STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

A Place in the Park Limited Liability Company
A Place In The Park
19121 2nd Ave SW
Normandy Park, WA 98166

RE: A Place In The Park License # 754042

Dear Provider:

This letter addresses Compliance Determination(s) 57976 (Completion Date 04/16/2025) and 55243 (Completion Date 03/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/16/2025 and found that you have corrected the violations listed in the Full report dated 03/10/2025. Your home is back in compliance as of 03/25/2025 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 388-76-10191-1-b, WAC 388-76-10810-2-a, WAC 388-76-10810-2-b, WAC 388-76-10810-2-d, WAC 388-76-101632-1, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 02/20/2025 of:

A Place In The Park
19121 2nd Ave SW
Normandy Park, WA 98166

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

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 754042	Compliance Determination # 55243
Plan of Correction	A Place In The Park	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.

Dahl Kim — Residential Care Services

03/14/2025 — 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.

Edwin Cortez — Provider (or Representative)

3-19-2025 — Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to obtain professional liability insurance. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of not being covered in the event of personal injury, and/or property damage or loss.

Findings included...

During a visit on 02/20/2025 at 10:00 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Review of the AFH's liability insurance documentation showed general liability insurance was provided by the English Insurance Group LLC and had an expiration date of 03/25/2025. Further review showed a confirmation statement from the English Insurance Group LLC that stated no professional liability insurance was selected by the AFH. Additional review showed Staff A, Entity Representative/Resident Manager, signed the confirmation statement on 03/22/2025.

During an interview on 02/20/2025 at 12:30 PM, Staff A stated that they did not have professional liability insurance. Staff A further stated that they were unaware of the requirement for professional liability insurance. Additionally, Staff A stated that they

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Residential Care Services | Date

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During an interview on 02/20/2025 at 12:30 PM, Staff A stated that they did not have professional liability insurance. Staff A further stated that they were unaware of the requirement for professional liability insurance. Additionally, Staff A stated that they

would work with their insurance company to obtain professional liability insurance.

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, A Place In The Park is or will be in compliance with this law and / or regulation on (Date) 3-25-2025

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

Edwin Ambor — Provider (or Representative)

3-19-2025 — Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;

(b) Inspected and serviced annually;

(d) Accessible at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed ensure 1 of 2 fire extinguishers were accessible, mounted and serviced annually. These failures placed all residents (Resident 1 and Resident 2) at risk of harm or serious injury in the event of a fire.

Findings included...

During a visit on 02/20/2025 at 10:00 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Observation on 02/20/2025 at 10:30 AM, showed the AFH had a lower-level unit with a laundry room. Further observation showed a fire extinguisher was on the floor of the laundry room behind boxes. Additional observation showed the fire extinguisher did not have a service date and was not easily accessible.

During an interview on 02/20/2025 at 11:15 AM, Staff A, Entity Representative/Resident

would work with their insurance company to obtain professional liability insurance.

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During an interview on 02/20/2025 at 11:15 AM, Staff A, Entity Representative/Resident

Manager stated that the fire extinguisher had not been inspected or serviced in about 1 or 2 years. Staff A further stated they would purchase a new fire extinguisher and mount it in an accessible area on the lower-level of the home.

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

Edwin Carlson — Provider (or Representative)

3-19-2025 — Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B, Caregiver) had a national fingerprint background check. This failure resulted in Staff B working with vulnerable adults with an unknown background.

Findings included...

During a visit on 02/20/2025 at 10:00 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Review of Staff B, Caregiver, personnel file showed a hire date of 02/18/2022. Further review showed no fingerprint check results for Staff B.

During an interview on 02/20/2025 at 1:30 PM, Staff A, Entity Representative/Resident Manager, stated that Staff B was not working in the home during the day of inspection. Staff A further stated that Staff B provided care to all residents in the AFH. Staff A stated that Staff B did not have a fingerprint background check. Additionally, Staff A stated they would request a fingerprint background check for Staff B as soon as

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possible.

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

Edwin Orbon — Provider (or Representative)

3-19-2025 — 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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct an emergency evacuation drill at least every sixty days. This failure placed all residents (Resident 1 and Resident 2) at risk of delayed evacuation in the event of an emergency.

Findings included...

During a visit on 02/20/2025 at 10:00 AM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH.

Review of the AFH evacuation drill logs showed a partial drill was conducted on 09/23/2024. Further review showed there was no drill was conducted between 09/23/2024 through 02/20/2025.

During an interview 02/20/2025 at 11:50 AM, Staff A, Entity Representative/Resident Manager, stated that they were a couple of weeks behind on conducting an evacuation drill. Staff A further stated that they would conduct a full evacuation drill on 02/21/2025.

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Page 6 of 6	Licensee: A Place in the Park Limited Liability Company	03/10/2025

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