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

Edmonds Garden AFH LLC

Edmonds Garden AFH LLC
8621 244th St SW
Edmonds, WA 98026

RE: Edmonds Garden AFH LLC License # 755675

Dear Provider:

This letter addresses Compliance Determination(s) 54781 (Completion Date 02/13/2025) and 51865 (Completion Date 12/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/13/2025 and found that you have corrected the violations listed in the Complaint report dated 12/18/2024. Your home is back in compliance as of 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 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 755675	Compliance Determination #51865
Plan of Correction	Edmonds Garden AFH LLC	Completion Date
Page 1 of 2	Licensee: Edmonds Garden AFH LLC	12/18/2024

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 an unannounced on-site complaint investigation on 12/17/2024 and 12/17/2024 of:

Edmonds Garden AFH LLC
8621 244th St SW
Edmonds, WA 98026

This document references the following complaint number(s): 155899

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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

01/02/2025
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.

Statement of Deficiencies	License # 755675	Compliance Determination # 519865
Plan of Correction	Edmonds Garden AFH LLC	Completion Date
Page 2 of 2	Licensee: Edmonds Garden AFH LLC	12/18/2024

Provider (or Representative) — Date: 01/13/2025

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident, and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative and the AFH for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 2's NCP, dated [redacted] 2024, showed Resident 2 was admitted to the AFH on [redacted] 2024 with multiple medical diagnoses. Review of Resident 2's NCP showed there were no signatures and dates indicating that Resident 2's NCP was reviewed with either Resident 2 or their representative and the AFH.

In an interview, on 12/18/2024 at 2:32 PM, Staff A, Provider, stated that Resident 2's NCP was not signed/reviewed. Staff A stated they would review and sign the NCP with Resident 2.

Attestation Statement

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, Edmonds Garden AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/24/2024.

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

already sent IDR Request to rcs1dr@dshs.wa.gov

Provider (or Representative) — Date: 01/13/2025

Provider (or Representative) _____ Date _____

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative and the AFH for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 2's NCP, dated [redacted]2024, showed Resident 2 was admitted to the AFH on [redacted]2024 with multiple medical diagnoses. Review of Resident 2's NCP showed there were no signatures and dates indicating that Resident 2's NCP was reviewed with either Resident 2 or their representative and the AFH.

In an interview, on 12/18/2024 at 2:32 PM, Staff A, Provider, stated that Resident 2's NCP was not signed/reviewed. Staff A stated they would review and sign the NCP with Resident 2.

Attestation Statement

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, Edmonds Garden 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 _____

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

01/02/2025

Edmonds Garden AFH LLC
Edmonds Garden AFH LLC
8621 244th St SW
Edmonds, WA 98026

RE: Edmonds Garden AFH LLC # 755675

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 12/18/2024 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services

Region 2, Unit I
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 388-76-10320 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 the personal inventory record was kept up to date for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk for missing items and delay in using personal items as needed. The AFH Provider communicated to Resident 1's guardian on replacing Resident 1's walker.

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

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
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 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.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program

Residential Care Services
PO Box 45600
Olympia, WA 98504-5600