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

In Harmony Home Care, LLC
At Harmony Home Care, LLC
20222 76th Ave W
Edmonds, WA 98026

RE: At Harmony Home Care, LLC License # 755405

Dear Provider:

This letter addresses Compliance Determination(s) 63106 (Completion Date 07/24/2025) and 61546 (Completion Date 06/26/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/24/2025 and found that you have corrected the violations listed in the Full report dated 06/26/2025. Your home is back in compliance as of 07/10/2025 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-b, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10430-2-c, WAC 388-76-10015-1

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care 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***

| Statement of Deficiencies | License #: 755405 | Compliance Determination # 61546 |
|---|---|---|
| Plan of Correction | At Harmony Home Care, LLC | Completion Date |
| Page 1 of 7 | Licensee: In Harmony Home Care, LLC | 08/26/2025 |

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 08/24/2025 of:
At Harmony Home Care, LLC
20222 76th Ave W
Edmonds, WA 98026

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:

Chrissy Exe, Long-Term Care Licensor
Renee Bourque, Field Manager

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

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 06/24/2025 of:

At Harmony Home Care, LLC
20222 76th Ave W
Edmonds, WA 98026

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:

Chrissy Exe, Long-Term Care Licensor
Renee Bourque, Field Manager

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 #: 755405 | Compliance Determination # 61546 |
|---|---|---|
| Plan of Correction | At Harmony Home Care, LLC | Completion Date |
| Page 2 of 7 | Licensee: In Harmony Home Care, LLC | 06/26/2025 |

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' Bourgeau
Residential Care Services

07/10/2025
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)

7/10/2025
Date

**WAC 388-76-10660 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 the use of medical devices ([redacted]) for 2 of 5 residents (Residents 4 and 5). This failure placed Residents 4 and 5 at risk of injury from improper use of [redacted].

**Findings included...**

Review of records showed an undated AFH policy titled, "Side Rails and Transfer Pole Safety Policy and Procedure." This policy states that a qualified assessor will assess the resident to determine the purpose of using side rails and the resident's ability to safely use side rails. In the event of an assessed need for side rails, the policy states that the risks and benefits of side rail use will be discussed with the resident and their representative. This policy describes the responsibilities of the provider. These responsibilities include notifying a qualified assessor of the need for a side rail. The

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

**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 the use of medical devices ([redacted]) for 2 of 5 residents (Residents 4 and 5). This failure placed Residents 4 and 5 at risk of injury from improper use of [redacted].

Findings included…

Review of records showed an undated AFH policy titled, “Side Rails and Transfer Pole Safety Policy and Procedure.” This policy states that a qualified assessor will assess the resident to determine the purpose of using side rails and the resident’s ability to safely use side rails. In the event of an assessed need for side rails, the policy states that the risks and benefits of side rail use will be discussed with the resident and their representative. This policy describes the responsibilities of the provider. These responsibilities include notifying a qualified assessor of the need for a side rail. The

provider is also responsible for ensuring that informed consent release forms and NCPs have timely signatures.

Observation, on 06/24/2025 at 9:45 AM, of Resident 4's bedroom (Bedroom [redacted]) showed two [redacted] (one on each side) on their bed. Further observation of Resident 5's bedroom (Bedroom [redacted]) showed two [redacted] (one on each side) on their bed.

Review of Resident 4's records showed the AFH admitted Resident 4 on [redacted]/2023. Record review showed a safety assessment for [redacted] use was completed by a physical therapist on 05/18/2023. The NCP in Resident 4's file, dated 05/10/2023, did not reference the use of [redacted]. Further review showed there was no documentation to indicate that informed consent was obtained from Resident 4 and their representative.

Review of Resident 5's records showed the AFH admitted Resident 5 on [redacted]/2024. Record review showed Resident 5's NCP stated that the resident is "able to turn and reposition self safely: with [redacted]." Further review showed no documentation of evidence that a safety assessment for Resident 5's [redacted] use was completed by a qualified assessor. There was no documentation of evidence that informed consent was obtained from Resident 5 and their representative.

In an interview, on 06/24/2025 at 12:33 PM, Staff E, Caregiver, stated that they would check to see if a safety assessment was completed for Resident 5. Staff E stated that they believed informed consent had been obtained from Resident 4 and Resident 5.

Observation, on 06/24/2025 at 2:35 PM, showed Staff A, Entity Representative, speaking to Resident 5 in their bedroom. Staff A was heard requesting Resident 5 sign a form that related to [redacted].

Observation and interview, on 06/24/2025 at 3:04 PM, showed Staff A had obtained informed consent documents for Resident 4 and Resident 5. These documents were signed by the named resident and Staff A. The signature dates on Resident 4's informed consent was 05/10/2023. The signature dates on Resident 5's informed consent was 12/10/2024. Staff A acknowledged that the informed consent documents were signed on the day of inspection, 06/24/2025.

In an interview, on 06/24/2025 at 3:50 PM, Staff E stated that they located the current NCP for Resident 4. Review of the NCP showed [redacted] were documented as being used on the right and left of the bed to assist with turning.

In a video call, on 06/25/2025 at 11:10 AM, Staff A showed the [redacted] were removed from Resident 4's bed. Staff A stated that the [redacted] were removed on 06/24/2025 following the inspection.

provider is also responsible for ensuring that informed consent release forms and NCPs have timely signatures.

Observation, on 06/24/2025 at 9:45 AM, of Resident 4's bedroom (Bedroom [redacted]) showed two [redacted] (one on each side) on their bed. Further observation of Resident 5's bedroom (Bedroom [redacted]) showed two [redacted] (one on each side) on their bed.

Review of Resident 4's records showed the AFH admitted Resident 4 on [redacted]/2023. Record review showed a safety assessment for [redacted] use was completed by a physical therapist on 05/16/2023. The NCP in Resident 4's file, dated 05/10/2023, did not reference the use of [redacted]. Further review showed there was no documentation to indicate that informed consent was obtained from Resident 4 and their representative.

Review of Resident 5's records showed the AFH admitted Resident 5 on [redacted]/2024. Record review showed Resident 5's NCP stated that the resident is "able to turn and reposition self safely: with [redacted]." Further review showed no documentation of evidence that a safety assessment for Resident 5's [redacted] use was completed by a qualified assessor. There was no documentation of evidence that informed consent was obtained from Resident 5 and their representative.

In an interview, on 06/24/2025 at 12:33 PM, Staff E, Caregiver, stated that they would check to see if a safety assessment was completed for Resident 5. Staff E stated that they believed informed consent had been obtained from Resident 4 and Resident 5.

Observation, on 06/24/2025 at 2:36 PM, showed Staff A, Entity Representative, speaking to Resident 5 in their bedroom. Staff A was heard requesting Resident 5 sign a form that related to [redacted].

Observation and interview, on 06/24/2025 at 3:04 PM, showed Staff A had obtained informed consent documents for Resident 4 and Resident 5. These documents were signed by the named resident and Staff A. The signature dates on Resident 4's informed consent was 05/10/2023. The signature dates on Resident 5's informed consent was 12/10/2024. Staff A acknowledged that the informed consent documents were signed on the day of inspection, 06/24/2025.

In an interview, on 06/24/2025 at 3:50 PM, Staff E stated that they located the current NCP for Resident 4. Review of the NCP showed [redacted] were documented as being used on the right and left of the bed to assist with turning.

In a video call, on 06/25/2025 at 11:16 AM, Staff A showed the [redacted] were removed from Resident 4's bed. Staff A stated that the [redacted] were removed on 06/24/2025 following the inspection.

| Statement of Deficiencies<br>Plan of Correction<br>Page 4 of 7 | License #: 755405<br>At Harmony Home Care, LLC<br>Licensee: In Harmony Home Care, LLC | Compliance Determination # 61546<br>Completion Date<br>06/26/2025 |
|---|---|---|

In an email, received by the department on 06/25/2025 at 12:16 PM, Staff A provided documentation for Resident 5's [redacted] use. These documents included a "[redacted] Informed Consent and Release" form with additional signatures from the resident's representative and the qualified assessor on 06/25/2025. Staff A also provided a safety assessment for Resident 5 completed by a registered nurse on 06/25/2025.

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, At Harmony Home Care, LLC is or will be in compliance with this law and / or regulation on (Date) 7/10/2025.

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

Provider (or Representative) Date 7/10/2025

**WAC 388-76-10430 Medication system.**

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

**This requirement was not met as evidenced by:**

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the medication logs (ML) were accurate and up-to-date for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for experiencing medication errors.

Findings included...

<Resident 1>

Record review showed the AFH admitted Resident 1 on [redacted] 2023. Further review showed Resident 1 was prescribed multiple medications.

Review of Resident 1's June 2025 ML showed an entry for dextromethorphan (a cough suppressant) 30 milligrams (mg) / 5 milliliters (ml), which read, "take 10 mls by mouth every twelve hours as needed." Further review showed an entry for hydroxyzine HCL (used to treat itching) 25 mg tablets, which read, "take 1 tablet by mouth three times

In an email, received by the department on 06/25/2025 at 12:16 PM, Staff A provided documentation for Resident 5's [redacted] use. These documents included a "[redacted] Informed Consent and Release" form with additional signatures from the resident's representative and the qualified assessor on 06/25/2025. Staff A also provided a safety assessment for Resident 5 completed by a registered nurse on 06/25/2025.

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, At Harmony Home Care, 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 388-76-10430 Medication system.**

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

**This requirement was not met as evidenced by:**

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the medication logs (ML) were accurate and up-to-date for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for experiencing medication errors.

Findings included…

<Resident 1>

Record review showed the AFH admitted Resident 1 on [redacted]/2023. Further review showed Resident 1 was prescribed multiple medications.

Review of Resident 1's June 2025 ML showed an entry for dextromethorphan (a cough suppressant) 30 milligrams (mg) / 5 milliliters (ml), which read, "take 10 mls by mouth every twelve hours as needed." Further review showed an entry for hydroxyzine HCL (used to treat itching) 25 mg tablets, which read, "take 1 tablet by mouth three times

| Statement of Deficiencies<br>Plan of Correction<br>Page 5 of 7 | License #: 755405<br>At Harmony Home Care, LLC<br>Licensee: In Harmony Home Care, LLC | Compliance Determination # 61546<br>Completion Date<br>08/26/2025 |
|---|---|---|

daily as needed for itching."

Observation, on 06/24/2025 at 1:20 PM, of Resident 1's medication bin showed a bingo pack (pharmacy packaging that organizes medications into individual doses) for hydroxyzine HCL with an expiration date of 08/05/2024. Further observation showed there was no dextromethorphan in Resident 1's bin.

In an interview, on 06/24/2025 at 1:32PM, Staff E, Caregiver, stated that the expired hydroxyzine HCL should not be in the bin. Staff E immediately removed the expired medication. Staff E stated that the dextromethorphan needed to be reordered. On 06/24/2025 at t 3:57 PM, Staff E stated that the dextromethorphan was discontinued at Resident 1's most recent medical appointment.

<Resident 2>

Record review showed the AFH admitted Resident 2 on [redacted] 2024. Further review showed Resident 2 was prescribed multiple medications.

Review of Resident 2's June 2025 ML showed an entry for magnesium citrate (a dietary supplement) 125 mg, which read "take 2 capsules (250 mg) my mouth every morning (family supply)".

Observation, on 06/24/2025 at 1:41 PM, of Resident 2's medication bin showed a bottle of magnesium citrate, which read, "extra strength – 400 mg." There was a handwritten note on the bottle which stated, "1 tab 8am." Further observation of Resident 2's medication bin showed a supply of esomeprazole magnesium (used to treat heartburn) 20 mg tablets. The expiration date on this medication was 03/04/2025. There was no entry for esomeprazole magnesium on Resident 2's June 2025 ML.

In an interview, on 06/24/2025 at 1:50 PM, Staff E stated that Resident 2's family provided the magnesium citrate 400 mg supply. Staff E stated that they specifically requested the 125 mg capsules from the family. Staff E stated that Resident 2's family wanted the AFH to use up the existing supply of magnesium citrate 400 mg. Staff E further stated that the expired esomeprazole magnesium should not be in Resident 2's medication bin. Staff E immediately removed the expired medication.

daily as needed for itching."

Observation, on 06/24/2025 at 1:20 PM, of Resident 1's medication bin showed a bingo pack (pharmacy packaging that organizes medications into individual doses) for hydroxyzine HCL with an expiration date of 08/05/2024. Further observation showed there was no dextromethorphan in Resident 1's bin.

In an interview, on 06/24/2025 at 1:32PM, Staff E, Caregiver, stated that the expired hydroxyzine HCL should not be in the bin. Staff E immediately removed the expired medication. Staff E stated that the dextromethorphan needed to be reordered. On 06/24/2025 at t 3:57 PM, Staff E stated that the dextromethorphan was discontinued at Resident 1's most recent medical appointment.

<Resident 2>

Record review showed the AFH admitted Resident 2 on [redacted]/2024. Further review showed Resident 2 was prescribed multiple medications.

Review of Resident 2's June 2025 ML showed an entry for magnesium citrate (a dietary supplement) 125 mg, which read "take 2 capsules (250 mg) my mouth every morning (family supply)".

Observation, on 06/24/2025 at 1:41 PM, of Resident 2's medication bin showed a bottle of magnesium citrate, which read, "extra strength – 400 mg." There was a handwritten note on the bottle which stated, "1 tab 8am." Further observation of Resident 2's medication bin showed a supply of esomeprazole magnesium (used to treat heartburn) 20 mg tablets. The expiration date on this medication was 03/04/2025. There was no entry for esomeprazole magnesium on Resident 2's June 2025 ML.

In an interview, on 06/24/2025 at 1:50 PM, Staff E stated that Resident 2's family provided the magnesium citrate 400 mg supply. Staff E stated that they specifically requested the 125 mg capsules from the family. Staff E stated that Resident 2's family wanted the AFH to use up the existing supply of magnesium citrate 400 mg. Staff E further stated that the expired esomeprazole magnesium should not be in Resident 2's medication bin. Staff E immediately removed the expired medication.

| Statement of Deficiencies | License #: 755408 | Compliance Determination # 61546 |
|---|---|---|
| Plan of Correction | At Harmony Home Care, LLC | Completion Date |
| Page 6 of 7 | Licensee: In Harmony Home Care, LLC | 06/26/2025 |

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, At Harmony Home Care, LLC is or will be in compliance with this law and / or regulation on (Date) 7/10/2025.

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

Provider (or Representative) — Date 7/10/2025

**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 interview and record review, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license, as required. This failure placed 2 of 5 residents (Resident 2 and 4) at risk of infection due to unsafe medical testing.

Findings included...

Review of records showed the AFH admitted Resident 2 on [redacted] 2024. Further review showed Resident 2 had multiple diagnoses which included [redacted].

Review of records showed the AFH admitted Resident 4 on [redacted] 2023. Further review showed Resident 4 had multiple diagnoses which included [redacted]

In an interview, on 06/24/2025 at 9:49 AM, Staff E, Caregiver, stated that Resident 4 required blood glucose testing before breakfast. Staff E stated that Resident 2 required blood glucose testing before breakfast and before bedtime.

In an interview, on 06/24/2025 at 2:51 PM, Staff A, Entity Representative stated that the AFH does not have a MTSW. Staff A stated that the AFH recently mailed the MTSW application.

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, At Harmony Home Care, 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 interview and record review, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license, as required. This failure placed 2 of 5 residents (Resident 2 and 4) at risk of infection due to unsafe medical testing.

Findings included…

Review of records showed the AFH admitted Resident 2 on [redacted]/2024. Further review showed Resident 2 had multiple diagnoses which included [redacted].

Review of records showed the AFH admitted Resident 4 on [redacted]/2023. Further review showed Resident 4 had multiple diagnoses which included [redacted].

In an interview, on 06/24/2025 at 9:49 AM, Staff E, Caregiver, stated that Resident 4 required blood glucose testing before breakfast. Staff E stated that Resident 2 required blood glucose testing before breakfast and before bedtime.

In an interview, on 06/24/2025 at 2:51 PM, Staff A, Entity Representative stated that the AFH does not have a MTSW. Staff A stated that the AFH recently mailed the MTSW application.

| Statement of Deficiencies | License #: 755405 | Compliance Determination # 61546 |
|---|---|---|
| Plan of Correction | At Harmony Home Care, LLC | Completion Date |
| Page 7 of 7 | Licensee: In Harmony Home Care, LLC | 06/26/2025 |

Record review showed a photocopy of a MTSW application and a photocopy of a check to the Department of Health. The date of the check was 06/22/2025. Staff A's signature on the MTSW application was dated 06/24/2025.

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, At Harmony Home Care, LLC is or will be in compliance with this law and / or regulation on (Date) 7/10/2025

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

Provider (or Representative) Date 7/10/2025

Record review showed a photocopy of a MTSW application and a photocopy of a check to the Department of Health. The date of the check was 06/22/2025. Staff A's signature on the MTSW application was dated 06/24/2025.

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, At Harmony Home Care, 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

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

**AMENDED**
07/10/2025

In Harmony Home Care, LLC
At Harmony Home Care, LLC
20222 76th Ave W
Edmonds, WA 98026

**RE: At Harmony Home Care, LLC # 755405**

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/26/2025 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 Return the Plan/Attestation Statement and report with signatures to:

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

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

**AMENDED**
07/10/2025



In Harmony Home Care, LLC
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20222 76th Ave W
Edmonds, WA 98026

RE: At Harmony Home Care, LLC # 755405

Dear Provider:

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**The Department:**
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• 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 Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 160
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 388-76-10201 Succession plan.**

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a succession plan. This deficiency was corrected on-site at the time of inspection by Staff A, Entity Representative.

**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

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
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.
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In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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The Adult Family Home (AFH) failed to have a succession plan. This deficiency was corrected on-site at the time of inspection by Staff A, Entity Representative.

**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.

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• 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

At Harmony Home Care, LLC # 755405
08/26/2025


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
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
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.

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At Harmony Home Care, LLC # 755405
06/26/2025
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Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (380) 726-3225

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225