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

Whisper Meadows Senior Living LLC

Whisper Meadows Senior Living LLC
16314 123RD PL NE
BOTHELL, WA 98011

RE: Whisper Meadows Senior Living LLC License # 755268

Dear Provider:

This letter addresses Compliance Determination(s) 69035 (Completion Date 11/19/2025) and 68369 (Completion Date 11/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/19/2025 and found that you have corrected the violations listed in the Full report dated 11/07/2025. Your home is back in compliance as of 11/15/2025 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 388-76-10715-3, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

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 11/05/2025 of:

Whisper Meadows Senior Living LLC
16314 123RD PL NE
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 1 of 5 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 #: 755268	Compliance Determination #88369
Plan of Correction	Whisper Meadows Senior Living LLC	Completion Date
Page 2 of 4	Licensee: Whisper Meadows Senior Living LLC	11/07/2025

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

11/07/2025
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)

11/10/2025
Date

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(3) At least one door leading to the outside is designated as an emergency exit. In homes licensed after January 1, 2016, this door must have a lever door handle on both sides and hardware that allows residents to exit when the door is locked and immediately reenter without a key, tool, or special knowledge or effort by residents;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the exit door opened without the need for a key. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm in the event of an emergency.

Findings included...

Record review of the AFH's Fire Evacuation Plan, undated, showed the front door of the home was designated as the emergency exit.

Observation and interview, on 11/05/2025 at 2:05 PM, showed there was a key lock above the doorknob on the front door. The door could not be opened without a key. Staff B, Caregiver, was observed using a key (kept in their pocket) to unlock before opening the door. Staff A, Entity Representative, stated that they would replace the key lock on the door (so residents could exit without a key, special knowledge, or effort) right away.

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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Findings included…

Record review of the AFH's Fire Evacuation Plan, undated, showed the front door of the home was designated as the emergency exit.

Observation and interview, on 11/05/2025 at 2:05 PM, showed there was a key lock above the doorknob on the front door. The door could not be opened without a key. Staff B, Caregiver, was observed using a key (kept in their pocket) to unlock before opening the door. Staff A, Entity Representative, stated that they would replace the key lock on the door (so residents could exit without a key, special knowledge, or effort) right away.

Statement of Deficiencies	License #: 755268	Compliance Determination #68369
Plan of Correction	Whisper Meadows Senior Living LLC	Completion Date
Page 3 of 4	Licensee: Whisper Meadows Senior Living LLC	11/07/2025

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, Whisper Meadows Senior Living LLC is or will be in compliance with this law and / or regulation on (Date) 11/15/2025.

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

Provider (or Representative) 11/10/2025 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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the 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 observation, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 2 of 2 residents (Residents 1 and 2) to use the medical device [redacted]. This failure placed Residents 1 and 2 at risk for injury from improper use of the [redacted].

Findings included...

Observation, on 11/05/2025 at 10:36 AM, showed Resident 1 had two half-length [redacted] (one on each side of their bed) in raised position. Resident 2 had two half-length [redacted] (one on each side of their bed) in the lowered position.

Record review showed the AFH admitted Resident 1 on [redacted]/2021 and Resident 2 on [redacted]/2025. Review of resident records showed there was no documentation to indicate Staff A, Entity Representative and Registered Nurse, had provided Residents 1 and 2 with information regarding the safety risks, conducted a safety assessment, and addressed the use of [redacted] in each resident's NCP.

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

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Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 2 of 2 residents (Residents 1 and 2) to use the medical device ([redacted]). This failure placed Residents 1 and 2 at risk for injury from improper use of the [redacted].

Findings included…

Observation, on 11/05/2025 at 10:38 AM, showed Resident 1 had two half-length [redacted] (one on each side of their bed) in raised position. Resident 2 had two half-length [redacted] (one on each side of their bed) in the lowered position.

Record review showed the AFH admitted Resident 1 on [redacted]/2021 and Resident 2 on [redacted]/2025. Review of resident records showed there was no documentation to indicate Staff A, Entity Representative and Registered Nurse, had provided Residents 1 and 2 with information regarding the safety risks, conducted a safety assessment, and addressed the use of [redacted] in each resident's NCP.

Statement of Deficiencies	License #: 755268	Compliance Determination #68369
Plan of Correction	Whisper Meadows Senior Living LLC	Completion Date
Page 4 of 4	Licensee: Whisper Meadows Senior Living LLC	11/07/2025

In an interview, on 11/05/2025 at 1:22 PM, Staff A stated that they would do the consent, safety assessment, and documentation in the NCPs right away. Staff A stated that they would send the required documentation to the Department on this day.

Review of documents, received by the Department on 11/05/2025, showed Staff A sent copies of the informed consent (signed and dated 11/05/2025), safety assessment (dated 11/05/2025), and documentation in the NCPs regarding the use of [redacted], for Residents 1 and 2.

In a phone interview, on 11/06/2025 1:40 PM, Staff A stated that they would make sure residents who used a medical device had all the required documentation.

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, Whisper Meadows Senior Living LLC is or will be in compliance with this law and / or regulation on (Date) 11/05/2025.

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

BSJ RW
Provider (or Representative)

11/06/2025
Date

In an interview, on 11/05/2025 at 1:22 PM, Staff A stated that they would do the consent, safety assessment, and documentation in the NCPs right away. Staff A stated that they would send the required documentation to the Department on this day.

Review of documents, received by the Department on 11/05/2025, showed Staff A sent copies of the informed consent (signed and dated 11/05/2025), safety assessment (dated 11/05/2025), and documentation in the NCPs regarding the use of [redacted], for Residents 1 and 2.

In a phone interview, on 11/06/2025 1:40 PM, Staff A stated that they would make sure residents who used a medical device had all the required documentation.

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

_____ _____

Provider (or Representative) Date