



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

Bluebird Heritage LLC
Bluebird AFH
13413 25th Ave SE
Mill Creek, WA 98012

RE: Bluebird AFH License # 755227

Dear Provider:

This letter addresses Compliance Determination(s) 59963 (Completion Date 05/21/2025) and 57806 (Completion Date 04/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/21/2025 and found that you have corrected the violations listed in the Full report dated 04/14/2025. Your home is back in compliance as of 04/21/2025 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 388-76-10650-2-a, WAC 388-76-10650-2-c

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

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 #: 755227	Compliance Determination # 57806
Plan of Correction	Bluebird AFH	Completion Date
Page 1 of 3	Licensee: Bluebird Heritage LLC	04/14/2025

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 the unannounced on-site full inspection on 04/10/2025 of:

Bluebird AFH
13413 25th Ave SE
Mill Creek, WA 98012

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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

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

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 Sample
Residential Care Services

04/22/2025
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.

Amber

Provider (or Representative)

04 - 22 - 2025
Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 residents requiring [REDACTED] (Resident 2) had the required safety assessment or the necessary care planning for the continued safe use of the [REDACTED]. This failure placed Resident 2 at risk for injury.

Findings included...

Review of Resident 2's record showed Resident 2 was admitted to the AFH on [REDACTED]/2021 with multiple diagnoses including [REDACTED].

Resident 2's bed was observed, on 04/10/2025 at 10:45 AM, to have ½ length [REDACTED] on both sides of the bed. In an interview, on 04/10/2025 at 10:45 AM, Staff B (Entity Representative) stated the [REDACTED] on Resident 2's bed were in the up position when Resident 2 was in bed.

Review of Resident 2's record showed a [REDACTED] consent form outlining the risks

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.

Rense' Bourque
Residential Care Services

04/22/2025

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)

Date

WAC 388-76-10650 Medical devices.

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(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 residents requiring [REDACTED] (Resident 2) had the required safety assessment or the necessary care planning for the continued safe use of the [REDACTED]. This failure placed Resident 2 at risk for injury.

Findings included...

Review of Resident 2's record showed Resident 2 was admitted to the AFH on [REDACTED]/2021 with multiple diagnoses including [REDACTED].

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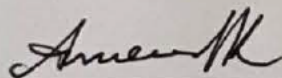
Review of Resident 2's record showed a [REDACTED] consent form outlining the risks

and benefits, signed on 03/22/2021 by Resident 2's representative, however, did not contain a [REDACTED] safety assessment and there was no care planning in Resident 2's negotiated care plan for the continued safe use of the [REDACTED].

In an interview, on 04/10/2025 at 3:30 PM, Staff B stated that Resident 2 would get the required safety assessment and care planning.

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, Bluebird AFH is or will be in compliance with this law and / or regulation on (Date) 04-21-2025

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



Provider (or Representative)

04-22-2025

Date

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Provider (or Representative)

Date