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

WELLNESS VILLAGE GROUP LL
WELLNESS VILLAGE ADULT CARE HOME
4217 139TH PL SE
MILL CREEK, WA 98012

RE: WELLNESS VILLAGE ADULT CARE HOME License # 752412

Dear Provider:

This letter addresses Compliance Determination(s) 58740 (Completion Date 04/29/2025) and 57620 (Completion Date 04/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/29/2025 and found that you have corrected the violations listed in the Full report dated 04/10/2025. Your home is back in compliance as of 04/22/2025 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 388-76-10485-1, WAC 388-76-10720-2-c, WAC 388-76-10720-2-b, WAC 388-76-10720-2-a-ii, WAC 388-76-10720-2-a-i, WAC 388-76-10720-2-a, WAC 388-76-10285-1, WAC 388-76-10280-2, WAC 388-76-10280, WAC 388-76-10280-1

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, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
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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 04/08/2025 of:
WELLNESS VILLAGE ADULT CARE HOME
15502 43RD AVENUE SE
BOTHELL, WA 98012

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

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 388-76-10485 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, interview and record review, 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 medications.

Findings included...

Observation, on 04/08/2025 at 9:30 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Resident 1 ambulated independently with supervision, Residents 2, 3 and 5 ambulated with assistive devices and Residents 4 and 6 ambulated with staff assistance.

Review of Resident 1's record showed the AFH would manage Resident 1's medication.

Observation, on 04/08/2025 at 12:10 PM, showed Residents 1 and 3 ([redacted]) resided in bedroom [redacted]. Observation showed bedroom [redacted] had a private bathroom. Observation showed bedroom [redacted], and the private bathroom in bedroom [redacted], had no locks. Observation showed an unlocked and unsecured Chlorhexidine (used for gingivitis) and a container of Equate Diaper rash ointment in bedroom [redacted] bathroom.

In an interview, on 04/08/2025 at 12:15 PM, Staff B, Resident Manager, stated that the

mouthwash was for Resident 1, and they (Resident 1) had to use it three times a day. Staff B stated that they disagreed to keep the Chlorhexidine mouthwash locked. Staff B stated that was impossible to go from resident's room to the medication lock cabinet back and forward for the mouthwash each time to 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, WELLNESS VILLAGE ADULT CARE 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

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather;

(b) Outdoor areas accessible to both residents and the public, such as, but not limited to, driveways or walkways, provided that the purpose of such monitoring is to prevent theft, property damage, or other crime on the premises;

(c) Outdoor areas not commonly used by residents; and

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the Adult Family Home (AFH) failed to ensure video monitoring was not used in the areas where 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) gathered. This failure resulted in residents being monitored in common areas, and placed them at risk them for a loss of privacy and a decreased quality of life.

Findings included…

Observation, on 04/08/2024 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, 2, 3, 4 and 6 were at the dining table waiting for their breakfast. Resident 5 was sleeping. Observation further showed three large video cameras pointed towards the AFH common area where residents were sitting. Two cameras were located on the south side of the common area and third camera was located on the northwest side of common area. An additional camera was observed aimed at the AFH entrance door, in the kitchen above the fridge.

In an interview, on 04/08/2025 at 11:15 AM, Staff B, Resident Manager, stated that they disagreed with not being allowed to have cameras in the AFH. Staff B stated that other facilities including clinics, hospitals and nursing homes were allowed to have cameras. Staff B stated that they had notified residents and their legal representatives and obtained their consent for use of video monitoring. Staff B stated that the video monitoring was for the safety of the residents and monitoring staffs.

In an interview, on 04/08/2025 at 2:00 PM, Staff A, Entity Representative, stated that they carefully studied Washington Administrative Code (WAC) and found out that they could have video monitoring in the AFH. Staff A stated that the cameras installed for safety and aimed on exits. When asked Staff A, three cameras inside the common area aimed on which exits, Staff A stated that the cameras were not recording. Staff A further stated that they would remove the cameras.

Record review of AFH's "Surveillance and Monitoring Cameras Consent form- WAC 388.76.10720" showed that AFH started collecting consents for the video monitoring from residents' legal representatives at the time of Resident admissions.

This is a repeated deficiency previously cited on 04/18/2024.

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, WELLNESS VILLAGE ADULT CARE 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

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have 3 of 9 staffs (Staffs E, F and H, Caregivers) with a documentation history of a negative result from a previous two step tuberculosis (TB) test within three days of employment. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of exposure to TB, a communicable disease.

Findings included…

Observation, on 04/08/2025 at 9:30 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation showed Staffs C and D were providing care for residents and lived in the AFH.

Review of the AFH staff records showed the AFH hired Staff E on 08/05/2024. Review of the AFH staff records indicated Staff E had previously done the one-step TB skin test, dated 11/20/2024, with negative results. Further review showed Staff E's TB test done three months after Staff E's employment.

Review of the AFH staff records showed the AFH hired Staff F on 02/01/2025. Review of the AFH staff records indicated Staff F had previously done the two-step TB skin tests, dated 05/05/2023-05/17/2023, with negative results. Further review showed Staff F had documentation of one step TB skin test, dated 07/29/2024, with negative result. There was no record of a TB test done within three days of Staff F's employment.

Review of the AFH staff records showed the AFH hired Staff H on 10/24/2023. Review of the AFH staff records indicated Staff H had previously done the two-steps TB skin tests, dated 03/20/2022-04/03/2022, with negative results. There was no record of a TB test done within three days of Staff H's employment.

In an interview, on 04/08/2025 at 1:45 PM, Staff B, Resident Manager, stated that staffs

already had the TB tests, and they did not know another TB test was needed. Staff B stated that they had no information about the personnel records, and they had to check with Staff A, Entity Representative.

In an interview, on 04/08/2025 at 2:15 PM, Staff A stated that they were unaware of TB test requirements when staffs already had documentation of a negative TB test results within the last twelve months.

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, WELLNESS VILLAGE ADULT CARE 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

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

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 9 staff (Staff D, Caregiver) had documentation of a one-step TB test within three days of employment. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of exposure to TB, a communicable disease.

Findings included…

Observation, on 04/08/2025 at 9:30 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation showed Staffs C and D were providing care for residents and lived in the AFH.

Review of the AFH staff records showed the AFH hired Staff D on 04/03/2025 approximately (no records of orientation/hiring on file). Review of the AFH staff records indicated Staff D had previously done the TB blood test, dated 03/22/2025, with negative results. There was no record of a TB one step skin test done within three days of Staff D's employment.

In an interview, on 04/08/2025 at 1:45 PM, Staff B, Resident Manager, stated that staffs already had the TB tests, and they did not know another TB test was needed. Staff B stated that they had no information about the personnel records, and they had to check with Staff A, Entity Representative.

In an interview, on 04/08/2025 at 2:15 PM, Staff A stated that they were unaware of TB test requirements when staffs already had documentation of a negative TB test results within the last twelve months.

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, WELLNESS VILLAGE ADULT CARE 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

04/17/2025

WELLNESS VILLAGE GROUP LL
WELLNESS VILLAGE ADULT CARE HOME
4217 139TH PL SE
MILL CREEK, WA 98012

RE: WELLNESS VILLAGE ADULT CARE HOME # 752412

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/10/2025 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 388-76-10015 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

The Adult Family Home (AFH) had not developed an Infection Prevention Control (IPC) policy as required. This deficiency was corrected on site by Staff A, Entity Representative.

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 keep all toxic substances, and hazardous materials were stored in locked storage. The AFH corrected this deficiency, and they removed chemicals and cleaners from the kitchen (underneath the kitchen sink) and staff's bathroom (located by the entrance) to the locked storage during the visit.

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

The Adult Family Home (AFH) failed to ensure 3 of 9 current staffs (Staffs C and D, Caregivers, and G, Housekeeping/cook) had documentation that showed they were oriented to the AFH. This failure placed residents at risk of receiving care and services

from unqualified staff. This deficiency corrected by Staff A, Entity Representative, during the visit. In a telephonic interview, on 04/09/2025 at 1:30 PM, Staff A verified current staff's hiring/orientation dates and orientation.

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, 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