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

Manor Adult Family Home LLC

Manor Adult Family Home LLC
15912 52nd Pl W
Edmonds, WA 98026

RE: Manor Adult Family Home LLC License # 752991

Dear Provider:

This letter addresses Compliance Determination(s) 67357 (Completion Date 10/17/2025) and 64694 (Completion Date 08/27/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/17/2025 and found that you have corrected the violations listed in the Full report dated 08/27/2025. Your home is back in compliance as of 10/11/2025 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 388-76-10015-1

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

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 08/22/2025 of:
Manor Adult Family Home LLC
15912 52nd Pl W
Edmonds, WA 98026

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, 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 #: 752991	Compliance Determination #:84694
Plan of Correction	Manor Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Manor Adult Family Home LLC	08/27/2025

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

08/28/2025
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)

9/1/25
Date

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations (related to medical tests in the AFH) by obtaining a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of infection and illness related to unsafe medical testing.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2024. Review of Resident 1's Negotiated Care Plan, dated 02/03/2025, showed instructions for AFH staff to check Resident 1's blood sugar before meals and at bedtime.

Record review showed the doctor's order, dated 11/02/2024, read, "Blood glucose (sugar) check AC/HS (before meals/ bedtime)."

In an interview, on 08/22/2025 at 10:49 AM, Staff A, Entity Representative, stated that they checked Resident 1's blood sugar as ordered. Staff A stated that they did not know about the MTSW requirement to perform blood sugar testing in the home.

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 388-76-10015 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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations (related to medical tests in the AFH) by obtaining a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of infection and illness related to unsafe medical testing.

Findings included…

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2024. Review of Resident 1's Negotiated Care Plan, dated 02/03/2025, showed instructions for AFH staff to check Resident 1's blood sugar before meals and at bedtime.

Record review showed the doctor's order, dated 11/02/2024, read, "Blood glucose (sugar) check AC/ HS (before meals/ bedtime)."

In an interview, on 08/22/2025 at 10:49 AM, Staff A, Entity Representative, stated that they checked Resident 1's blood sugar as ordered. Staff A stated that they did not know about the MTSW requirement to perform blood sugar testing in the home.

Statement of Deficiencies	License #: 752991	Compliance Determination # 84594
Plan of Correction	Manor Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Manor Adult Family Home LLC	08/27/2025

Observation and interview, on 08/22/2025 at 1:00 PM, showed Staff A filling out the MTSW application. Staff A stated that they had confirmed the application fee with the Department of Health (DOH) representative.

Plan of Correction

Review of documents received by the Department on 08/25/2025, showed Staff A sending copies of their MTSW application, check (payable to DOH), and mail receipt, dated 09/23/2025.

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, Manor Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~8/24/25~~ JC 10/11/25

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

Provider (or Representative) 9/2/2025 Date

- Addendum: Mailed MTSW application received by DOH on 8/25/25 at 12:08 pm. Provider to keep on following up on the status of the application via DOH credential website & calling the department.

Observation and interview, on 08/22/2025 at 1:00 PM, showed Staff A filling out the MTSW application. Staff A stated that they had confirmed the application fee with the Department of Health (DOH) representative.

Review of documents received by the Department on 08/25/2025, showed Staff A sending copies of their MTSW application, check (payable to DOH), and mail receipt, dated 08/23/2025.

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, Manor Adult Family Home LLC 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