STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

Renton Highlands Care AFH LLC

Renton Highlands Care AFH LLC
648 Ferndale Ave NE
Renton, WA 98056

RE: Renton Highlands Care AFH LLC License # 755602

Dear Provider:

This letter addresses Compliance Determination(s) 63340 (Completion Date 07/29/2025) and 60599 (Completion Date 06/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/29/2025 and found that you have corrected the violations listed in the Full report dated 06/10/2025. Your home is back in compliance as of 06/19/2025 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-c, WAC 388-76-10650-2-a, WAC 388-76-10130-2-a, WAC 388-76-10130-8, WAC 388-76-10130-8-a, WAC 388-76-10130-8-b, WAC 388-76-10130-8-c, WAC 388-76-10130-8-d, WAC 388-76-10130-8-e

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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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 06/03/2025 of:
Renton Highlands Care AFH LLC
4216 NE 10th Pl
Renton, WA 98059

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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;

(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, interview, and record review the Adult Family Home (AFH) failed to ensure an [redacted] (a medical device) for 1 of 2 sampled residents (Resident 2) had an assessment for its safe use, was included in the Negotiated Care Plan (NCP) and had staff directives for care. These failures placed Resident 2 at risk for injury related to inadequate monitoring of the device and having unrecognized/unmet care needs.

Findings included…

During a meet and greet with Resident 2, on 06/03/2025 at 10:57 AM, with Staff A, Entity Representative, the resident was observed in bed

using an [redacted]. The [redacted] was "on" in setting “firm”.

In an interview on 06/03/2025 at 10:58 AM, Staff A stated that Resident 2 used the [redacted] to prevent pressure sores (localized damage to the skin and underlying tissue caused by prolonged pressure). Staff A further stated that Resident 2 was not assessed for [redacted] used and it was not included in the NCP because they did not know they had to do it.

Record review of Resident 2’s NCP, dated 09/212024, showed no care directives for staff regarding resident’s used for [redacted].

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, Renton Highlands Care AFH 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 388-76-10130 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:**

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of

the following professional licenses are exempt from this requirement:

(a) Physician licensed under chapter 18.71 RCW;

(b) Osteopathic physician licensed under chapter 18.57 RCW;

(c) Osteopathic physician assistant licensed under chapter 18.57A RCW;

(d) Physician assistant licensed under chapter 18.71A RCW; or

(e) Registered nurse, advanced registered nurse practitioner, or licensed practical nurse licensed under chapter 18.79 RCW;

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

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide documents or papers for 1 of 1 staff (Staff B, Resident Manager [RM]) to show they met the minimum requirement and was qualified for the role. This failure the residents at risk of not receiving day-to-day oversight from a qualified designated RM.

Findings included…

During an unannounced visit to the home on 06/03/2025 at 10:43 AM, Staff B was not observed in the home.

The Department records (AFH Summary Report) that was reviewed on 05/08/2025, showed Staff B was the designated RM for the AFH.

In an interview on 06/03/2025 at 11:26 AM, Staff A, Entity Representative, confirmed that Staff B was the designated RM for the AFH.

Review of the undated AFH orientation record showed Staff B was hired by the AFH on 02/07/2024. Staff B's records did not include a document that supported the educational requirement for the RM role of at least a high school diploma was met. Further review of Staff B's records showed no documentation to support that they completed at least one thousand hours of direct care experience as a caregiver.

In an interview on 06/03/2025 at 4:24 PM, Staff A stated that they did not have Staff B's high school diploma and the caregiver work experience attestation because they did not know that it was needed.

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, Renton Highlands Care AFH 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