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

Garden View Residential Care Facility LLC

Garden View Residential Care Facility LLC
17539 10TH AVE NW
SHORELINE, WA 98177

RE: Garden View Residential Care Facility LLC License # 753775

Dear Provider:

This letter addresses Compliance Determination(s) 59550 (Completion Date 05/14/2025) and 58181 (Completion Date 04/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/14/2025 and found that you have corrected the violations listed in the Full report dated 04/25/2025. Your home is back in compliance as of 04/20/2025 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 388-76-10490-1, WAC 388-76-10490-2-b-i, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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 04/18/2025 of:

Garden View Residential Care Facility LLC
17539 10TH AVE NW
SHORELINE, WA 98177

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

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 #: 753775	Compliance Determination # 58181
Plan of Correction	Garden View Residential Care Facility LLC	Completion Date
Page 2 of 4	Licensee: Garden View Residential Care Facility LLC	04/25/2025

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

04/30/2025
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)

5/9/2025
Date

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

(1) For the purposes of this section, "discontinued" means medication that is no longer prescribed or being used to treat a condition, as directed by the resident's physician or health care professional with prescriptive authority.

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of negative outcomes and worsening conditions if they took or used expired and discontinued medication.

Findings included...

Record review showed that the AFH's undated Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to send back to the pharmacy, or dispose of drugs in drug booster."

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

04/30/2025
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

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(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 observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of negative outcomes and worsening conditions if they took or used expired and discontinued medication.

Findings included...

Record review showed that the AFH's undated Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to send back to the pharmacy, or dispose of drugs in drug booster."

Statement of Deficiencies	License #: 753775	Compliance Determination # 58181
Plan of Correction	Garden View Residential Care Facility LLC	Completion Date
Page 3 of 4	Licensee: Garden View Residential Care Facility LLC	04/25/2025

Record review of Residents 4's dual assessment and negotiated care plan (NCP), dated 10/15/2024, indicated the AFH would provide medication management and some activities of daily living.

Observation, on 04/18/2025 at 2:10 PM, showed Resident 4's medication bin contained a box of Bisacodyl tablets (used for constipation). Observation of the medication box showed the factory expiration date was 02/28/2025. Observation of the pharmacy generated label was faded off the expiration year and showed the expiration date was July fifth. Observation of the pharmacy generated label showed the pharmacy filled the Bisacodyl on 07/06/2023 (the expiration date would be in a year after filling the medication, 07/05/2024).

In an interview, on 04/18/2025 at 2:15 PM, Staff A, Entity Representative, stated that they checked the medication expiration date monthly. Staff A stated that the Bisacodyl medication was discontinued, and they were waiting for the doctor's discontinued order. Staff A contacted Resident 4's medical provider and received the doctor's discontinued order for Bisacodyl medication during the visit.

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, Garden View Residential Care Facility LLC is or will be in compliance with this law and / or regulation on (Date) 4/18/2025.

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

Provider (or Representative) — Date 5/9/2025

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:

The Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 1 of 5 ambulatory residents (Resident 2) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Record review of Residents 4's dual assessment and negotiated care plan (NCP), dated 10/15/2024, indicated the AFH would provide medication management and some activities of daily living.

Observation, on 04/18/2025 at 2:10 PM, showed Resident 4's medication bin contained a box of Bisacodyl tablets (used for constipation). Observation of the medication box showed the factory expiration date was 02/28/2025. Observation of the pharmacy generated label was faded off the expiration year and showed the expiration date was July fifth. Observation of the pharmacy generated label showed the pharmacy filled the Bisacodyl on 07/06/2023 (the expiration date would be in a year after filling the medication, 07/05/2024).

In an interview, on 04/18/2025 at 2:15 PM, Staff A, Entity Representative, stated that they checked the medication expiration date monthly. Staff A stated that the Bisacodyl medication was discontinued, and they were waiting for the doctor's discontinued order. Staff A contacted Resident 4's medical provider and received the doctor's discontinued order for Bisacodyl medication during the visit.

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, Garden View Residential Care Facility 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 _____

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:

The Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 1 of 5 ambulatory residents (Resident 2) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Statement of Deficiencies	License #: 753775	Compliance Determination # 58181
Plan of Correction	Garden View Residential Care Facility LLC	Completion Date
Page 4 of 4	Licensee: Garden View Residential Care Facility LLC	04/25/2025

Observation, on 04/18/2025 at 9:40 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 1 ambulated with assistive devices, Resident 2 ambulated independently, Residents 3 and 4 were wheelchair bedbound and ambulated with staff assistance and Resident 5 ambulated with staff assistance in the AFH.

Observation, on 04/18/2025 at 11:00 AM, showed the cabinet underneath the kitchen sink had an unlock child proof locks on the doorknobs. Observation showed the following chemicals underneath the kitchen sink, a container of Fabuloso multipurpose cleaner, a Weiman stainless steel cleaner and polish spray, a Ozium air sanitizer spray and two containers of Clorox disinfectant wipes. Observation further showed an unlocked cabinet with an open childproof lock underneath the bathroom sink (located in the hallway next to Resident 2's bedroom). Observation of the bathroom cabinet underneath the sink showed an Orange Glo wood cleaner and polish spray, a Bona spray (with unknown blue liquid).

In an interview, on 04/18/2025 at 11:10 AM, Staff A, Entity Representative, stated that staff cleaned the area every day and they forgot to lock the cabinets. Staff A locked the cabinets underneath the kitchen and bathroom sinks during the visit.

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, Garden View Residential Care Facility LLC is or will be in compliance with this law and / or regulation on (Date) 4/20/2025

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

Provider (or Representative) — Date: 5/9/2025

Observation, on 04/18/2025 at 9:40 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 1 ambulated with assistive devices, Resident 2 ambulated independently, Residents 3 and 4 were wheelchair bedbound and ambulated with staff assistance and Resident 5 ambulated with staff assistance in the AFH.

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In an interview, on 04/18/2025 at 11:10 AM, Staff A, Entity Representative, stated that staff cleaned the area every day and they forgot to lock the cabinets. Staff A locked the cabinets underneath the kitchen and bathroom sinks during the visit.

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, Garden View Residential Care Facility 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 _____

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

04/30/2025

Garden View Residential Care Facility LLC
Garden View Residential Care Facility LLC
17539 10TH AVE NW
SHORELINE, WA 98177

RE: Garden View Residential Care Facility LLC # 753775

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/25/2025 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The Adult Family Home (AFH) failed to ensure the medication (Remedy paste used for rashes) in Resident 1's bathroom (bedrooms [redacted]) was kept in locked storage. Additionally, the AFH failed to keep the Vitamin A+ D ointment (used to prevent diaper rash) lock in the main bathroom (located in the hallway). This deficiency was corrected on site by Staff A, Entity Representative, during the visit.

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

The Adult Family Home (AFH) failed to ensure an emergency evacuation floor plan was posted on the upper level of the home. Staff A, Entity Representative, stated that they were unaware to post an emergency evacuation plan in the upper level of the AFH. This deficiency was corrected during the visit by Staff A.

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

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