination(s) 75013 (Completion Date 03/27/2026) and 72184 (Completion Date 02/25/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/27/2026 and found that you have corrected the violations listed in the Complaint report dated 02/25/2026. Your home is back in compliance as of 01/29/2026 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 388-76-10380-4

The Department staff who did the on-site verification:
Nylay Quist, AFH Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourgue

Nicholette Flynn, AFH Field Manager
Region 2, Unit I
Residential Care Services

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Statement of Deficiencies	License #: 751552	Compliance Determination #72184
Plan of Correction	TREE OF LIFE PROFESSIONALS ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: BERNADETH VIRAY	02/25/2026

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 complaint investigation on 01/29/2026 of:

TREE OF LIFE PROFESSIONALS ADULT FAMILY HOME
22110 38TH AVE WEST
MOUNTLAKE TERRACE, WA 98043

This document references the following complaint number(s): 209241

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator

From:
DSHS, Home and Community Living 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

02/27/2026
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)

3/3/2026
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 Plan (NCP) for 1 of 3 residents (Residents 2) at least every 12 months. This failure placed Resident 2 at risk for unrecognized and/or unmet care needs.

Finding included...

Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2007 with multiple diagnoses that included [redacted] and [redacted].

Record review of Resident 2's Negotiated Care Plan (NCP) dated 01/24/2025 was the most recent signed and dated as review by Resident 2's Representative and Staff A (Provider). Resident 2's current NCP was 5 days overdue.

In an interview, on 01/29/2026 at 10:42AM, Staff A, Provider, stated that they had overlooked it and had not known that Resident 2's NCP had expired. Staff A stated that they would work with Resident 2's Representative and update Resident 2's NCP.

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, TREE OF LIFE PROFESSIONALS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 01/29/26

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

Provider (or Representative)

3/3/2026
Date

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

02/27/2026

BERNADETH VIRAY
TREE OF LIFE PROFESSIONALS ADULT FAMILY HOME
22110 38TH AVE WEST
MOUNTLAKE TERRACE, WA 98043

RE: TREE OF LIFE PROFESSIONALS ADULT FAMILY HOME # 751552

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 02/25/2026 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - 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 calendar days of Last Date of Data Collection (02/25/2026), no later than 04/11/2026 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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 ;

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure Medications Log (ML) were documented correctly when 1 of 3 residents (Resident 1) were in the hospital. Staff A corrected Resident 1's ML to show the medication was not given because Resident 1 was in the hospital. Staff A stated that they would keep all residents' ML current and accurate going forward.

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

Tree of Life Professionals AFH

22110 38th Ave. West
Mountlake Terrace, WA. 98043
Phone: (425) – 774 – 7087
Email: TreeoflifeAFH@yahoo.com

Date: 03.03.2026
Re: Complaint visit 01.29.2026
WAC 388-76-10380 – Plan of Correction

Corrective Action: Resident 2's Negotiated Care Plan (NCP) was reviewed with the resident and his court appointed guardian on 01.29.2026. The last review date of the resident's NCP was dated 01.24.2025, which is within the 12-month period as required by the WAC.

Identification of others: Current residents of the AFH NCPs were reviewed to ensure compliance with the WAC 388-76-10380. No other residents/issues were identified.

Systemic Changes: AFH staff were re-educated on the required time frame in reviewing/updating the NCP as required by the WAC.

Monitoring: A monthly audit will be completed x 3 to ensure compliance with the requirements.

Person Responsible: The AFH provider or designee

Compliance Date: January 29, 2026

Provider/Designee Signature: _____ **Date:** 3/3/2026