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

Elroi Adult Family Home LLC

Elroi Adult Family Home LLC
18113 84TH AVE W
EDMONDS, WA 98026

RE: Elroi Adult Family Home LLC License # 754394

Dear Provider:

This letter addresses Compliance Determination(s) 67367 (Completion Date 10/17/2025) and 64257 (Completion Date 08/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/17/2025 and found that you have corrected the violations listed in the Full report dated 08/20/2025. Your home is back in compliance as of 10/04/2025 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 388-76-10165-2, WAC 388-76-10265-1-d, WAC 388-76-10015-1, WAC 388-76-10522-6, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

The Department staff who did the on-site verification:
Hang Lu, Licensor

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 08/15/2025 of:
Elroi Adult Family Home LLC
18113 84TH 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:

Hang Lu, Licensor

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 #: 754394	Compliance Determination #54257
Plan of Correction	Elroi Adult Family Home LLC	Completion Date
Page 2 of 7	Licensee: Elroi Adult Family Home LLC	08/20/2025

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

08/22/2025
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)

Aug 22 2025
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 caregivers (Staff B) had a Fingerprint-based Check (FBC). This failure placed Residents 1, 2, 3, and 4 at risk of receiving care from someone who may have a disqualifying criminal background.

Findings included...

Observation, on 08/16/2025 at 10:15 AM, showed Staff B, Caregiver, was working in the AFH.

Review of staff records showed the AFH hired Staff B on 05/26/2025. Review of Staff B's record showed Staff B did not have an FBC on file.

In an interview, on 08/15/2025 at 2:08 PM, Staff C, Clerical Person, stated that they thought Staff B's Interim Background Check, dated 05/26/2025, was their (Staff B) FBC. Staff C stated that they would make an appointment for Staff B to get their fingerprint

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

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Provider (or Representative) | Date

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Findings included…

Observation, on 08/15/2025 at 10:15 AM, showed Staff B, Caregiver, was working in the AFH.

Review of staff records showed the AFH hired Staff B on 05/26/2025. Review of Staff B's record showed Staff B did not have an FBC on file.

In an interview, on 08/15/2025 at 2:08 PM, Staff C, Clerical Person, stated that they thought Staff B's Interim Background Check, dated 05/26/2025, was their (Staff B) FBC. Staff C stated that they would make an appointment for Staff B to get their fingerprint

done.

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, Elroi Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) Aug 21 2025

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

Provider (or Representative) Date Aug 28 2025

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 caregivers (Staff B) obtained Tuberculosis (TB) testing within three days of hire. This failure placed Residents 1, 2, 3, and 4 at risk for potential exposure to a communicable disease.

Findings included...

Review of staff records showed the AFH hired Staff B, Caregiver, on 05/26/2025. Review of Staff B's record showed Staff B had documentation of a negative TB test, dated 04/26/2025. Record review showed Staff B did not obtain a TB test within three days of hire.

In an interview, on 08/15/2025 at 2:05 PM, Staff C, Clerical Person, stated that they thought Staff B did not have to get another TB test (when they were hired) because they had had a negative test previously. Staff C stated that they would make sure Staff B got tested again for TB soon.

Review of an email correspondence, dated 08/18/2025, showed Staff C sending documentation that indicated Staff B had a TB test placed at a clinic on 08/18/2025. Record review showed Staff B was instructed to return to the clinic between 08/20/2025

done.

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, Elroi Adult Family Home 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

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Findings included…

Review of staff records showed the AFH hired Staff B, Caregiver, on 05/26/2025. Review of Staff B's record showed Staff B had documentation of a negative TB test, dated 04/25/2025. Record review showed Staff B did not obtain a TB test within three days of hire.

In an interview, on 08/15/2025 at 2:05 PM, Staff C, Clerical Person, stated that they thought Staff B did not have to get another TB test (when they were hired) because they had had a negative test previously. Staff C stated that they would make sure Staff B got tested again for TB soon.

Review of an email correspondence, dated 08/18/2025, showed Staff C sending documentation that indicated Staff B had a TB test placed at a clinic on 08/18/2025. Record review showed Staff B was instructed to return to the clinic between 08/20/2025

and 08/21/2025 to have the TB test read (to get the results).

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, Elroi Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10 / 04 / 2025

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

BStolcn
Provider (or Representative)

10/04/2025
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations (related to medical tests in the AFH) by obtaining a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring for 1 of 4 residents (Resident 2). This failure placed Resident 2 at risk of infection and illness related to unsafe medical testing.

Findings included...

Review of resident records showed the AFH admitted Resident 2 on [redacted]2020. Review of Resident 2's Negotiated Care Plan, dated 06/18/2025, showed AFH staff checked Resident 2's blood sugar daily.

Review of the doctor's order, dated 11/19/2024, showed Resident 2 was to have their blood sugar checked daily

In an interview, on 08/15/2025 at 10:41 AM, Staff A, Entity Representative, stated that they checked Resident 2's blood sugar every morning. Staff A stated that they did not have an MTSW license. Staff A stated that they would find out how to apply for an MTSW license.

and 08/21/2025 to have the TB test read (to get the results).

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, Elroi Adult Family Home 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

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Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations (related to medical tests in the AFH) by obtaining a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring for 1 of 4 residents (Resident 2). This failure placed Resident 2 at risk of infection and illness related to unsafe medical testing.

Findings included…

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2020. Review of Resident 2's Negotiated Care Plan, dated 06/15/2025, showed AFH staff checked Resident 2's blood sugar daily.

Review of the doctor's order, dated 11/19/2024, showed Resident 2 was to have their blood sugar checked daily.

In an interview, on 08/15/2025 at 10:41 AM, Staff A, Entity Representative, stated that they checked Resident 2's blood sugar every morning. Staff A stated that they did not have an MTSW license. Staff A stated that they would find out how to apply for an MTSW license.

Statement of Deficiencies	License #: 754394	Compliance Determination #:64257
Plan of Correction	Elroi Adult Family Home LLC	Completion Date
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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, Elroi Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 08/20/2025

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

Provider (or Representative) — Date: 8/29/2025

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(8) Be signed and dated by the resident and kept in the resident record after signature..

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 3) had a signed and dated Medicaid policy on file. This failure placed Resident 3 at risk of not being fully aware of their rights.

Findings included...

Record review showed the AFH admitted Resident 3 on [redacted] 2022. Record review showed Resident 3 had a Resident Representative (RR) who signed for them. Record review showed there was an unsigned and undated copy of the home's Medicaid policy in Resident 3's file. Record review showed Resident 3's RR had not signed and dated the Medicaid policy.

In an interview, on 08/15/2025 at 3:16 PM, Staff A, Entity Representative, stated that they would get Resident 3's RR to sign and date the Medicaid policy right away.

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, Elroi Adult Family Home 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 3) had a signed and dated Medicaid policy on file. This failure placed Resident 3 at risk of not being fully aware of their rights.

Findings included…

Record review showed the AFH admitted Resident 3 on [redacted]/2022. Record review showed Resident 3 had a Resident Representative (RR) who signed for them. Record review showed there was an unsigned and undated copy of the home's Medicaid policy in Resident 3's file. Record review showed Resident 3's RR had not signed and dated the Medicaid policy.

In an interview, on 08/15/2025 at 3:16 PM, Staff A, Entity Representative, stated that they would get Resident 3's RR to sign and date the Medicaid policy right away.

Statement of Deficiencies	License #: 754394	Compliance Determination #64257
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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, Elroi Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 08/20/25.

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

Provider (or Representative) — Date: 8/31/25

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 record review and interview, the Adult Family Home (AFH) failed to ensure the resident record contained a current, signed and dated Inventory of Personal Belongings (IPB) form for 3 of 4 residents (Residents 1, 3, and 4). This failure placed the residents at risk of lost, stolen, or misplaced personal property.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023. Record review showed Resident 1 had a Resident Representative (RR) who signed for them. Review of Resident 1's record showed there was an IPB form that had been filled out. Record review showed the AFH and Resident 1's RR had not signed and dated the IPB form.

Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]2022. Record review showed Resident 3 had an RR who signed for them. Review of Resident 3's record showed there was an IPB form that had been filled out. Record review showed the AFH and Resident 3's RR had not signed and dated the IPB form.

Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]2023. Record review showed Resident 4 had an RR who signed for them. Record review

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, Elroi Adult Family Home 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 388-76-10320 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:

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident record contained a current, signed and dated Inventory of Personal Belongings (IPB) form for 3 of 4 residents (Residents 1, 3, and 4). This failure placed the residents at risk of lost, stolen, or misplaced personal property.

Findings included…

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023. Record review showed Resident 1 had a Resident Representative (RR) who signed for them. Review of Resident 1's record showed there was an IPB form that had been filled out. Record review showed the AFH and Resident 1's RR had not signed and dated the IPB form.

Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2022. Record review showed Resident 3 had an RR who signed for them. Review of Resident 3's record showed there was an IPB form that had been filled out. Record review showed the AFH and Resident 3's RR had not signed and dated the IPB form.

Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]/2023. Record review showed Resident 4 had an RR who signed for them. Record review

Statement of Deficiencies	License #: 754394	Compliance Determination #64257
Plan of Correction	Elroi Adult Family Home LLC	Completion Date
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showed there was no current, signed, and dated IPB form in Resident 4's file.

In an interview, on 08/15/2025 at 1:33 PM, Staff C, Clerical Person, stated that Staff A, Entity Representative, and the RRs would sign and date the IPB forms soon.

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, Elroi Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/01/25.

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

Provider (or Representative) — Date: 08/01/25

showed there was no current, signed, and dated IPB form in Resident 4's file.

In an interview, on 08/15/2025 at 1:33 PM, Staff C, Clerical Person, stated that Staff A, Entity Representative, and the RRs would sign and date the IPB forms soon.

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

_____ _____

Provider (or Representative) Date