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

Happy Family Adult Family Home #2, LLC
Happy Family Adult Family Home #2 LLC
21905 55th Ave W
Mountlake Terrace, WA 98043

RE: Happy Family Adult Family Home #2 LLC License # 753870

Dear Provider:

This letter addresses Compliance Determination(s) 64734 (Completion Date 09/02/2025) and 62909 (Completion Date 08/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/02/2025 and found that you have corrected the violations listed in the Full report dated 08/12/2025. Your home is back in compliance as of 08/20/2025 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-112A-0610-1-a-iv

The Department staff who did the on-site verification:
Rivi Stella Perez

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 07/22/2025 of:

Happy Family Adult Family Home #2 LLC
1228 NE 181ST PLACE
SHORELINE, WA 98155

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:

Rivi Stella Perez

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 753870	Compliance Determination # 62909
Plan of Correction	Happy Family Adult Family Home #2 LLC	Completion Date
Page 2 of 6	Licensee: Happy Family Adult Family Home #2, LLC	08/12/2025

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.

Alfredo Brown
Residential Care Services

08/18/2025
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.

Jamie Payne
Provider (or Representative)

8/20/25
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure the medication log was kept current and medication was given as required for 2 of the 2 sampled residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk for medication error and not receiving the medication as ordered.

Findings included...

RESIDENT 1
Review of Resident 1's undated information sheet showed an admission date of [redacted]/2023 with multiple diagnosis.

Review of Resident 1's Negotiated Care Plan (NCP), dated [redacted]2025, showed Resident 1 required assistance and administration from staff to take their medication.

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 | 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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(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure the medication log was kept current and medication was given as required for 2 of the 2 sampled residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk for medication error and not receiving the medication as ordered.

Findings included…

RESIDENT 1
Review of Resident 1's undated information sheet showed an admission date of [redacted]/2023 with multiple diagnosis.

Review of Resident 1's Negotiated Care Plan (NCP), dated [redacted]/2025, showed Resident 1 required assistance and administration from staff to take their medication.

Observation on 07/22/2025 at 3:16 PM with Staff D, General Manager, showed a bottle of Polyethylene Glycol (stool softener) and a supply of Senna (stool softener) tablets in a bubble pack (a card that packages doses of medication within small, clear, or light-resistant, amber-colored plastic bubbles) in Resident 1's medication supply.

Review of the prescription label sticker on the bottle of Polyethylene Glycol and Senna bubble pack showed the medications were filled on 06/10/2025.

Review of Resident 1's July 2025 Medication Log (ML) showed no order for the Senna and the Polyethylene Glycol.

During an interview on 07/22/2025 at 3:20 PM, Staff D stated that Staff C, Caregiver was giving the Senna medication but was not signing for it on the July 2025 ML.

During an interview on 07/22/2025 at 3:21 PM, Staff C stated that they would give the Senna "maybe three times per week". Staff C stated that they had given the Senna to Resident 1 for July 2025. Staff C stated that they had not signed for the Senna on the July 2025 ML.

Observation on 07/22/2025 at 3:22 PM showed 12 bubble packs of the Senna tablets had been punched or popped open to indicate it was used.

Review of Resident 1's June 2025 ML showed a PRN (as needed) order for Senna and had staff's initial to indicate it was administered eight times on 06/09/2025, 6/16/2025, 06/20/2025, 06/22/2025, 06/24/2025, 06/26/2025, 06/28/2025 and 06/29/2025. There was no other record to show when the other four tablets were given or administered.

During an interview on 07/22/2025 at 5:19 PM, Staff C stated that they had given the Senna only as needed when Resident 1 had not had a bowel movement in 2 days. Staff C stated that they would prepare the Senna together with the other medication and had an "oversight" with signing for it on Resident 1's ML.

RESIDENT 2
Review of Resident 2's undated information sheet showed an admission date of [redacted]/2020 with multiple diagnoses.

Review of Resident 2's NCP, dated 05/26/2025, showed Resident 2 required assistance with their medication administration.

Review of Resident 2's July 2025 ML showed an order for Valacyclovir (an antiviral which

is a medication used to treat infection caused by a virus), dated 01/15/2025. The order stated: “Take two tablets (2000 mg [milligram]) by mouth twice daily for 1 day taken 12 hours apart as needed for first sign/symptom of oral cold sore”. The medication order had an initial on 07/09/2025, which indicated it was given. Review of the PRN log showed it was given at 7:30 PM of 7/9/2025.

Review of the prescription label on the bubble pack of the Valacyclovir, with a fill date of 02/27/2025, showed “Take two tablets (2000 mg [milligram]) by mouth twice daily for 1 day taken 12 hours apart as needed for first sign/symptom of oral cold sore.”

Observation on 07/22/2025 at 3:02 PM of Resident 2’s medication supply showed a bubble pack of Valacyclovir with 2 bubbles filled. The first bubble had been popped open to indicate it was given. The second bubble was intact with 2 tablets inside.

During a record review and interview on 07/22/2025 at 3:04 PM, Staff D stated it was Staff E, Caregiver, who gave and signed the medication for the PRN Valacyclovir. Staff D stated that the PRN Valacyclovir was given once on 07/09/2025 at 7:30 PM. Staff D stated the order was to give the medication twice per day.

During an interview on 07/22/205 at 3:07 PM, Staff D stated that Staff E had signed only one time on the July 2025 ML and “looks like she did not read the instruction”.

During an interview on 07/22/2025 at 3:08 PM, Staff D stated that only one bubble [or dose] was gone [or popped open].

During an interview on 07/30/2025 at 10:49 AM, Staff E stated that they gave the first dose of the Valacyclovir but was off the next day and had forgotten to tell the relieving caregiver to give the second dose of the Valacyclovir.

Statement of Deficiencies	License #: 753870	Compliance Determination # 62909
Plan of Correction	Happy Family Adult Family Home #2 LLC	Completion Date
Page 5 of 6	Licensee: Happy Family Adult Family Home #2, LLC	08/12/2025

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, Happy Family Adult Family Home #2 LLC is or will be in compliance with this law and / or regulation on (Date) 8/20/25 .

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

Janie Payne
Provider (or Representative)

8/20/25
Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure 1 of 2 sampled staff (Staff B, Resident Manager) completed their 12 hours of continuing education by their birthday each year. This failure placed Resident 1, Resident 2, Resident 3 and Resident 4 at risk of receiving care which may not be within the current standards of care.

Findings included...

Note: The Washington Administrative Code 388-112A-0600, titled "What is continuing education and what topics may be covered in continuing education?", showed "a long-term care worker may repeat up to five credit hours per year on the following topics: (b) CPR training; (c) First-aid training; (d) Food handling training".

Review of Staff B's personnel record showed a birthday of January 19.

Review of Staff B's Nursing Assistance Registered (NAR) record showed a renewal date of 01/19/2025.

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, Happy Family Adult Family Home #2 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 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

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(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

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Findings included…

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Statement of Deficiencies	License #: 753870	Compliance Determination # 62909
Plan of Correction	Happy Family Adult Family Home #2 LLC	Completion Date
Page 6 of 6	Licensee: Happy Family Adult Family Home #2, LLC	08/12/2025

Review of Staff B's personnel record showed a copy of Continuing Education (CE) hours certificate for March 2025. There was no copy of CE certificate from 01/19/2024 to 01/18/2025.

During an interview on 07/22/2025 at 1:20 PM, Staff B stated that they had done the CE training online through the pharmacy.

During an interview on 07/22/2025 at 2:49 PM, Staff D, General Manager, stated that Staff B could not find the record for their CE training certificate. Staff D stated that Staff B had done their food handler's training on 12/20/2024 and their first aid and CPR (or cardiopulmonary resuscitation, is an emergency procedure that combines chest compressions and rescue breaths to help maintain blood flow and oxygen supply to the body when someone's heart has stopped or they had stopped breathing) training on 01/06/2025. Staff D stated that the AFH would use the training for the food handler's permit and the training for the first aid and CPR as part of their CE hours. Staff D stated that the training for the food handler's permit and the first aid and CPR were the only CE hours completed by Staff B.

During an interview on 07/30/2025 at 11:18 AM, Staff D stated that Staff B needed 12 hours of CE and Staff B did not have any other CE certificate between the dates of 01/19/2024 to 01/18/2025.

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, Happy Family Adult Family Home #2 LLC is or will be in compliance with this law and / or regulation on (Date) 8/20/25 .

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

Jamie Payne

Provider (or Representative)

8/20/25

Date

Review of Staff B's personnel record showed a copy of Continuing Education (CE) hours certificate for March 2025. There was no copy of CE certificate from 01/19/2024 to 01/18/2025.

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During an interview on 07/22/2025 at 2:49 PM, Staff D, General Manager, stated that Staff B could not find the record for their CE training certificate. Staff D stated that Staff B had done their food handler's training on 12/20/2024 and their first aid and CPR (or cardiopulmonary resuscitation, is an emergency procedure that combines chest compressions and rescue breaths to help maintain blood flow and oxygen supply to the body when someone's heart has stopped or they had stopped breathing) training on 01/06/2025. Staff D stated that the AFH would use the training for the food handler's permit and the training for the first aid and CPR as part of their CE hours. Staff D stated that the training for the food handler's permit and the first aid and CPR were the only CE hours completed by Staff B.

During an interview on 07/30/2025 at 11:18 AM, Staff D stated that Staff B needed 12 hours of CE and Staff B did not have any other CE certificate between the dates of 01/19/2024 to 01/18/2025.

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, Happy Family Adult Family Home #2 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

08/18/2025

Happy Family Adult Family Home #2, LLC
Happy Family Adult Family Home #2 LLC
21905 55th Ave W
Mountlake Terrace, WA 98043

RE: Happy Family Adult Family Home #2 LLC # 753870

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/12/2025 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:

Alfredo Brown, Allied Health Field Manager
Residential Care Services
Region 2, Unit K
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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home failed to meet the requirement to have the notice of rights and services (admission agreement) form reviewed, signed and dated at least every 24 months for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed Resident 1, Resident 2 and their representatives at risk of not being aware of the house rules, rights, costs, and services provided by the AFH. A review of the email from the AFH General Manager showed the notice of rights and services form was sent to Resident 1’s Representative for review and signature. A review of the submitted copy of the notice of rights and services form for Resident 2 showed the form had been reviewed, signed and dated by both the AFH General Manager and Resident 2’s Representative. This deficiency was corrected by the exit conference.

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.

The Adult Family Home failed to meet the requirement to have the personal belongings inventory form signed and dated for 2 of the 2 sampled residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk of loss of personal belongings. A review of the submitted copies of the personal belongings inventory form for Resident 1 and Resident 2 showed the forms had been signed and dated by both the

AFH and the Resident's Representative. This deficiency was corrected by the exit conference.

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

The Adult Family Home (AFH) failed to meet the requirements to do a Washington state name and date of birth background check for Staff C, Caregiver, on hire date. This failure placed Resident 1, Resident 2, Resident 3 and Resident 4 at risk of receiving care from a person who may have a disqualifying background check. The AFH rehired Staff C after a year and had used the valid background check record from the prior employment with the AFH. The AFH completed a new background check on site and showed no record. This deficiency was corrected by the exit conference.

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

The Adult Family Home (AFH) failed to meet the requirement to do a one-time TB test within three days of employment for Staff C, Caregiver. This failure placed Resident 1, Resident 2, Resident 3 and Resident 4 at risk of exposure from a person who may have TB. The AFH rehired Staff C after a year and had used the TB skin test record from prior employment with the AFH and another TB test result that was done 3 months prior to the rehire date. The AFH completed a new TB screen Staff C for TB. This deficiency was corrected by the exit conference.

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 (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
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:
Alfredo Brown, Allied Health Field Manager
Residential Care Services
Region 2, Unit K
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

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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 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