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

ROC INC
ALL ABOUT SENIORS TWO
PO BOX 2566
KIRKLAND, WA 98083

RE: ALL ABOUT SENIORS TWO License # 751753

Dear Provider:

This letter addresses Compliance Determination(s) 75963 (Completion Date 04/16/2026) and 75289 (Completion Date 04/03/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/16/2026 and found that you have corrected the violations listed in the Full report dated 04/03/2026. Your home is back in compliance as of 04/02/2026 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 388-76-10265-1-d

The Department staff who did the off-site verification:
Hang Lu, 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

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON
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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 04/01/2026 of:
ALL ABOUT SENIORS TWO
19860 15TH AVE NW
SHORELINE, WA 98177

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 751753	Compliance Determination #75289
Plan of Correction	ALL ABOUT SENIORS TWO	Completion Date
Page 2 of 3	Licenses: ROC INC	04/03/2026

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

04/03/2026
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)

4/2/26
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 7 staff (Staff C) obtained Tuberculosis (TB) testing within three days of hire. This failure placed Residents 1, 2, 3, and 4 at risk for potential exposure to a communicable disease.

Findings included...

Observation, on 04/01/2026 at 10:05 AM, showed Staff C, Caregiver, was working in the home.

Review of personnel records showed the AFH hired Staff C on 07/28/2025. Review of Staff C's records showed Staff C had documentation of TB testing with negative results on 04/26/2024 and 11/08/2025. Record review showed Staff C did not have documentation of TB testing obtained within three days of hire.

In an interview, on 04/01/2026 at 11:45 AM, Staff C stated that they had completed the two-step TB testing in the past.

Review of document received by the Department on 04/01/2026 showed the AFH sent a

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Residential Care Services

04/03/2026
Date

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Date

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Statement of Deficiencies	License # 751753	Compliance Determination # 75289
Plan of Correction	ALL ABOUT SENIORS TWO	Completion Date
Page 3 of 3	Licensee: ROC INC	04/03/2026

copy of Staff C's other negative TB test, dated 04/01/2024.

In an email correspondence, dated 04/02/2026, Staff B, Caregiver, stated that they did not have Staff C obtain a TB test within the initial three days of hire because they relied on Staff C's "recent prior negative test as evidence of no 'active TB risk at the time.' Staff B stated that they would make sure all (TB) tests were done within three days of employment (moving forward).

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, ALL ABOUT SENIORS TWO is or will be in compliance with this law and / or regulation on (Date) 4/2/26.

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

Provider (or Representative) — Date: 4/2/26

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_____ _____

Provider (or Representative) Date

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

04/03/2026

ROC INC
ALL ABOUT SENIORS TWO
PO BOX 2566
KIRKLAND, WA 98083

RE: ALL ABOUT SENIORS TWO # 751753

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/03/2026 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 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:

This document was prepared by Residential Care Services for the Locator website.

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 (04/03/2026), no later than 05/18/2026 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 388-76-10530 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.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

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The Adult Family Home did not give the Admission Agreement to the Resident Representative (RR) of Residents 1 and 4 to review, sign, and date at least every 24 months. Staff B, Caregiver, got the RRs to sign and date the document that stated there were no changes to the move-in agreement. This deficiency was corrected on site at the time of visit.

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

The Adult Family Home did not have current, signed, and dated Personal Belongings Inventory (PBI) for Residents 1, 2, 3, and 4. Staff B, Caregiver, updated the PBI for each resident and obtained the required signatures. This deficiency was corrected on site at the time of visit.

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)**

This document was prepared by Residential Care Services for the Locator website.

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

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