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

* Helen Loving Care AFH LLC

* Helen Loving Care AFH LLC
22209 90th Ave W
Edmonds, WA 98026

RE: # * Helen Loving Care AFH LLC License # 754362

Dear Provider:

This letter addresses Compliance Determination(s) 57136 (Completion Date 03/28/2025) and 55421 (Completion Date 03/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/28/2025 and found that you have corrected the violations listed in the Full report dated 03/06/2025. Your home is back in compliance as of 02/28/2025 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 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

The Department staff who did the off-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 02/25/2025 of:

* Helen Loving Care AFH LLC
22209 90th Ave W
Edmonds, WA 98026

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 #: 754362	Compliance Determination #:55421
Plan of Correction	#* Helen Loving Care AFH LLC	Completion Date
Page 2 of 3	Licensee: #* Helen Loving Care AFH LLC	03/06/2025

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

03/17/2025
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.

Augusta Bolita
Provider (or Representative)

3/18/2025
Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have current personal belongings list for 1 of 4 residents (Resident 1) available in the resident record. This failure placed Resident 1 at risk for the unrecognized loss of personal belongings.

Findings included...

Record review of Resident 1's record showed Resident 1 was admitted on [redacted]/2021. Resident 1's record showed there was a copy of the required Personal Belongings Inventory (PBI) list, dated [redacted]/2021 in the record.

In an interview, on 02/25/2025 at 12:24 PM, Staff A (Entity Representative) reported Resident 1 had received clothing and gifts in the 4 years since they were admitted and the PBI would be updated.

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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Page 3 of 3	Licensee: #* Helen Loving Care AFH LLC	03/06/2025

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, #* Helen Loving Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 2/28/2025

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

Provider (or Representative) 3/18/2025 Date

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, # * Helen Loving Care AFH 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