



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) 41262 (Completion Date 05/14/2024) and 39524 (Completion Date 04/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/14/2024 and found that you have corrected the violations listed in the Complaint report dated 04/18/2024. Your home is back in compliance as of 05/07/2024 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 388-76-10720-2-c, WAC 388-76-10720-2-a, WAC 388-76-10720-2-a-i, WAC 388-76-10720-2-a-ii, WAC 388-76-10720-2-b

The Department staff who did the on-site verification:

Spomenka Hodzic, NCI

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.



Residential Care Services Investigation Summary Report

Provider/Facility: WELLNESS VILLAGE
ADULT CARE HOME
License/Cert.#: 752412

Provider Type: Adult Family Home

Intake ID: 122807

Compliance Determination #: 39524

Region/Unit #: RCS Region 2 / Unit I

Investigator: Spomenka Hodzic

Investigation Date(s): 04/09/2024 through 04/18/2024

Complainant Contact Date(s): 04/22/2024

Allegation(s):

1. The Adult Family Home (AFH) failed to meet their financial obligations for the referral fee of two residents.

Investigation Methods:

Sample:	Total residents: 7 Resident sample size: 2 Closed records sample size: 2
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, Staff, Provider, Resident Representatives, Third Party Provider.
Record Reviews:	Resident Records, Staff Records, Incident Logs, AFH Policies and Procedures, Third Party Provider Notes.

Investigation Summary:

1. Observation showed AFH had seven residents in their care. Observation showed that interaction between residents and AFH staff was caring and appropriate. In an interview, Sample Residents (SR) reported that they were receiving good care. In an interview, SR's legal representative reported being happy and satisfied with care provided to their loved ones. In an interview, the Provider reported that they were trying to work with referral agency on finding compromise due to contractual obligations between both sides. They stated that they hired legal representative and would work to resolve this issue with bounds of the legal system. Record review showed legal correspondence by Providers legal representatives to the placement agency and the court. In an interview, the legal representative of the two residents reported that they did not suffer any financial burden from the AFH and were happy with care they provided for their family members. Please refer to SOD written on 04/22/2024.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A

RECEIVED

MAY 08 2024

DSHS/ALISA/RCS



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Statement of Deficiencies License #: 752412 Compliance Determination # 39524
Plan of Correction WELLNESS VILLAGE ADULT CARE HOME Completion Date
Page 1 of 3 Licensee: WELLNESS VILLAGE GROUP LL 04/18/2024

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 an unannounced on-site complaint investigation on 04/09/2024 and 04/09/2024 of:

WELLNESS VILLAGE ADULT CARE HOME
15502 43RD AVENUE SE
BOTHELL, WA 98012

This document references the following complaint number(s): 122807

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

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

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.

Ranae' Bourque
Residential Care Services

04/23/2024
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.

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Page 1 of 3	Licensee: WELLNESS VILLAGE GROUP LL	04/18/2024

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Residential Care Services

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Plan of Correction	WELLNESS VILLAGE ADULT CARE HOME	Completion Date
Page 2 of 3	Licensee: WELLNESS VILLAGE GROUP LL	04/18/2024



Provider (or Representative)

5/7/2024

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 Adult Family Home (AFH) failed to ensure video monitoring was not used in the areas where 7 of 7 residents (Resident 1, 2, 3, 4, 5, 6, and 7) gathered. This failure placed Resident 1, 2, 3, 4, 5, 6, and 7 at risk of harm from losing their right to privacy by being continuously video monitored while in common indoor and outdoor areas of the AFH.

Findings included...

Observation, on 04/09/2024 at 1:00 PM, showed that Adult Family Home (AFH) was providing care and various services to seven residents living in the AFH. Observation showed 5 of 7 Residents (Resident 1, 3, 4, 5, and 7) were sitting in the common area of the AFH and watching television. Observation 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. Additional cameras were observed aimed at the AFH entrance door, the AFH backyard area where residents would gather, and in the AFH garage/ storage area of the AFH.

In an interview, on 04/09/2024 at 1:30 PM, Staff B, Co-Provider, stated that the observed video cameras were installed about 8 years ago.

In an interview, on 04/09/2024 at 1:40 PM, Staff A, Provider, stated that they carefully

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To: 04.23.2024 15:51:22

Page: 7 of 8

Statement of Deficiencies	License # 752412	Compliance Determination # 89524
Plan of Correction	WELLNESS VILLAGE ADULT CARE HOME	Completion Date
Page 3 of 3	Licensee: WELLNESS VILLAGE GROUP LL	04/18/2024

studied Washington Administrative Code (WAC) and found out that they could have video monitoring in the common areas of the AFH. They stated that video monitoring was without voice recording only closed-circuit television (CCTV) monitoring (CCTV- TV system signals were not publicly distributed but are monitored mainly for surveillance and security). They stated that they had notified residents legal representatives and obtained their consent for use of video monitoring. Staff A stated that the video monitoring was for the safety of the residents.

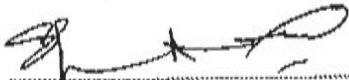
Record review of AFH's "Surveillance and Monitoring Cameras Consent form- WAC 388.76.720" showed that AFH started collecting consents for the video monitoring from residents' legal representatives from June 2023 through January 2024.

Attestation Statement

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) 5/7/2024

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



Provider (or Representative)

5/7/2024

Date

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