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

AVID ADULT FAMILY HOME LLC

AVID ADULT FAMILY HOME LLC
1640 N 167th St
Shoreline, WA 98133

RE: AVID ADULT FAMILY HOME LLC License # 757011

Dear Provider:

This letter addresses Compliance Determination(s) 57800 (Completion Date 04/10/2025) and 55094 (Completion Date 02/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/10/2025 and found that you have corrected the violations listed in the Complaint report dated 02/28/2025. Your home is back in compliance as of 03/09/2025 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 388-76-10375-1

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 757011	Compliance Determination #55094
Plan of Correction	AVID ADULT FAMILY HOME LLC	Completion Date
Page 1 of 3	Licensee: AVID ADULT FAMILY HOME LLC	02/28/2025

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 an unannounced on-site complaint investigation on 02/20/2025 of:

AVID ADULT FAMILY HOME LLC
1910 S Lake Stickney Dr
Lynnwood, WA 98087

This document references the following complaint number(s): 166856

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 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

Statement of Deficiencies	License #: 757011	Compliance Determination #:55094
Plan of Correction	AMD ADULT FAMILY HOME LLC	Completion Date
Page 2 of 3	Licensee: AMD ADULT FAMILY HOME LLC	02/28/2026

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

03/06/2025
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)

03/09/25
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

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 1). This failure placed Resident 1 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 1's information sheet showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses.

Review of Resident 1's NCP, dated 09/17/2024, showed there were no signatures and dates indicating that Resident 1's NCP was reviewed with either Resident 1 or their representative.

(X) In an interview, on 02/20/2025 at 3:14 PM, Staff B, Resident Manager, acknowledged that Resident 1's NCP was not signed/reviewed with Resident 1 or their representative. Staff B stated they would review and sign the NCP with Resident 1's representative

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

03/06/2025
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)

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

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 1). This failure placed Resident 1 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 1's information sheet showed Resident 1 was admitted to the AFH on [redacted]2024 with multiple diagnoses.

Review of Resident 1's NCP, dated 09/17/2024, showed there were no signatures and dates indicating that Resident 1's NCP was reviewed with either Resident 1 or their representative.

In an interview, on 02/20/2025 at 3:14 PM, Staff B, Resident Manager, acknowledged that Resident 1's NCP was not signed/reviewed with Resident 1 or their representative. Staff B stated they would review and sign the NCP with Resident 1's representative.

Statement of Deficiencies	License #: 757011	Compliance Determination # 55094
Plan of Correction	AVID ADULT FAMILY HOME LLC	Completion Date
Page 3 of 3	Licensee: AVID ADULT FAMILY HOME LLC	02/28/2026

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, AVID ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 03|09|25

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

Provider (or Representative) — Date: 03|09|25

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, AVID ADULT FAMILY HOME 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