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

Swedish Adult Family Home LLC

Swedish Adult Family Home LLC
3420 175th Pl SW
Lynnwood, WA 98037

RE: Swedish Adult Family Home LLC License # 753241

Dear Provider:

This letter addresses Compliance Determination(s) 69745 (Completion Date 12/08/2025) and 68466 (Completion Date 11/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/08/2025 and found that you have corrected the violations listed in the Full report dated 11/13/2025. Your home is back in compliance as of 11/30/2025 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 388-76-10750-7, WAC 388-76-10490-2-b-i, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

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

Statement of Deficiencies	License #: 753241	Compliance Determination #68466
Plan of Correction	Swedish Adult Family Home LLC	Completion Date
Page 1 of 5	Licensee: Swedish Adult Family Home LLC	11/13/2025

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 11/07/2025 of:
Swedish Adult Family Home LLC
3420 175th Pl SW
Lynnwood, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 2 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

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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

11/14/2025
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)

11/26/2025
Date

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.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic chemicals were kept in locked storage. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of injury or illness if they accessed toxic chemicals.

Findings included...

Observation, on 11/07/2025 at 12:42 PM, showed a bottle of Scrubbing Bubbles shower cleaner unlocked in the bathroom on the upper level. Observation showed two containers of Clorox disinfecting wipes located in an unlocked hallway closet on the upper level. Observation, at 12:50 PM, of the unlocked cupboard underneath the kitchen sink, showed dishwasher detergent pods and dish soap inside the cupboard.

In an interview, on 11/07/2025 at 12:42 PM, Staff A, Entity Representative, stated that the Scrubbing Bubbles cleaner is used by the residents. Staff A stated it was not locked up due to being a foam and not a liquid. Staff A stated that the Clorox wipes were not locked up as they are not liquid. Staff A moved the cleaning supplies to a locked storage area.

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, Swedish Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/30/2025 .

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

Provider (or Representative) — Date: 11/30/2025

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure an expired medication was disposed of within 30 days of expiration for 1 of 2 residents (Resident 1). The AFH also failed to ensure the AFH's Medication Disposal Policy addressed the disposal of medications for current residents. These failures placed Residents 1 and 2 at risk of harm or injury if expired medications were taken.

Findings included...

Record review of the AFH's Medication Disposal Policy, undated, showed the AFH would dispose of any unused medications for residents who left the home. Further review showed the Medication Disposal policy did not provide a procedure for disposing of expired medications for current residents.

Record review showed the AFH admitted Resident 1 on [redacted]/2020. Review showed Resident 1's representative signed and dated the AFH's Medication Disposal Policy on 11/13/2022.

Observation, on 11/07/2025 at 12:07 PM, of Resident 1's medication supply, showed a bottle of chlorhexidine gluconate oral rinse 0.12% (a mouthwash used to treat gum disease). Further observation showed the chlorhexidine gluconate was prescribed on 12/14/2023 and expired on 12/14/2024.

In an interview, on 11/07/2025 at 12:07 PM, Staff A, Entity Representative, stated that the chlorhexidine gluconate was prescribed to Resident 1 following dental surgery approximately one to two years prior. Staff A stated that Resident 1 did not use the chlorhexidine gluconate. Staff A stated that they requested the pharmacy to remove the chlorhexidine gluconate from Resident 1's medication log, however, the pharmacy failed to remove it. Staff A stated that the AFH had an additional, non-expired supply of chlorhexidine gluconate.

In a telephonic interview, on 11/12/2025 at 10:29 AM, Staff A stated that the AFH followed the same procedure for disposing of unused or expired medications for current residents as it does for residents who have left the AFH.

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, Swedish Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/30/2025.

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

Patrick Bakios — Provider (or Representative)

11/30/2025 — Date

WAC 388-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident records contained a current Inventory of Personal Belongings (IPB) form for 2 of 2 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for lost, stolen, or misplaced property.

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Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2020. Further review showed no IPB form in Resident 1's records.

Record review showed the AFH admitted Resident 2 on [redacted]/2021. Further review showed no IPB form in Resident 2's records.

In an interview, on 11/07/2025 at 11:58 AM, Staff A, Entity Representative, stated that Resident 1 and Resident 2 preferred not to complete an IPB form at the time of admission due to arriving with little to no items. Staff A stated that Resident 1 and Resident 2 had obtained items during the time they've resided at the AFH.

In two emails, received by the Department on 11/10/2025, Staff A provided IPB forms for Resident 1 and Resident 2. Resident 1's IPB form stated that Resident 1 had luggage and a TV only. Resident 2's IPB form had no items listed on it. The AFH and Resident 1 signed and dated Resident 1's IPB form on 11/10/2025. The AFH and Resident 2 signed and dated Resident 2's IPB form on 11/08/2025.

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, Swedish Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 11/30/2025

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

Tolik Bakas — Provider (or Representative)

11/30/2025 — 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

11/14/2025

Swedish Adult Family Home LLC
Swedish Adult Family Home LLC
3420 175th Pl SW
Lynnwood, WA 98037

RE: Swedish Adult Family Home LLC # 753241

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/13/2025 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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

The Adult Family Home (AFH) failed to ensure Resident 1 and Resident 2's negotiated care plan (NCP) described how to reduce tension, agitation, and problem behaviors. This deficiency was corrected over the course of inspection by Staff A, Entity Representative. Staff A updated Resident 1 and Resident 2's NCP with information regarding their behaviors.

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