STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

BONNEY LAKE HOLDINGS LLC
The Whispering Rose
7021 181st Ave E
Bonney Lake, WA 98391

RE: The Whispering Rose License # 751675

Dear Provider:

This letter addresses Compliance Determination(s) 61510 (Completion Date 06/20/2025) and 59754 (Completion Date 05/16/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/20/2025 and found that you have corrected the violations listed in the Full report dated 05/16/2025. Your home is back in compliance as of 06/15/2025 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 388-76-10885-1, WAC 388-76-10315-1-g, WAC 388-76-10315-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b

The Department staff who did the off-site verification:
Hung Bui, Adult Family Home RN Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 05/14/2025 of:
The Whispering Rose
7021 181st Ave E
Bonney Lake, WA 98391

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hung Bui, Adult Family Home RN Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 388-76-10885 Elements of emergency evacuation floor plan. The adult family home must develop an emergency evacuation floor plan for each level of the home that:

(1) Is accurate and includes all rooms, hallways, and exits (such as doorways and windows) to the outside of the home;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to develop an accurate Emergency Evacuation Floor Plan to include Room 6, Room 7 and the hallway leading to these rooms. This failure placed 1 of 7 residents (Resident 7) at risk of not knowing the proper route to the emergency exit in the event of an emergency.

Findings included…

On 05/14/2025 at 11:00 AM, during the environmental tour, observation showed that the emergency evacuation floor plan posted on the bulletin board and in each room did not include Room 6, Room 7, or the associated hallway.

On 05/14/2025 at 11:30 AM, during an interview, the Provider acknowledged that a current floor plan reflecting the addition of Room 6 and Room 7 had not been developed.

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, The Whispering Rose 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

(2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the Adult Family Home (AFH) failed to show that the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 1 and Resident 6) were readily available for review. This failure placed Resident 1 and Resident 6 at risk for unmet care and service needs as staff members did not have access to their NCPs.

Findings included…

On 05/14/2025, record reviews showed that Resident 1's and Resident 6's NCPs were not available for review.

On 05/14/2025 at 12:14 PM, during interview, Caregiver A reported that they did not know the location of the NCPs for Resident 1 and Resident 6.

On 5/16/2025 at 1:29 PM, during interview, the Resident Manager reported that the NCPs for Resident 1 and Resident 6 were not available for review as they were in the process of being updated and had likely been removed from the AFH.

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, The Whispering Rose 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interviews and record review, the Adult Family Home (AFH) failed to demonstrate that evacuation drills were conducted at least every sixty days over the past twelve months including at least one full evacuation drill. This failure placed 7 of 7 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7) at risk for evacuation delays in the event of a fire.

Findings included…

On 5/14/2025, review of administrative records showed that one partial evacuation drill was conducted in the 2024 calendar year (03/28/2024). There was no documentation indicating that evacuation drills were conducted every sixty days or that a full evacuation drill had been completed within the same year.

On 5/14/2025 at 2:14 PM, during interview, Caregiver A did not have an explanation for the deficiency.

On 5/16/2025 at 1:29 PM, during interview, the Resident Manager did not have an explanation for this deficiency.

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, The Whispering Rose 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
PO Box 99250, Lakewood, WA 98496

BONNEY LAKE HOLDINGS LLC
The Whispering Rose
7021 181st Ave E
Bonney Lake, WA 98391

RE: The Whispering Rose # 751675

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/16/2025 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:

Lisa Cramer, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• 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 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

On 05/14/2025, record reviews showed that both the Provider and Co-Provider’s food handler cards were not readily available for review. The Co-Provider stated that they were not aware of the issue and would search for the cards. On 05/16/2025, the Co-Provider corrected the issue by submitting new food handler cards for both themselves and the Provider.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

On 05/14/2025, resident records showed that the Disclosure of Charges form for Resident 6 (R6) was not readily available for review. On 5/16/2025, the Resident Manager corrected the issue by emailing a newly signed Disclosure of Charges form for R6.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Adult Family Home Field Manager
Region 3, Unit A
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:
Lisa Cramer, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov

Optional method:
PO Box 99250
Lakewood, WA 98496

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