



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

Royalty Adult Family Home LLC
Royalty Adult Family Home LLC
14430 46th PI W
Lynnwood, WA 98087

RE: Royalty Adult Family Home LLC License # 754723

Dear Provider:

This letter addresses Compliance Determination(s) 29723 (Completion Date 09/19/2023) and 28535 (Completion Date 08/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/19/2023 and found that you have corrected the violations listed in the Full report dated 08/25/2023. Your home is back in compliance as of 08/30/2023 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 388-76-10810-2-b

The Department staff who did the off-site verification:
Hang Lu, Licensors

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

Statement of Deficiencies	License #: 754723	Compliance Determination # 28535
Plan of Correction	Royalty Adult Family Home LLC	Completion Date
Page 1 of 2	Licensee: Royalty Adult Family Home LLC	08/25/2023

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 08/23/2023 and 08/23/2023 of:

Royalty Adult Family Home LLC
14430 46th PI W
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licenser

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

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

08/28/2023
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.

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

Miraf maid [Signature]
Provider (or Representative)

09/02-23
Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the fire extinguishers were inspected and serviced annually. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm in the event of a fire emergency.

Findings included...

Observation, on 08/25/2023 at 4:50 PM, showed the AFH had two fire extinguishers (one on each level of the home). The tags on both fire extinguishers indicated they were last inspected and serviced in December 2021.

In an interview, on 08/05/2023 at 4:50 PM, Staff A, Entity Representative, stated that they thought Staff C, Caregiver, already had the fire extinguishers inspected and serviced in December of 2022. Staff A stated that they would have the fire extinguishers inspected and serviced again soon.

Attestation Statement

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, Royalty Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 08-30-23.

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

Miraf maid [Signature]
Provider (or Representative)

09-2-23
Date



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

08/29/2023

CERTIFIED MAIL

9489009000276080784997

Royalty Adult Family Home LLC
Royalty Adult Family Home LLC
14430 46th PI W
Lynnwood, WA 98087

RE: Royalty Adult Family Home LLC # 754723

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/25/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

The Adult Family Home failed to ensure Staff A, Entity Representative, had a valid Cardiopulmonary Resuscitation (CPR)/ First Aid card. Staff A renewed their CPR/ First Aid card, dated 08/23/2023.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

- (a) Information regarding resident rights, including rights under chapter 70.129 RCW;
- (b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;
- (d) The monthly or per diem rate charged to private pay residents to live in the home;
- (e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;
- (f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and
- (g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home failed to review the Admission Agreement for Residents 4 and 5 every 24 months. Staff A, Entity Representative, and both residents reviewed, signed, and dated the Admission Agreement during the inspection.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (206)914-5042.

Sincerely,

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

Enclosure

**Plan
(Plan of Correction)**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600