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

Golden Age S LLC
Golden Ages
20412 Maplewood Dr
Edmonds, WA 98026

RE: Golden Ages License # 755564

Dear Provider:

This letter addresses Compliance Determination(s) 67262 (Completion Date 10/15/2025) and 64355 (Completion Date 08/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/15/2025 and found that you have corrected the violations listed in the Full report dated 08/25/2025. Your home is back in compliance as of 10/09/2025 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 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10315-1-e, WAC 388-76-10015-1, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-h

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

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 08/19/2025 of:
Golden Ages
20412 Maplewood Dr
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

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

08/27/2025
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.

Sara Allen
Provider (or Representative)

09/11/25
Date

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete a Preliminary Service Plan (PSP) for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk for experiencing unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Further review showed there was no PSP in Resident 2's records.

In an interview, on 08/19/2025 at 2:41 PM, Staff A, Entity Representative, stated that they were not aware of the requirement for each resident to have a PSP. Staff A stated that the AFH will create PSPs for new residents in the future.

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 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete a Preliminary Service Plan (PSP) for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk for experiencing unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Further review showed there was no PSP in Resident 2's records.

In an interview, on 08/19/2025 at 2:41 PM, Staff A, Entity Representative, stated that they were not aware of the requirement for each resident to have a PSP. Staff A stated that the AFH will create PSPs for new residents in the future.

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, Golden Ages is or will be in compliance with this law and / or regulation on (Date) 10/01/25 .

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

Sara Allen
Provider (or Representative)

09/11/25
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that partial evacuation drills occurred at least every sixty days. The AFH also failed to ensure a full evacuation drill occurred at least once every calendar year. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of injury in the event of an evacuation due to an emergency.

Findings included...

Record review of the AFH's evacuation drill logs showed partial evacuation drills occurred on 06/23/2025, 03/23/2025, 01/06/2025, 10/06/2024, and 07/06/2024. There was no evidence that a partial evacuation drill occurred between 03/23/2025 and 06/23/2025, 10/06/2024 and 01/06/2025, and 07/06/2024 and 10/06/2024. Further review showed no documentation a full evacuation drill had been completed in the most recent calendar year.

In an interview, on 08/19/2025 at 3:55 PM, Staff A, Entity Representative, stated that partial evacuation drills must occur at least every two months. Staff A stated that a full evacuation drill was likely completed, however may have been documented incorrectly.

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, Golden Ages 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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(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that partial evacuation drills occurred at least every sixty days. The AFH also failed to ensure a full evacuation drill occurred at least once every calendar year. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of injury in the event of an evacuation due to an emergency.

Findings included…

Record review of the AFH's evacuation drill logs showed partial evacuation drills occurred on 06/23/2025, 03/23/2025, 01/06/2025, 10/06/2024, and 07/06/2024. There was no evidence that a partial evacuation drill occurred between 03/23/2025 and 06/23/2025, 10/06/2024 and 01/06/2025, and 07/06/2024 and 10/06/2024. Further review showed no documentation a full evacuation drill had been completed in the most recent calendar year.

In an interview, on 08/19/2025 at 3:55 PM, Staff A, Entity Representative, stated that partial evacuation drills must occur at least every two months. Staff A stated that a full evacuation drill was likely completed, however may have been documented incorrectly.

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, Golden Ages is or will be in compliance with this law and / or regulation on (Date) 10/09/25.

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

to Sara Allen — Provider (or Representative)

09/11/25 — Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the signatures dates on a negotiated care plan (NCP) accurately reflected when the document was signed for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of having unmet care needs and not being aware of the contents of the NCP.

Findings included...

Review of records showed the AFH admitted Resident 1 on [redacted]/2020. Further review of Resident 1's records, on the day of inspection, 08/19/2025, showed an assessment and NCP contained within the same document. This document had signatures from the Registered Nurse (RN) assessor on 11/14/2023 and 11/14/2024. There were no signatures from Staff A, Entity Representative, or Resident 1's representative for these dates on the NCP.

In an email, on 08/20/2025 at 1:34 PM, Staff A provided a copy of the same assessment and NCP document. Review of this emailed NCP showed Staff A and Resident 1's representative's signatures had been added. The dates written for these signatures were 11/14/2023 and 11/14/2024.

In a telephone interview, on 08/25/2025 at 11:17 AM, Staff A stated that these signatures were added following the inspection. Staff A stated that backdating the signatures was a mistake. Staff A stated that they have corrected the signature to

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, Golden Ages 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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Findings included…

Review of records showed the AFH admitted Resident 1 on [redacted]/2020. Further review of Resident 1's records, on the day of inspection, 08/19/2025, showed an assessment and NCP contained within the same document. This document had signatures from the Registered Nurse (RN) assessor on 11/14/2023 and 11/14/2024. There were no signatures from Staff A, Entity Representative, or Resident 1's representative for these dates on the NCP.

In an email, on 08/20/2025 at 1:34 PM, Staff A provided a copy of the same assessment and NCP document. Review of this emailed NCP showed Staff A and Resident 1's representative's signatures had been added. The dates written for these signatures were 11/14/2023 and 11/14/2024.

In a telephone interview, on 08/25/2025 at 11:17 AM, Staff A stated that these signatures were added following the inspection. Staff A stated that backdating the signatures was a mistake. Staff A stated that they have corrected the signature to

reflect the date the NCP was signed.

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, Golden Ages is or will be in compliance with this law and / or regulation on (Date) 10/09/25.

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

Sara Allen
Provider (or Representative)

09/11/25
Date

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 record review and interview, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license, as required. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of infection or illness due to unsafe medical testing.

Findings included...

Review of resident records showed five residents were admitted to the AFH. Resident 1 was admitted on [redacted]/2020. Resident 2 was admitted on [redacted]/2025. Resident 3 was admitted on [redacted]/2024. Resident 4 was admitted on [redacted]/2024. Resident 5 was admitted on [redacted]/2022.

In an interview, on 08/19/2025 at 10:17 AM, Staff A, Entity Representative, stated that the home had administered rapid COVID-19 tests on residents. Staff A did not know about the requirement for obtaining a MTSW.

In a telephone interview, on 08/20/2025 at 3:52 PM, Staff A stated that the home does not have a MTSW.

reflect the date the NCP was signed.

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, Golden Ages 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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Findings included…

Review of resident records showed five residents were admitted to the AFH. Resident 1 was admitted on [redacted]/2020. Resident 2 was admitted on [redacted]/2025. Resident 3 was admitted on [redacted]/2024. Resident 4 was admitted on [redacted]/2024. Resident 5 was admitted on [redacted]/2022.

In an interview, on 08/19/2025 at 10:17 AM, Staff A, Entity Representative, stated that the home had administered rapid COVID-19 tests on residents. Staff A did not know about the requirement for obtaining a MTSW.

In a telephone interview, on 08/20/2025 at 3:52 PM, Staff A stated that the home does not have a MTSW.

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, Golden Ages is or will be in compliance with this law and / or regulation on (Date) 09/30/25 .

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

Sara Allen — Provider (or Representative)

09/11/25 — Date

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 24 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;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide the Notice of Rights and Services (Admission Agreement) at least once every 24 months to 1 of 5 residents (Resident 5). This failure placed Resident 5 at risk of not being fully informed of their rights and of the services provided by the AFH.

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, Golden Ages 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 388-76-10530 Resident rights Notice of rights and services.

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(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;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide the Notice of Rights and Services (Admission Agreement) at least once every 24 months to 1 of 5 residents (Resident 5). This failure placed Resident 5 at risk of not being fully informed of their rights and of the services provided by the AFH.

Findings included...

Review of Resident 5's records showed the AFH admitted Resident 5 on [redacted]/2022. Record review showed Resident 5's Admission Agreement was last signed on [redacted]/2022. There was no evidence the AFH gave Resident 5 or their representative a copy of the Admission Agreement to review, sign, and date again by June 2024.

In an interview, on 08/19/2025 at 12:20 PM, Staff A, Entity Representative, stated that Admission Agreements must be reviewed every other year. Staff A stated that updating Resident 5's Admission Agreement was missed.

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, Golden Ages is or will be in compliance with this law and / or regulation on (Date) 10/09/25.

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

Sara Allen
Provider (or Representative)

09/11/25
Date

Findings included…

Review of Resident 5's records showed the AFH admitted Resident 5 on [redacted]/2022. Record review showed Resident 5's Admission Agreement was last signed on [redacted]/2022. There was no evidence the AFH gave Resident 5 or their representative a copy of the Admission Agreement to review, sign, and date again by June 2024.

In an interview, on 08/19/2025 at 12:20 PM, Staff A, Entity Representative, stated that Admission Agreements must be reviewed every other year. Staff A stated that updating Resident 5's Admission Agreement was missed.

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, Golden Ages 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

08/28/2025

CERTIFIED MAIL

94890090002760730033371

Golden Age S LLC
Golden Ages
20412 Maplewood Dr
Edmonds, WA 98026

RE: Golden Ages # 755564

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/25/2025 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:

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.
• 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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure that all cleaning supplies and chemicals were kept in locked storage. Observation showed 409 cleaning spray and Oxydol cleaning spray in an unlocked cupboard in the bathroom. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative, who immediately placed the chemicals into locked storage

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 ;

The Adult Family Home (AFH) failed to ensure the Medication Logs (ML) were accurate and up-to-date for Residents 1 and 2. The MLs contained entries for discontinued medications that were no longer in the supply. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative, who updated the MLs to reflect the medication discontinuations.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home (AFH) failed to ensure that a signed Disclosure of Charges (DOC) was kept in Resident 2’s record. This deficiency was corrected on site at the time of

inspection by Staff A, Entity Representative, who had Resident 2 sign the DOC.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home (AFH) failed to ensure Resident 2's Inventory of Personal Belongings (IPB) form was signed and dated by the resident and the AFH. Staff A, Entity Representative, and Resident 2 both signed the IPB form. This deficiency was corrected on site at the time of inspection by Staff A.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

The Adult Family Home (AFH) failed to ensure that all staff maintained active Home Care Aide (HCA) certification. The HCA license for Staff A, Entity Representative, expired on 06/22/2025. This deficiency was corrected on site at the time of inspection by Staff A, who provided proof that the HCA renewal application had been submitted to the Department of Health.

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

inspection by Staff A, Entity Representative, who had Resident 2 sign the DOC.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home (AFH) failed to ensure Resident 2's Inventory of Personal Belongings (IPB) form was signed and dated by the resident and the AFH. Staff A, Entity Representative, and Resident 2 both signed the IPB form. This deficiency was corrected on site at the time of inspection by Staff A.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

The Adult Family Home (AFH) failed to ensure that all staff maintained active Home Care Aide (HCA) certification. The HCA license for Staff A, Entity Representative, expired on 06/22/2025. This deficiency was corrected on site at the time of inspection by Staff A, who provided proof that the HCA renewal application had been submitted to the Department of Health.

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
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

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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 IDR**s 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:

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