



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 #4 LLC
~~Happy Family Adult Family Home #4~~
21905 55th Ave W
Mountlake Terrace, WA 98043

RE: Happy Family Adult Family Home #4 License # 754445

Dear Provider:

This letter addresses Compliance Determination(s) 61410 (Completion Date 06/23/2025) and 58052 (Completion Date 04/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/23/2025 and found that you have corrected the violations listed in the Complaint report dated 04/28/2025. Your home is back in compliance as of 05/14/2025 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 388-76-10365

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit K
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754445	Compliance Determination # 58052
Plan of Correction	Happy Family Adult Family Home #4	Completion Date
Page 1 of 4	Licensee: Happy Family Adult Family Home #4 LLC	04/28/2025

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 04/16/2025 of:

Happy Family Adult Family Home #4
18239 Linden Ave N
Shoreline, WA 98133

This document references the following complaint number(s): 172102, 172233

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

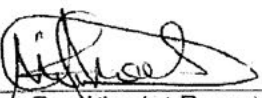
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 754445	Compliance Determination # 58052
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Page 2 of 4	Licensee: Happy Family Adult Family Home #4 LLC	04/28/2025

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.

	05/05/2025
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.

	05/14/25
Provider (or Representative)	Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was sufficient staff available according to the negotiated care plan to meet the needs of 1 of 3 residents (Resident 1). This failure resulted in placing Resident 1 at risk for unmet care needs.

Findings included...

Review of Resident 1's Negotiated Care Plan (NCP), dated 04/01/2025, showed Resident 1 was admitted to the AFH on [REDACTED] 2020 with multiple medical diagnoses. Review of Resident 1's NCP showed the following information:

- Resident 1 required one person assistance with transfers to wheelchair or to the bathroom/toilet.
- Resident 1 required two-person assistance when they had fallen.
- Resident 1 was a fall risk.
- Resident 1 had a change in mobility and transfer in March 2025 due to multiple falls and weakness.

Review of Resident 1's undated AFH's Incident log showed Resident 1 was found on the floor, or had fallen, seventeen times from 03/01/2025 - 04/06/2025. Review of the undated AFH's incident log showed the AFH called 911 (emergency assistance contact number) when Resident 1 had fallen on 03/07/2025, 03/08/2025 (Resident 1 had fallen twice and 911 was called on both incidents), 03/09/2025, 03/11/2025, 03/19/2025, 03/22/2025, 03/23/2025, 03/28/2025, 03/29/2025, 03/31/2025, 04/01/2025, and 04/06/2025 (Resident 1 had fallen twice and 911 was called on both incidents).
Review

Statement of Deficiencies	License #: 754445	Compliance Determination # 58052
Plan of Correction	Happy Family Adult Family Home #4	Completion Date
Page 3 of 4	Licensee: Happy Family Adult Family Home #4 LLC	04/28/2025

of the undated AFH's incident log showed the AFH staff called 911 fourteen times from 03/01/2025 - 04/06/2025.

In an interview, on 04/16/2025 at 1:31 PM, Resident 1 stated that they had fallen frequently because they had gotten weaker. Resident 1 stated that the paramedics came to assist them back to the wheelchair. Resident 1 stated that they saw one staff working every day at the AFH.

In an interview, on 04/16/2025 at 1:55 PM, Staff C, Resident Manager/Caregiver, stated that Resident 1 had a change in their condition that started sometime between the end of February to the beginning of March 2025. Staff C stated that Resident 1 required more assistance with transfers and was not able to do things on their own. Staff C stated that Resident 1 had fallen multiple times in March 2025 and was found on the floor five times in April 2025. Staff C stated that Resident 1 had not sustained any injuries, other than marks from bumping their lower extremities, when Resident 1 fell. Staff C stated that there was one staff member at the AFH during the day and at night.

An observation, on 04/17/2025 at 9:58 AM, showed there was one staff (Staff C) and five residents in the AFH.

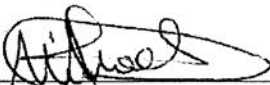
In an interview, on 04/17/2025 at 10:10 AM, Staff C stated that they would call 911 for assistance in getting Resident 1 back up whenever Resident 1 was found on the floor or had fallen. Staff C stated that they (Staff C) were not able to get Resident 1 back up from the floor to their wheelchair or bed on their own. Staff C stated that it was not safe for themselves (Staff C) to get Resident 1 up from the floor on their own. Staff C stated that Resident 1 was weaker and unable to assist with getting back up.

In an interview, on 04/17/2025 at 12:19 PM, Staff B, General Manager, acknowledged that Resident 1 required two-person assistance as noted in their NCP when assisting Resident 1 to get off the floor.

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Page 4 of 4	Licensee: Happy Family Adult Family Home #4 LLC	04/28/2025

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 #4 is or will be in compliance with this law and / or regulation on (Date) 05/14/25.

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



Provider (or Representative)

05/14/25
Date