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) 62571 (Completion Date 07/16/2025) and 59868 (Completion Date 06/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/16/2025 and found that you have corrected the violations listed in the Complaint report dated 06/18/2025. Your home is back in compliance as of 05/21/2025 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 388-76-10355-3, WAC 388-76-10355-7-c

The Department staff who did the on-site verification:
Ellen Schooler, NCI Nurse Consultant Institution

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

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

Statement of Deficiencies	License # 753870	Compliance Determination # 59865
Plan of Correction	Happy Family Adult Family Home #2 LLC	Completion Date
Page 1 of 4	Licensee: Happy Family Adult Family Home #2, LLC	06/18/2025

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 an unannounced on-site complaint investigation on 05/29/2025 of:

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

This document references the following complaint number(s): 178919, 179874

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 investigated the Adult Family Home:

Ellen Schooler, NCI Nurse Consultant Institution

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

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 05/20/2025 of:

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

This document references the following complaint number(s): 178919, 179874

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 investigated the Adult Family Home:

Ellen Schooler, NCI Nurse Consultant Instituation

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 #: 753678	Compliance Determination #: 53866
Plan of Correction	Happy Family Adult Family Home #2 LLC	Completion Date
Page 2 of 4	Licensee: Happy Family Adult Family Home #2, LLC	06/18/2025

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

06/30/2025
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)

07/07/25
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 4 residents (Resident 1) included information regarding the resident's need for 2-person assist for repositioning, incontinence care, the use of a [redacted] and [redacted] This failure placed Resident 1 at risk for a left ankle pressure injury (localized damage to the skin and/or underlying tissue that usually occurs over a bony prominence because of long-term pressure) and unmet care needs.

Findings included...

Observation on 05/20/2026 at 2:08 PM showed Resident 1 in the bed, lying on their right side. Observation of ADL (Activities of Daily Living) Care for bed mobility, showed Staff D, Caregiver, had difficulty turning and repositioning Resident 1 from their right side due to Resident 1's stiffness in their knees, hips, and height.

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

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 4 residents (Resident 1) included information regarding the resident's need for 2-person assist for repositioning, incontinence care, the use of a [redacted] and [redacted] This failure placed Resident 1 at risk for a left ankle pressure injury (localized damage to the skin and/or underlying tissue that usually occurs over a bony prominence because of long-term pressure) and unmet care needs.

Findings included...

Observation on 05/20/2025 at 2:08 PM showed Resident 1 in the bed, lying on their right side. Observation of ADL (Activities of Daily Living) Care for bed mobility, showed Staff D, Caregiver, had difficulty turning and repositioning Resident 1 from their right side due to Resident 1's stiffness in their knees, hips, and height.

During an interview on 05/20/2025 at 2:09PM, Staff D stated that it was hard to turn Resident 1 by themselves because Resident 1 could not move or assist them with their repositioning. Staff D stated that Resident 1 was a big resident.

Record review of the NCP for Resident 1 dated 03/14/2025 showed they had a wound to their right ankle, "a stage 4 pressure ulcer (a pressure injury involving full thickness tissue loss)." Resident 1's NCP indicated they received Home Health twice per week. Resident 1's NCP was not updated to show a Hospice nurse was coming to the AFH three times per week to provide pressure ulcer wound care for Resident 1's left ankle. Resident 1's did not specify staff needed to call a 2nd person to assist with turning and repositioning and for incontinence care. The NCP indicated "Max Assist" but did not specify number of caregivers required. The NCP contained notation dated 05/20/2025 about a [redacted] but did not specify where AFH staff had to position the [redacted] and for how long Resident 1's NCP contained a notation dated 05/20/2025 about a [redacted] but did not include instructions regarding settings or how often to check the [redacted] to ensure it was functioning properly

During an interview on 05/05/2025 at 5:21PM, Staff C, General Manager, stated that the caregiver for Resident 1 would call a second staff person to aid with repositioning or peri care (cleaning of private areas of a patient) and changing incontinent pad/ briefs.

Record review of Resident 1's Assessment, dated 02/26/2025 and updated at an unspecified date following re-admission from the hospital on [redacted]/2025, showed multiple diagnoses, including [redacted]). The assessment showed that all of Resident 1's skin was intact.

Record Review of hospital notes for Resident 1 dated 05/09/2025 through [redacted]/2025 showed Resident 1 had an infected wound to the left medial malleolus (inner ankle) which was suspected to be a pressure ulcer.

Record Review of Hospice Plan of Care dated [redacted]/2025 showed that Resident 1 had a pressure ulcer on their left ankle.

During an interview on 06/19/2025 at 4:27 PM, Collateral Contact 1, Hospice Supervisor, stated that the Hospice RN (Registered Nurse) was coming to the AFH three times per week to provide wound care for Resident 1's left ankle pressure ulcer.

During an interview on 05/20/2025 at 2:09PM, Staff D stated that it was hard to turn Resident 1 by themselves because Resident 1 could not move or assist them with their repositioning. Staff D stated that Resident 1 was a big resident.

Record review of the NCP for Resident 1 dated 03/14/2025 showed they had a wound to their right ankle, “a stage 4 pressure ulcer (a pressure injury involving full thickness tissue loss).” Resident 1’s NCP indicated they received Home Health twice per week. Resident 1’s NCP was not updated to show a Hospice nurse was coming to the AFH three times per week to provide pressure ulcer wound care for Resident 1’s left ankle. Resident 1’s did not specify staff needed to call a 2nd person to assist with turning and repositioning and for incontinence care. The NCP indicated “Max Assist” but did not specify number of caregivers required. The NCP contained notation dated 05/20/2025 about a [redacted] but did not specify where AFH staff had to position the [redacted] and for how long. Resident 1’s NCP contained a notation dated 05/20/2025 about a [redacted] but did not include instructions regarding settings or how often to check the [redacted] to ensure it was functioning properly.

During an interview on 06/05/2025 at 5:21PM, Staff C, General Manager, stated that the caregiver for Resident 1 would call a second staff person to aid with repositioning or peri care (cleaning of private areas of a patient) and changing incontinent pad/ briefs.

Record review of Resident 1’s Assessment, dated 02/26/2025 and updated at an unspecified date following re-admission from the hospital on [redacted]/2025, showed multiple diagnoses, including [redacted] ([redacted]). The assessment showed that all of Resident 1’s skin was intact.

Record Review of hospital notes for Resident 1 dated 05/09/2025 through [redacted]/2025 showed Resident 1 had an infected wound to the left medial malleolus (inner ankle) which was suspected to be a pressure ulcer.

Record Review of Hospice Plan of Care dated [redacted]/2025 showed that Resident 1 had a pressure ulcer on their left ankle.

During an interview on 06/18/2025 at 4:27 PM, Collateral Contact 1, Hospice Supervisor, stated that the Hospice RN (Registered Nurse) was coming to the AFH three times per week to provide wound care for Resident 1’s left ankle pressure ulcer.

Statement of Deficiencies	License #: 753870	Compliance Determination # 59866
Plan of Correction	Happy Family Adult Family Home #2 LLC	Completion Date
Page 4 of 4	Licensee: Happy Family Adult Family Home #2, LLC	06/18/2026

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) 05/21/25

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

Provider (or Representative) — Date: 07/07/25

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