STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Aging Well Senior Care LLC

Aging Well Senior Care LLC
615 SE 104th Ave
Vancouver, WA 98664

RE: Aging Well Senior Care LLC License # 753453

Dear Provider:

This letter addresses Compliance Determination(s) 68164 (Completion Date 11/03/2025) and 66026 (Completion Date 09/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/03/2025 and found that you have corrected the violations listed in the Full report dated 09/30/2025. Your home is back in compliance as of 10/13/2025 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 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10650-2-a, WAC 388-76-10380-2

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 753453	Compliance Determination # 66026
Plan of Correction	Aging Well Senior Care LLC	Completion Date
Page 1 of 5	Licensee: Aging Well Senior Care LLC	09/30/2025

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 09/23/2025 of:
Aging Well Senior Care LLC
615 SE 104th Ave
Vancouver, WA 98664

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

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Jennifer LeMaster
Residential Care Services

10/07/2025
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)

10-13-2025
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that partial emergency evacuation drills, which are required to occur during random staffing shifts at least every sixty days, had been completed. The AFH also failed to ensure a full emergency evacuation drill at least once each calendar year was completed with all residents participating in the drill together and at the same time. This failure placed 3 of 3 Residents (Residents 1, 2, and 3) at risk of not being prepared on what to do in case of fire emergency.

Findings included...

An unannounced inspection visit was conducted on 09/23/2025.

Record review showed the AFH fire evacuation logs were dated 05/20/2024, 08/03/2024, 11/15/2024, 01/21/2025, 03/31/2025.

During an interview at 11:15 AM, Staff A, AFH provider, acknowledged the above finding and stated the last fire drill they had was in March this year.

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, Aging Well Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 10-13-2025

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

Provider (or Representative) — Date: 10-13-2025

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment for the use of the [redacted] was completed for 1 of 2 residents (Resident 3 [R3]). This failure placed the resident at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included...

An unannounced full inspection visit was conducted on 09/23/2025.

Observation at 9:59 AM in R3's room showed one [redacted] (in up position) attached to one side of R3's bed, one [redacted] (in down position) attached to other side of R3's bed.

During the interview at 10:00 AM, R3 stated that they use [redacted] for repositioning in the bed.

Review of R3's medical record showed R3 moved into the AFH on [redacted]/2023 with diagnoses including [redacted]. No assessment of the safe use of [redacted] was found in R3's medical record.

During the interview at 12:47 PM, Staff A, a provider, stated that she will get the [redacted] assessment completed as soon as possible.

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, Aging Well Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 10-07-2025

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

Provider (or Representative) — Date: 10-13-2025

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:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the AFH failed to update the negotiated care plan (NCA) when the care needs changed for 1 of 1 sampled residents (Resident 2 [R2]) reviewed for care and services. This failure resulted in care staff providing care and services to the resident which was based on outdated information and placed the resident at risk of not having their care needs met.

Findings included...

An unannounced full inspection visit was conducted on 09/23/2025.

During an interview at 11:20 AM, Staff B, a manager, stated that around the beginning of this year that R2 was newly diagnosed with [redacted]. In March this year, R2's doctor wanted to manage R2's pain and ordered Oxycodone (a pain medication) for R2. In the meanwhile, R2 was admitted to palliative care (medical care that relieves pain, symptoms and stress caused by serious illness) on 03/12/2025. R2's lung cancer is getting worse, and R2 was diagnosed with [redacted] about one month ago. Staff B stated that she started working on R2's care plan in March, but she has not completed it yet.

Review of R2's medical record showed R2 moved into the AFH on [redacted]/2023 with diagnoses including [redacted]. Most recent completed NCA found was dated 12/20/2024. A NCA dated 03/21/2025 was found in the AFH electronic record, but the content remained the same as NCA which dated 12/20/2024 and did not address R2's change of condition in health such as admission to palliative care, or monitoring the pain for new pain medication, or change of care needs.

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, Aging Well Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 10-13-2025

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

Provider (or Representative) — Date: 10-13-2025

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Aging Well Senior Care LLC
Aging Well Senior Care LLC
615 SE 104th Ave
Vancouver, WA 98664

RE: Aging Well Senior Care LLC # 753453

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/30/2025 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:

Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• 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 follcwing deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

During the onsite inspection visit on 09/23/2025, no record of a signed and dated Medicaid policy for R2 was found in R2's files. It was signed and dated by R2's representative on 09/23/2025 after this licensor's departure.

WAC 388-76-10320 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.

During onsite inspection visit on 09/23/2025, no record of a personal belongings inventory was found for
R1 and R2 in their records.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

During unannounced onsite inspection on 09/23/2025, at 09:40
AM, adult family home (AFH)'s common bathroom sink water temperature was tested at 124.4 degrees Fahrenheit. After AFH adjusted the water heater, common bathroom sink water temperature was re tested at 118.4 degrees Fahrenheit at 10:15 AM.

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 (360)450-1218.

Sincerely,

Jennifer LeMaster Adult Family Home Field Manager, 3G

For: Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit F
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:
Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 find this form and directions on the IDR Adult Family Home 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 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 request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225