



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Serenity Place Adult Family Home LLC
Serenity Place Adult Family Home
8874 Central Valley Road NE
Bremerton, WA 98311

RE: Serenity Place Adult Family Home License # 757014

Dear Provider:

This letter addresses Compliance Determination(s) 56298 (Completion Date 03/12/2025) and 52755 (Completion Date 01/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/12/2025 and found that you have corrected the violations listed in the Full report dated 01/13/2025. Your home is back in compliance as of 03/11/2025 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 388-76-10400-4, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10430-2-d, WAC 388-76-10430-2-c, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10865-1

The Department staff who did the on-site verification:

Emily Vincent, AFH Licenser

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Adult Family Home Field Manager
Region 3, Unit A
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 757014	Compliance Determination # 52755
Plan of Correction	Serenity Place Adult Family Home	Completion Date
Page 1 of 9	Licensee: Serenity Place Adult Family Home LLC	01/13/2025

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 01/07/2025 and 01/08/2025 of:

Serenity Place Adult Family Home
8874 Central Valley Road NE
Bremerton, WA 98311

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer

Residential Care Services

01/23/2025

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.

This document was prepared by Residential Care Services for the Locator website.



Provider (or Representative)

02/04/2025

Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) did not ensure they could provide nursing care for wound treatment when they admitted 1 of 6 residents (Resident 5) who required wound care per their pre-admission assessment. This failure placed Resident 5 at risk of health complications.

Findings included...

Review of Resident 5's department assessment dated 02/21/2024, showed that before their admission to the home on [REDACTED]/2024, Resident 5 had a large pressure injury (wound) on the back of their left thigh measuring a total area of 11.6 centimeters (cm), a small pressure injury on their left buttock measuring a total area of 2.04 cm, and another small pressure injury on the back of their right thigh measuring a total area of 2.08 cm.

Review of Resident 5's 02/21/2024 department assessment documented treatment for Resident 5's wounds which included cleaning the wound with wound cleanser, applying skin prep (an adhesive solution) to the surrounding wound edges, applying Xeroform (a mesh gauze impregnated with antibiotic), and covering with a non-adherent pad and tape to secure the dressing. The wound dressings were to be changed three times a week and as needed for accidental removal, dressing saturation, or soiling.

On 01/07/2025 at 2:15 PM, in an interview, the AFH Provider said Resident 5's health care provider (HCP) wrote a referral for home health wound care when Resident 5 moved into the home, but there were issues with Resident 5's health insurance coverage for home health services. After about four weeks, the Provider was able to get Resident 5 an appointment with a wound specialist at a wound care clinic. The Provider said a couple weeks after Resident 5 was seen at the wound clinic, a home health nurse visited Resident 5 in the home to complete an initial wound care assessment but no other home health nurses had visited the home since. The Provider said they were in communication with Resident 5's HCP, their insurance company, and home health agency, but there was no resolution, so the Provider contacted Resident 5's department case manager, who asked the Provider to have their nurse delegator look at Resident 5's wounds until the insurance issues were resolved.

On 01/07/2025 at 2:15 PM, in an interview, the Provider said the AFH's nurse delegator visited the home weekly to delegate the Provider for administration of topical medications for Resident 5's skin, and the nurse delegator looked at Resident 5's skin each time. *Please see attached written paper on the back of this page please*

Review of Resident 5's record showed no evidence of a nurse's wound care assessment or wound care notes since Resident 5 moved into the home. Review of Resident 5's January 2025 Medication Administration Record (MAR) showed no documentation of wound care treatment by a nurse.

On 01/07/2025 at 2:15 PM, in an interview, the Provider said they were not sure whether the nurse delegator documented their wound observations or treatments. The Provider did not have documentation to provide during the department's onsite inspection visits on 01/07/2025 and 01/08/2025, but the Provider said they will review Resident 5's records for documentation and contact the nurse delegator to request their notes.

The AFH did not provide documentation of wound care for Resident 5 or documentation of communications with Resident 5's HCP, Resident 5's insurance company, Resident 5's home health agency or Resident 5's department case manager before the completion of the licensing inspection. There was no documented evidence to show Resident 5 received nursing care, or documentation to show the AFH attempted to provide the nursing care Resident 5 needed for the wound treatments documented in their pre-admission assessment.

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, Serenity Place Adult Family Home is or will be in compliance with this law and / or regulation on

(Date) March 11th 2025

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

Doreen Ngarama
Provider (or Representative)

02/04/2025
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure there was no unsupervised access to AFH residents by 1 of 4 staff (AFH Provider), who did not have a current Washington (WA) state name and date of birth (DOB) background check result or a national fingerprint (NFP) background check result available for review. These failures placed all residents at risk of unsupervised access by staff with a disqualifying criminal background.

Findings included...

On 01/07/2025 at 1:15 PM, observation showed the Provider interacting with, and providing care for residents without direct supervision.

Review of the Provider's administrative records and personnel file, showed no evidence of a current or expired WA state name and DOB background check result or NFP background check result.

On 01/08/2025 at 4:05 PM, in an interview, the Provider said they thought they had both a current WA state name and DOB background check result and an NFP background check result. The Provider said they would check their background check account to find the results.

As of 01/10/2025, the Provider had not shown evidence of their WA state name and DOB background check result or NFP background check result.

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, Serenity Place Adult Family Home is or will be in compliance with this law and / or regulation on (Date) <u>01/15/2025</u> . In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u><i>Deborah Damann Ngaruiga</i></u> Provider (or Representative)	<u>02/04/2025</u> Date

WAC 388-76-10430 Medication system.

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

This document was prepared by Residential Care Services for the Locator website.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to show a medication discontinuation order, and failed to update the medication administration record (MAR) for 1 of 6 residents (Resident 5) to ensure Resident 5 received their medications as ordered. These failures placed Resident 5 at risk of health complications.

Findings included...

On 01/07/2025, review of Resident 5's January 2025 MAR, showed an order for Clobetasol (a topical steroid medication used to treat skin conditions) 0.5% cream, apply to left gluteus (buttocks) topically once nightly. The MAR showed caregivers documented they applied Resident 5's Clobetasol cream with their initials every night between 01/01/2025 and 01/06/2025.

On 01/07/2025 at 11:45 AM, an observation of Resident 5's medication supply, showed no evidence of Clobetasol 0.05% cream.

On 01/07/2025 at 11:45 AM, in an interview, the AFH Provider said Resident 5 was no longer using Clobetasol cream because it was an over-the-counter (OTC) medication that was not covered by Resident 5's health insurance and Resident 5 did not want to pay for it. The Provider said Resident 5's health care provider (HCP) wrote an order to discontinue the Clobetasol during Resident 5's last appointment.

On 01/07/2025, review of Resident 5's medication orders, showed no discontinuation order for Resident 5's Clobetasol.

On 01/07/2025 at 11:45 AM, in an interview, the Provider said they could not locate the discontinuation order but would contact their pharmacy to get a copy of the order for review.

On 01/10/2025, the Provider sent an order dated 01/09/2025, from Resident 5's Health Care Provider (HCP) to discontinue Eucerin cream (an OTC moisturizer used to prevent dry skin and irritation), apply to feet and heels once daily at bedtime. The Provider did not send a discontinuation order for Resident 5's Clobetasol cream before the completion of the licensing inspection.

Attestation Statement

This document was prepared by Residential Care Services for the Locator website.

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, Serenity Place Adult Family Home is or will be in compliance with this law and / or regulation on
(Date) March 1st 2025.

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

Damaris Ngaruiga
Provider (or Representative)

02/04/2025
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
- (d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observations and interview, the adult family home (AFH) failed to ensure 4 of 6 residents (Resident 1, Resident 3, Resident 5, and Resident 6) medical device (e.g., [REDACTED], [REDACTED]) assessments were completed for resident safety and identified in negotiated care plans (NCP) to ensure medical devices were installed correctly and the residents and/or their representatives were aware of the risks and benefits of using medical devices before they were installed on or near the residents' beds. These failures placed Resident 1, Resident 3, Resident 5, and Resident 6 at risk of injury and/or entrapment.

Findings included...

On 01/07/2025 at 10:50 AM, observation showed Resident 1's bed had two half-sized [REDACTED] attached to either side. The [REDACTED] were both in the upright position and Resident 1 was lying in bed.

On 01/07/2025 at 10:55 AM, observation showed Resident 3's bed had two half-sized [REDACTED] attached to either side. The [REDACTED] next to the wall was in the upright position and the [REDACTED] on the interior of the bedroom was in the downward position. In addition to the [REDACTED]

■, there was a ■ installed from ceiling to floor approximately 18 inches away from the head of Resident 3's bed. Resident 3 was not observed in their bed. They were in the living room during the inspection.

On 01/07/2025 11:00 AM, observation showed Resident 5's bed was on the left side of the bedroom with two half-sized ■ attached to either side. Both ■ were in the upright position and Resident 5 was lying in bed. Resident 6's bed was on the right side of the bedroom with two half-sized ■ attached to either side. Both ■ were in the upright position and Resident 6 was lying in bed.

On 01/07/2025 at 1:30 PM, in an interview, when asked if the AFH had medical device assessments to show the residents' ■ and/or ■ were installed correctly, and Resident 1, Resident 3, Resident 5, and Resident 6 were able to use their medical devices safely, the Provider said they did not. When asked if the AFH provided Resident 1, Resident 3, Resident 5, and Resident 6 and/or their Representatives with information about the risks and benefits of using a medical devices, the Provider said they had not. When asked if the Provider had documented information in Resident 1's, Resident 3's, Resident 5's, and Resident 6's NCPs about the reason(s) for the residents' use of their medical device(s), the Provider said they had not. The Provider said they were not aware of the requirements for medical device assessments, installation, risks and benefits information, or documentation in the residents' NCPs.

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, Serenity Place Adult Family Home is or will be in compliance with this law and / or regulation on

(Date) 02/23/2025.

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

Damaris Ngaruiya
Provider (or Representative)

02/04/2025
Date

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observations, record reviews, and interview, the adult family home (AFH) failed to ensure they could evacuate 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) to a safe location outside the home in less than five minutes as required. This failure placed all residents at risk of injury or life-threatening conditions in the event of a fire or other emergencies requiring evacuation.

Findings included...

On 01/07/2025 at 10:50 AM, an observation of Resident 2 and Resident 3 in the AFH living room, showed Resident 2 and Resident 3 were independent with mobility, but they were not cognitively intact and required cueing from staff.

On 01/07/2025 at 10:55 AM, an observation of Resident 1 showed they were obese, bed-bound, and required total assistance with transfers. Resident 1 had a [REDACTED] outside their bedroom in the hallway.

Review of Resident 1's assessment dated 06/14/2024, showed Resident 1 required total assistance to transfer with a [REDACTED].

On 01/07/2025 at 11:00 AM, an observation of Resident 4 showed they were independent with mobility with the use of a walker. On 01/07/2025 at 11:05 AM, an observation of Resident 5 and Resident 6 in their bedroom, showed Resident 5 was obese, bed-bound. On 01/07/2025 at 11:05 AM, an observation of Resident 6 showed they were bed-bound. Observation showed a [REDACTED] in Resident 5's and Resident 6's bedroom.

Review of Resident 5's department assessment dated 02/21/2024, showed Resident 5 required total assistance to transfer with a [REDACTED]. Review of Resident 6's department assessment dated 06/20/2024, showed Resident 6 required total assistance from one caregiver to transfer.

Review of the AFH emergency evacuation drill records between February 2024 and December 2024, showed the home practiced full drills every two months. All evacuation drills, except for the drill on 12/02/2024, took less than five minutes. The full evacuation drill record on 12/02/2026, showed the drill took six minutes. The drill records before 12/02/2024, had former residents and/or less than six residents participating. The 12/02/2024 evacuation drill was the first drill that Resident 1 (who required a [REDACTED] for transfers) participated in since their admission on [REDACTED]/2024.

On 01/08/2025 at 2:30 PM, in an interview, the AFH Provider said they thought they could evacuate their current residents in less than five minutes because one of the residents who participated in the 12/02/2024 evacuation drill, went into their bathroom for a moment instead of heading straight outside. The Provider said they had not clocked the exact amount of time it took to evacuate their residents in minutes and seconds, but they were confident it could be done in less than five minutes. There was no evidence to show the home could evacuate their current residents in five minutes or less from the evacuation drill records available for review.

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, Serenity Place Adult Family Home is or will be in compliance with this law and / or regulation on
(Date) Feb 20th 2025.

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

Damons Nganyira DBS
Provider (or Representative)

02/04/2025
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Serenity Place Adult Family Home LLC
Serenity Place Adult Family Home
8874 Central Valley Road NE
Bremerton, WA 98311

RE: Serenity Place Adult Family Home # 757014

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/13/2025 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 Mail the Plan/Attestation Statement and report with original signatures to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

This document was prepared by Residential Care Services for the Locator website.

Lakewood, WA 98496

- 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

- (a) Provider;
- (d) Caregiver;

The adult family home (AFH) did not ensure the AFH Provider/Entity Representative and Caregiver A initiated tuberculosis (TB, an infectious respiratory disease) testing within three days of licensure or employment. The Provider and Caregiver A both completed TB testing, but not for several months after their date of licensure or hire.

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

- (2) Hire or contract with a nurse to provide nurse delegation.

The adult family home (AFH) did not ensure their registered nurse delegator (RND) documented their nursing visit notes as required to include the full name of all delegated caregivers when they documented caregivers' first names without their last names and/or no names on the visit notes. The AFH Provider made their RND aware of the incomplete visit notes before the completion of the licensing inspection, so the RND documented caregivers' names correctly.

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

- (5) The resident or resident representative is aware the resident is taking the psychopharmacologic medication and its purpose.

The adult family home (AFH) did not ensure Resident 1 was aware and agreed to take a psychopharmacologic medication prescribed to treat their [REDACTED] diagnosis because the AFH had not documented the medication name and purpose in Resident 1's record. The AFH did not obtain Resident 1's consent before they administered the medication. The Provider documented the name and purpose of the

psychopharmacologic medication on a consent form, reviewed the medication information with Resident 1, and obtained their consent to use the medication before the completion of the licensing inspection.

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:

(a) Provide a copy to each resident prior to or upon admission to the home;

The adult family home (AFH) had not completed the department's standardized disclosure of charges form to ensure their residents were aware of the home's fees and charges before they moved into the home. The AFH Provider completed the standardized disclosure of charges form and provided a copy to their residents to review and sign before the completion of the licensing inspection.

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

The adult family home (AFH) failed to keep the home in good repair after a resident damaged the home's walls while maneuvering their [REDACTED]. The home failed to repair the bathroom door in Bedroom [REDACTED] to ensure Resident 4 had privacy while using their bathroom. The AFH Provider ensured the holes in the hallway walls and the bathroom door in Bedroom [REDACTED] were fixed before the completion of the licensing inspection.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The adult family home (AFH) did not ensure they had a sufficient supply of emergency drinking water to accommodate their licensed resident capacity and staff as required (one gallon a day per person for three days or 72 hours). The AFH Provider obtained additional emergency drinking water to ensure they had a sufficient supply before the completion of the licensing inspection.

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) did not complete a personal belongings inventory for Resident 1 when they moved into the home. The AFH Provider ensured Resident 1 had an inventory of their personal belongings, signed and dated by Resident 1 and/or their representative and the Provider before the completion of the licensing inspection.

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) had a plan for continuity of resident care, services and AFH operations in the event the AFH Provider was unable to fulfill their duties in the home, but the Provider had not documented the plan and placed a copy in their administrative records. The Provider ensured their succession plan was documented and available for review before the completion of the licensing inspection.

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 (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan (Plan of Correction)
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This document was prepared by Residential Care Services for the Locator website.

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:

Lisa Cramer, Field Manager

Residential Care Services

Region 3, Unit A

PO Box 99250

Lakewood, WA 98496

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.

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