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

Genesis AFH LLC
Genesis AFH II LLC
17126 37TH AVE W
LYNNWOOD, WA 98037

RE: Genesis AFH II LLC License # 753413

Dear Provider:

This letter addresses Compliance Determination(s) 58238 (Completion Date 04/21/2025) and 54494 (Completion Date 02/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/21/2025 and found that you have corrected the violations listed in the Complaint report dated 02/20/2025. Your home is back in compliance as of 02/21/2025 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 388-76-10225-2-a, WAC 388-76-10225-2-f

The Department staff who did the on-site verification:
Nylay Quist, AFH Complaint Investigator

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 an unannounced on-site complaint investigation on 02/06/2025 of:

Genesis AFH II LLC
17126 37TH AVE W
LYNNWOOD, WA 98037

This document references the following complaint number(s): 162839, 164517

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 investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator

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 #: 75341	Compliance Determination # 54494
Plan of Correction	Genesis AFH II LLC	Completion Date
Page 2 of 3	Licensee: Genesis AFH II LLC	02/20/2025

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.

Residential Care Services — 02/21/2025 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) — 02/21/2025 Date

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(a) The resident's family;

(f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the Case Manager and resident's family when 1 of 3 residents (Resident 1) had an injury in the AFH. This failure placed Resident 1 at risk of an unrecognized change in condition and unmet care needs.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted], and [redacted].

Record review of the progress note, dated 01/11/2025, showed Resident 1 went to the hospital for their "foot". There were no document to indicate left or right foot in the progress notes. There were no documentation that the AFH staff reported the incident to the Case Manager or Resident 1's family.

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

02/21/2025
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

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(a) The resident's family;

(f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the Case Manager and resident's family when 1 of 3 residents (Resident 1) had an injury at the AFH. This failure placed Resident 1 at risk of an unrecognized change in condition and unmet care needs.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted], and [redacted].

Record review of the progress note, dated 01/11/2025, showed Resident 1 went to the hospital for their "foot". There were no document to indicate left or right foot in the progress notes. There were no documentation that the AFH staff reported the incidents to the Case Manager or Resident 1's family.

Statement of Deficiencies	License #: 7534	Compliance Determination # 54494
Plan of Correction	Genesis AFH II LLC	Completion Date
Page 3 of 3	Licensee: Genesis AFH II LLC	12/20/2025

Review of the hospital record dated 01/11/2025, showed Resident 1 was seen in the Emergency Room on 01/11/2025 for ankle pain. Resident 1 was diagnosed with [redacted].

In an interview, on 02/06/2025 at 11:30AM, Resident 1 stated that they rolled their left ankle when they were trying to get out of bed on 01/11/2025. Resident 1 stated that they told Staff A, Provider, and Staff A called 911 for them. Resident 1 stated that they went to the hospital with their friend instead.

In an interview, on 02/06/2025 at 12:51PM, Staff A, stated that Resident 1 reported that they had an injury to their left ankle on 01/11/2025. Staff A stated that they called 911 for Resident 1, but Resident declined to go to the hospital with the ambulance. Staff A stated that Resident 1 went to the hospital with their friend instead. Staff A stated that they did not report the incident to the Case Manager or Resident 1's family because they did not think they had too.

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, Genesis AFH II LLC is or will be in compliance with this law and / or regulation on (Date) 2/21/2025.

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

Provider (or Representative) — Date: 2/21/2025

Review of the hospital record dated 01/11/2025, showed Resident 1 was seen in the Emergency Room on 01/11/2025 for ankle pain. Resident 1 was diagnosed with [redacted].

In an interview, on 02/06/2025 at 11:30AM, Resident 1 stated that they rolled their left ankle when they were trying to get out of bed on 01/11/2025. Resident 1 stated that they told Staff A, Provider, and Staff A called 911 for them. Resident 1 stated that they went to the hospital with their friend instead.

In an interview, on 02/06/2025 at 12:51PM, Staff A, stated that Resident 1 reported that they had an injury to their left ankle on 01/11/2025. Staff A stated that they called 911 for Resident 1, but Resident declined to go to the hospital with the ambulance. Staff A stated that Resident 1 went to the hospital with their friend instead. Staff A stated that they did not report the incident to the Case Manager or Resident 1's family because they did not think they had too.

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, Genesis AFH II 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 _____

GENESIS AFH LLC

LICENSE NO. 7534

17126 37th AVE W LYNNWOOD, WA 98037

February 21,2025

Renee Bourque, Field Manager

Region 2, Unit I

Residential Care Services

RE: Plan of Correction

To whom it may Concern,

This is in response to your letter dated on 02/21/ 2025

1. **WAC 388-76-10225 Reporting requirement**

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home will immediately notify.

(a) The resident's family.

(f) The resident's case manager if the resident is a department client.

Thank you for your kind consideration.

Sincerely,

Kate Guintu

PROVIDER/OWNER