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

Star Haven Corp
Alderwood Haven
3705 165th Place SW
Lynnwood, WA 98037

RE: Alderwood Haven License # 753699

Dear Provider:

This letter addresses Compliance Determination(s) 68295 (Completion Date 11/04/2025) and 65728 (Completion Date 10/01/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/04/2025 and found that you have corrected the violations listed in the Full report dated 10/01/2025. Your home is back in compliance as of 09/24/2025 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 388-76-10181-1-a, WAC 388-76-10181-1-b, WAC 388-76-10181-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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 09/17/2025 of:

Alderwood Haven
3705 165th Place SW
Lynnwood, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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 #: 753699	Compliance Determination # 65728
Plan of Correction	Alderwood Haven	Completion Date
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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' Seargee
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.

John Arnel Martin
Provider (or Representative)

Date

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to determine and document character, competence and suitability for 1 of 5 staff (Staff B). This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included...

Staff record review showed Staff B (Caregiver) was hired on 05/15/2018 with a non-disqualifying criminal charge from 2013.

Review of Staff B's employee record showed no required character, competence and suitability (CCS) available for review.

In an interview, on 09/17/2025 at 3:00 PM, Staff A (Provider) stated they were familiar with the required CCS documentation and would submit the CCS for Staff B. The

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Residential Care Services

10/07/2025
Date

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Review of Staff B's employee record showed no required character, competence and suitability (CCS) available for review.

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Statement of Deficiencies	License #: 753699	Compliance Determination # 65728
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department received, on 09/17/2025, the CCS review for Staff B, dated 09/17/2025.

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, Alderwood Haven 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) John Arnel Shutic Date

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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Resident 1 and Resident 4) had the required safety assessment completed, a consent form completed and signed, or care planning related to the safe use of the [redacted] prior to Residents 1 and 4 using the medical device. This failure placed Resident 1 and Resident 4 at risk of injury.

Findings included...

RESIDENT 1:
Resident 1 was admitted on [redacted]/2022 with multiple diagnoses including a [redacted].

Review of Resident 1's record showed no safety assessment completed and no care planning in Resident 1's negotiated care plan related to the safe use of the [redacted]

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Provider (or Representative) Date

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Findings included...

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[redacted]. There was no consent form detailing the risks and benefits of using [redacted] available in Resident 1's record.

Observation, on 09/17/2025 at 11:00 AM, Resident 1 was observed to be in bed with one-half length [redacted] in the up position on both sides of Resident 1's bed.

RESIDENT 4:
Resident 4 was admitted on [redacted]/2018 with multiple diagnoses including a [redacted].

Review of Resident 4's record showed no safety assessment completed and no care planning in Resident 4's negotiated care plan related to the safe use of the [redacted]. There was no consent form detailing the risks and benefits of using [redacted] available in Resident 4's record.

Observation, on 09/17/2025 at 11:10 AM, Resident 4 was observed to be in bed with one-half length [redacted] in the up position on both sides of Resident 4's bed.

In an interview, on 09/17/2025 at 2:45 PM, Staff A (Provider) stated that they were not aware of the required documents for medical devices and would complete and submit them to the department.

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 Haven 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.

John Arnel Martinez

Provider (or Representative) Date

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Observation, on 09/17/2025 at 11:00 AM, Resident 1 was observed to be in bed with one-half length [redacted] in the up position on both sides of Resident 1's bed.

RESIDENT 4:
Resident 4 was admitted on [redacted]/2018 with multiple diagnoses including a [redacted].

Review of Resident 4's record showed no safety assessment completed and no care planning in Resident 4's negotiated care plan related to the safe use of the [redacted]. There was no consent form detailing the risks and benefits of using [redacted] available in Resident 4's record.

Observation, on 09/17/2025 at 11:10 AM, Resident 4 was observed to be in bed with one-half length [redacted] in the up position on both sides of Resident 4's bed.

In an interview, on 09/17/2025 at 2:45 PM, Staff A (Provider) stated that they were not aware of the required documents for medical devices and would complete and submit them to the department.

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 Haven 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.

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