STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Alderwood Adult Family Home LLC

Alderwood Adult Family Home LLC
3732 156th St SW Apt D
Lynnwood, WA 98087

RE: Alderwood Adult Family Home LLC License # 753421

Dear Provider:

This letter addresses Compliance Determination(s) 72012 (Completion Date 01/27/2026) and 68833 (Completion Date 12/02/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/27/2026 and found that you have corrected the violations listed in the Complaint report dated 12/02/2025. Your home is back in compliance as of 12/11/2025 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 388-76-10225-1-a-ii, WAC 388-76-10225-1-a-i, WAC 388-76-10165-1-a, WAC 388-76-10380-4

The Department staff who did the on-site verification:
Meazawork Tekie, 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 11/17/2025 of:

Alderwood Adult Family Home LLC
3732 156th St SW Apt D
Lynnwood, WA 98087

This document references the following complaint number(s): 200741

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, 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 #: 753421	Compliance Determination # 68833
Plan of Correction	Alderwood Adult Family Home LLC	Completion Date
Page 2 of 5	Licensee: Alderwood Adult Family Home LLC	12/02/2025

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

12/10/2025
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)

12/11/2025
Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure they reported when 2 of 5 residents (Resident 1 and Resident 2), vulnerable adults, had a physical altercation. This failure placed Resident 1's and Resident 2's safety at risk when all entities responsible for Resident 1's and Resident 2's welfare were not informed of a physical altercation.

Findings included...

Record review of Resident 1's Negotiated Care Plan (NCP), dated 08/09/2024, showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted]. Review of Resident 1's NCP showed Resident 1 can be combative and easily agitated. AFH staff were instructed to redirect Resident 1 from situations that caused agitations.

Record review of Resident 2's Negotiated Care Plan (NCP), dated 03/02/2022, showed the AFH admitted Resident 2 on [redacted]/2022 with multiple diagnoses that included [redacted]. Review of Resident 2's NCP showed

Resident 2 gets easily agitated. AFH staff were instructed to redirect Resident 2 from situations that caused agitations.

Record review of Resident 1's progress note, dated 10/29/2025, showed Resident 1 had a physical altercation with Resident 2.

In an interview, 11/20/2025 at 1:55PM, Resident 1 stated that Resident 2 told Resident 1 that they (Resident 2) ate Resident 1's food and started laughing at Resident 1. Resident 1 stated that Resident 2 grabbed Resident 1's arm and they got into a physical altercation.

In an interview, on 11/17/2025 at 12:20 PM, Resident 2 stated that Resident 1 had pushed Resident 2 to the ground when Resident 2 ate Resident 1's meal.

In an interview, on 11/17/2025 at 11:00 AM, Staff B (Caregiver), stated that Resident 1 and Resident 2 had physical altercation in Resident 1's and Resident 2's shared room. Staff B stated that they (Staff B) intervened and separated Resident 1 and Resident 2.

In an interview, on 11/17/2025 at 12:00 PM, Staff A (Provider), stated that Resident 1 and Resident 2 had altercation. Staff A stated they had not reported the incident to Compliance Resolution Unit (CRU) as Staff A initiated preventive plans.

Review of Department records on 12/17/2025 showed the AFH had not reported Resident 1's and Resident 2's physical altercation to CRU.

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, Alderwood Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/11/2025.

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

Provider (or Representative) — Date: 12/11/2025

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's

background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure current staff members (Staff B) had an updated Background Check Records (BGC). This failure placed 4 of 4 (Resident 2, Resident 3, Resident 4, and Resident 5) at risk of being cared for by a staff member with an unknown background history.

Findings included...

Observation, on 11/17/2025 at 10:25 AM, showed Staff B (Caregiver) provided care for Resident 2, Resident 3, Resident 4, and Resident 5.

Record review of Staff B's BGC showed it was last checked on 07/18/2023. BGC was past overdue by four months.

In an interview, on 11/17/2025 at 12:00 PM, Staff A (Provider) stated they had missed checking BGC for Staff B within 2 years of the last BGC, 07/18/2023 and would do it today.

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, Alderwood Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/11/2025 .

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

Provider (or Representative) — Date: 12/11/2025

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

Statement of Deficiencies	License #: 753421	Compliance Determination # 68833
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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review and update the Negotiated Care Plan (NCP) for 1 of 5 residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk for unrecognized and unmet care needs.

Findings included...

Record review of Resident 1's Negotiated Care Plan (NCP), dated 08/09/2024, showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses. Review of Resident 1's NCP showed it was reviewed and signed on 08/09/2024. Resident 1's NCP was overdue by three months.

In an interview, on11/17/2025 at 12:00 PM, Staff A, Provider, stated that Resident 1's NCP was reviewed but was not signed by Provider and Resident 1. Staff A stated that they would update and review NCPs per requirements.

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, Alderwood Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/11/2025.

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

Provider (or Representative) — Date: 12/11/2025

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

12/10/2025

Alderwood Adult Family Home LLC
Alderwood Adult Family Home LLC
3732 156th St SW Apt D
Lynnwood, WA 98087

RE: Alderwood Adult Family Home LLC # 753421

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 12/02/2025 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - 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 388-76-10490 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;

The Adult Family Home (AFH) failed to have a complete record of disposed medications that had included a Resident name and the medication disposal date. AFH provider revised the medication disposal form and added a section to include a Resident name and the disposal date.

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

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 IDRs** 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