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

5 STONES INC
ABOVE WOODINVILLE ADULT FAMILY HOME
PO Box 2106
Woodinville, WA 98072

RE: ABOVE WOODINVILLE ADULT FAMILY HOME License # 751935

Dear Provider:

This letter addresses Compliance Determination(s) 68606 (Completion Date 11/10/2025) and 67610 (Completion Date 11/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/10/2025 and found that you have corrected the violations listed in the Full report dated 11/03/2025. Your home is back in compliance as of 11/04/2025 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 388-76-10805-2-a

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 10/22/2025 of:
ABOVE WOODINVILLE ADULT FAMILY HOME
14906 NE Woodinville Duvall Rd
WOODINVILLE, WA 98072

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:

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 #: 751935	Compliance Determination #:67510
Plan of Correction	ABOVE WOODINVILLE ADULT FAMILY HOME	Completion Date
Page 2 of 3	Licensee: 5 STONES INC	11/03/2025

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

11/03/2025
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.

Dawn Ulland
Provider (or Representative)

11/10/25
Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a smoke detector was installed in 1 of 6 bedrooms (Bedroom E). This failure placed Residents 1, 2, 3, and 4 at risk of injury due to delayed notification in the event of a fire emergency.

Findings included..

Observation, on 10/22/2025 at 4:05 PM of Bedroom E, showed no smoke detector installed inside Bedroom E.

In an interview, on 10/22/2025 at 4:05 PM Staff C, Administrative Staff stated that they did not realize there wasn't a smoke detector in Bedroom E. Staff C stated that Bedroom E and Bedroom F were previously one large room and previously renovated into two separate bedrooms.

In a telephonic interview, on 10/23/2025 at 10:02 AM Staff A, Entity Representative, stated that they would install a smoke detector in Bedroom E.

During the recent upgrade to the facility's enhanced interconnected fire alarm system, it was identified that one resident room did not have a smoke alarm installed. Due to the complexity and scale of the system—which synchronizes all alarms throughout the home and produces a very loud signal—this installation was inadvertently missed. The missing smoke alarm has now been installed, ensuring full coverage and compliance with safety standards. (Dawn Ulland)

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' Bourgue
Residential Care Services

11/03/2025
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

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a smoke detector was installed in 1 of 6 bedrooms (Bedroom E). This failure placed Residents 1, 2, 3, and 4 at risk of injury due to delayed notification in the event of a fire emergency.

Findings included...

Observation, on 10/22/2025 at 4:05 PM, of Bedroom E, showed no smoke detector installed inside Bedroom E.

In an interview, on 10/22/2025 at 4:05 PM, Staff C, Administrative Staff, stated that they did not realize there wasn't a smoke detector in Bedroom E. Staff C stated that Bedroom E and Bedroom F were previously one large room and previously renovated into two separate bedrooms.

In a telephonic interview, on 10/23/2025 at 10:02 AM, Staff A, Entity Representative, stated that they would install a smoke detector in Bedroom E.

Statement of Deficiencies	License #: 751935	Compliance Determination #67510
Plan of Correction	ABOVE WOODINVILLE ADULT FAMILY HOME	Completion Date
Page 3 of 3	Licensee: 5 STONES INC	11/03/2025

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, ABOVE WOODINVILLE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11/4/25

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

Provider (or Representative) — Date: 11/10/25

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, ABOVE WOODINVILLE ADULT FAMILY HOME 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

11/03/2025

5 STONES INC
ABOVE WOODINVILLE ADULT FAMILY HOME
PO Box 2106
Woodinville, WA 98072

RE: ABOVE WOODINVILLE ADULT FAMILY HOME # 751935

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/03/2025 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 all cleaning supplies and toxic chemicals were kept in locked storage. Observation showed child lock devices used to secure cleaning supplies. This deficiency was corrected on site at the time of inspection by Staff B, Caregiver, and Staff C, Administrative Staff, who moved the cleaning supplies into locked storage.

WAC 388-76-10650 Medical devices.

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

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

The Adult Family Home (AFH) failed to ensure informed consent was obtained from the resident or their representative prior to the use of a half-length [redacted] This deficiency was corrected over the course of inspection by Staff B, Administrative Staff, who provided an informed consent document signed by the resident on 10/22/2025.

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 the medication log (ML) was accurate and up-to-date for Resident 2. The dose of a family supplied medication on Resident 2's

October 2025 ML was inconsistent with the dose on the over-the-counter medication bottle. This deficiency was corrected over the course of inspection by Staff A, Entity Representative, who corrected the October 2025 ML to reflect the accurate dose.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(4) Whether the drill was a full or partial emergency evacuation; and

The Adult Family Home (AFH) failed to ensure the evacuation drill logs accurately reflected the type of drill conducted. All evacuation drill logs identified the drill type as both a partial evacuation and a full evacuation. Staff C, Administrative Staff, stated that all drills conducted were full evacuation drills. Staff A, Entity Representative, stated that the correct drill type would be documented moving forward.

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 that a signed and dated Disclosure of Charges (DOC) form was kept in the resident records. This deficiency was corrected over the course of the inspection by Staff C, Administrative Staff, who provided updated copies of the DOC forms. The DOC forms for Residents 2 and 3 were signed by the resident. The DOC forms for Residents 1 and 4 were signed by the resident representatives.

WAC 388-76-10690 Bedroom usable floor space In adult family homes after the effective date of this chapter.

(2) The adult family home must ensure each resident bedroom has a minimum usable floor space as follows, excluding the floor space for toilet rooms, closets, lockers, wardrobes and vestibules:

(a) Single occupancy bedrooms with at least eighty square feet; and

The Adult Family Home (AFH) failed to ensure usable floor space was measured following a renovation which impacted 2 of 6 resident bedrooms (Bedrooms E and F). This deficiency was corrected over the course of inspection by Staff A, Entity Representative, who scheduled with the Department to measure Bedroom E and Bedroom F.

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 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 supporting documents to:

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