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

GOLDENVILLE ADULT FAMILY HOME LLC
GOLDENVILLE ADULT FAMILY HOME II
3914 172ND ST SW
LYNNWOOD, WA 98037

RE: GOLDENVILLE ADULT FAMILY HOME II License # 752206

Dear Provider:

This letter addresses Compliance Determination(s) 66473 (Completion Date 10/01/2025) and 65660 (Completion Date 09/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/01/2025 and found that you have corrected the violations listed in the Full report dated 09/17/2025. Your home is back in compliance as of 09/23/2025 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 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10485-1, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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 09/16/2025 of:
GOLDENVILLE ADULT FAMILY HOME II
3914 172ND ST SW
LYNNWOOD, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

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 #: 752206	Compliance Determination #65660
Plan of Correction	GOLDENVILLE ADULT FAMILY HOME II	Completion Date
Page 2 of 5	Licensee: GOLDENVILLE ADULT FAMILY HOME LLC	09/17/2025

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.

Renae' Bourque
Residential Care Services

09/23/2025
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.

CBurnes
Provider (or Representative)

Sept 23 2025
Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

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

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 6) had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Resident 6 at risk of harm from injury if the [redacted] were not used properly and they were unaware of unknown risks of [redacted] use.

Findings included...

Observation, on 09/16/2025 at 9:30 AM, showed Resident 6 lived in and received care from the AFH. Further observation showed Resident 6 ambulated with medical devices independently in the AFH.

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

09/23/2025
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

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(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 6) had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Resident 6 at risk of harm from injury if the [redacted] were not used properly and they were unaware of unknown risks of [redacted] use.

Findings included...

Observation, on 09/16/2025 at 9:30 AM, showed Resident 6 lived in and received care from the AFH. Further observation showed Resident 6 ambulated with medical devices independently in the AFH.

Statement of Deficiencies	License #: 752206	Compliance Determination #65660
Plan of Correction	GOLDENVILLE ADULT FAMILY HOME II	Completion Date
Page 3 of 6	Licensee: GOLDENVILLE ADULT FAMILY HOME LLC	09/17/2026

Observation of Resident 6's bedroom (bedroom [redacted]), on 09/16/2025 at 11:15 AM, showed a [redacted] with a foam padded handle on the right upper side of Resident 6's [redacted]. The [redacted] was portable and adjustable. The [redacted] was securely attached to the bed frame.

Review of records showed Resident 6's assessment, dated 05/01/2025, did not include the reasons Resident 6 needed the [redacted] and had not identified Resident 6's ability to safely use the [redacted]. Review of Resident 6's NCP, dated 05/16/2025, did not address Resident 6's [redacted] use information. Review of Resident 6's record showed there was no document of a consent form for safety and risks of [redacted] use in Resident 6's records.

In an interview, on 09/16/2025 at 11:50 AM, Staff A, Entity Representative, stated that Resident 6 used [redacted] to transfer and reposition. Staff A stated that they would have Resident 6 assessed and updated the NCP. Staff A stated that they would get the consent form for [redacted] use.

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, GOLDENVILLE ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) Sept 23 2025.

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

Provider (or Representative) — Date: Sept 23 2025

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm or injury if they accessed and inappropriately took unlocked/unsecured medications.

Observation of Resident 6's bedroom (bedroom [redacted]), on 09/16/2025 at 11:15 AM, showed a [redacted] with a foam padded handle on the right upper side of Resident 6's [redacted]. The [redacted] was portable and adjustable. The [redacted] was securely attached to the bed frame.

Review of records showed Resident 6's assessment, dated 05/01/2025, did not include the reasons Resident 6 needed the [redacted] and had not identified Resident 6's ability to safely use the [redacted]. Review of Resident 6's NCP, dated 05/16/2025, did not address Resident 6's [redacted] use information. Review of Resident 6's record showed there was no document of a consent form for safety and risks of [redacted] use in Resident 6's records.

In an interview, on 09/16/2025 at 11:50 AM, Staff A, Entity Representative, stated that Resident 6 used [redacted] to transfer and reposition. Staff A stated that they would have Resident 6 assessed and updated the NCP. Staff A stated that they would get the consent form for [redacted] use.

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, GOLDENVILLE ADULT FAMILY HOME II 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

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm or injury if they accessed and inappropriately took unlocked/unsecured medications.

Statement of Deficiencies	License #: 752206	Compliance Determination #:65660
Plan of Correction	GOLDENVILLE ADULT FAMILY HOME II	Completion Date
Page 4 of 6	Licensee: GOLDENVILLE ADULT FAMILY HOME LLC	09/17/2026

Findings included...

Observation, on 09/16/2025 at 9:30 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation showed Residents 1, 3 and 4 ambulated with staff assistance, Residents 5 and 6 ambulated with the medical devices independently and Resident 2 ambulated independently in the AFH.
In an interview, on 09/16/2025 at 10:15 AM, Staff A, Entity Representative, stated that staff managed residents' medications.

Observation, on 09/16/2025 at 11:20 AM, showed Residents 2 and 6 resided in bedroom [redacted] (couple). Observation showed Resident 2 was in their room and working with their computer and Resident 6 sat down on the bed. Observation showed bedroom [redacted] had a private bathroom. Observation of bedroom [redacted] bathroom showed a bottle of Ketoconazole shampoo (used for fungal infection) on top of the bathroom sink behind the faucet. Observation further showed a tube of Clotrimazole cream (used for fungal infection) in the wall vanity storage. Observation showed a bottle of Tylenol tablets (used for pain) on the nightstand next to Resident 6 bed.

In an interview, on 09/16/2025 at 11:25 AM, Staff A stated that they used the medications in the morning, and they forgot to lock them. Staff A was observed moving the Ketoconazole shampoo, Clotrimazole cream and Tylenol tablets to the locked storage in the kitchen.

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, GOLDENVILLE ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) Sept 23 2025

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

Provider (or Representative) — Date: Sept 23 2025

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:

(a) Provide a copy to each resident prior to or upon admission to the home;

Findings included...

Observation, on 09/16/2025 at 9:30 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation showed Residents 1, 3 and 4 ambulated with staff assistance, Residents 5 and 6 ambulated with the medical devices independently and Resident 2 ambulated independently in the AFH.
In an interview, on 09/16/2025 at 10:15 AM, Staff A, Entity Representative, stated that staff managed residents' medications.

Observation, on 09/16/2025 at 11:20 AM, showed Residents 2 and 6 resided in bedroom [redacted] (couple). Observation showed Resident 2 was in their room and working with their computer and Resident 6 sat down on the bed. Observation showed bedroom [redacted] had a private bathroom. Observation of bedroom [redacted] bathroom showed a bottle of Ketoconazole shampoo (used for fungal infection) on top of the bathroom sink behind the faucet. Observation further showed a tube of Clotrimazole cream (used for fungal infection) in the wall vanity storage. Observation showed a bottle of Tylenol tablets (used for pain) on the nightstand next to Resident 6 bed.

In an interview, on 09/16/2025 at 11:25 AM, Staff A stated that they used the medications in the morning, and they forgot to lock them. Staff A was observed moving the Ketoconazole shampoo, Clotrimazole cream and Tylenol tablets to the locked storage in the kitchen.

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, GOLDENVILLE ADULT FAMILY HOME II 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

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(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

Statement of Deficiencies	License # 752206	Compliance Determination # 55660
Plan of Correction	GOLDENVILLE ADULT FAMILY HOME II	Completion Date
Page 5 of 6	Licensee: GOLDENVILLE ADULT FAMILY HOME LLC	09/17/2025

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to complete the Disclosure of Charges (DOC) form and kept a signed and dated copy on file for 2 of 2 sampled residents (Residents 2 and 6). This failure placed Residents 2 and 6 at risk of not being aware of the charges for their care.

Findings included...

Observation, on 09/16/2025 at 9:30 AM, showed Residents 2 and 6 lived in and received care from the AFH.

Review of Resident 2 and 6's (couple) record showed the AFH admitted Residents 2 and 6 on [redacted] 2025 with multiple medical diagnoses. Records review showed there were no copies of DOC in Resident 2 and 6's record.

In an interview, on 09/16/2025 at 11:50 AM, Staff A, Entity Representative, stated that Residents 2 and 6 were aware of charges and rates. Staff A stated that they might have forgotten to sign the DOC for Residents 2 and 6.

Review of fax received on 09/17/2025 showed copies of Residents 2 and 6 DOC.

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, GOLDENVILLE ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) Sept 23 2025

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

CMYELDA BURRELL — Provider (or Representative)

Sept 23 2025 — Date

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to complete the Disclosure of Charges (DOC) form and kept a signed and dated copy on file for 2 of 2 sampled residents (Residents 2 and 6). This failure placed Residents 2 and 6 at risk of not being aware of the charges for their care.

Findings included...

Observation, on 09/16/2025 at 9:30 AM, showed Residents 2 and 6 lived in and received care from the AFH.

Review of Resident 2 and 6's (couple) record showed the AFH admitted Residents 2 and 6 on [redacted]/2025 with multiple medical diagnoses. Records review showed there were no copies of DOC in Resident 2 and 6's record.

In an interview, on 09/16/2025 at 11:50 AM, Staff A, Entity Representative, stated that Residents 2 and 6 were aware of charges and rates. Staff A stated that they might have forgotten to sign the DOC for Residents 2 and 6.

Review of fax received on 09/17/2025 showed copies of Residents 2 and 6 DOC.

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, GOLDENVILLE ADULT FAMILY HOME II 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

09/23/2025

GOLDENVILLE ADULT FAMILY HOME LLC
GOLDENVILLE ADULT FAMILY HOME II
3914 172ND ST SW
LYNNWOOD, WA 98037

RE: GOLDENVILLE ADULT FAMILY HOME II # 752206

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/17/2025 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.

RCW 70.128.250 Required training and continuing education -- Food safety training and testing. The department shall implement, as part of the required training and continuing education, food safety training and testing integrated into the curriculum that meets the standards established by the state board of health pursuant to chapter 69.06 RCW. Individual food handler permits are not required for persons who begin working in an adult family home after June 30, 2005, and successfully complete the basic and modified-basic caregiver training, provided they receive information or training regarding safe food handling practices from the employer prior to providing food handling or service for the clients. Documentation that the information or training has been provided to the individual must be kept on file by the employer. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

Review of Washington State Food Worker Card for Staff C, Caregiver, showed it had expired on 03/28/2025. Staff A, Entity Representative, renewed Staff C's food workers during the visit on 09/16/2025.

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

Review of personnel record showed the cardiopulmonary resuscitation (CPR) and first-aid training cards/certificates for Staff C, Caregiver, had expired on 03/28/2025. During the visit Staff A, Entity Representative, stated that they scheduled Staff C to take their training. Review of the fax received from the AFH showed the CPR/1st aid training completed on 09/16/2025.

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 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

Renee Bourque, Field Manager
Residential Care Services
Region 2 Unit 1
20311 52nd Ave. W Suite 100
Lynnwood, Wa 98036

From: Goldenville Adult Family Home, LLC
License # 752206

RE: Full Inspection on September 17, 2025
Licensor : Farrah Sirous, Long Term Care Surveyor

PLAN OF CORRECTION:

#1
WAC 388-76-10650 (Medical Devices)

This AFH will ensure necessary care planning and a consent form from the physician before using [redacted]. The Provider will make sure to conduct a comprehensive assessement to identify the resident's specific need and ability to use the device safely. The Provider also will make sure the device's use must be included in the resident's Negotiated Care Plan. The Facility must provide the resident and their family or legal representative with information about the benefits and risks so they can make an informed decision.
The Facility will ensure proper installation of the device.

#2
WAC 388-76-10485 (Medication Storage) The Adult Family Home must ensure all prescribed and over-the -counter medications are stored.

The Facility will ensure all medications including the over the counter medications must be kept in locked storage. Immediately moving all medications to a properly locked and controlled storage area.
The Provider will conduct mandatory training for all staff on proper medication storage and security protocols.

Corrective action complete (September 18, 2025)

#3
WAC 388-76-10532 (Resident Rights) Department Standardized Disclosure Form

The Provider will make sure upon admission or before admission of the resident, complete the Disclosure of Charges(DOC) form to the resident or legal representative and keep a signed and dated copy on file. Inform the resident in writing of all charges to ensure the awareness of the charges for their care.

Corrective action complete (September 18, 2025)

Sincerely,

Criselda Burrows
Goldenville Adult Family Home, LLC
206-832-6977