STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Dignity Senior Care LLC

Dignity Senior Care LLC
4922 181st Pl SW
Lynnwood, WA 98037

RE: Dignity Senior Care LLC License # 757055

Dear Provider:

This letter addresses Compliance Determination(s) 77777 (Completion Date 05/20/2026) and 74801 (Completion Date 04/06/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/20/2026 and found that you have corrected the violations listed in the Complaint report dated 04/06/2026. Your home is back in compliance as of 05/18/2026 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 388-76-10390-1, WAC 388-76-10390-1-a, WAC 388-76-10390-1-b, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10355-7-d, WAC 388-76-10355-7-c, WAC 388-76-10355-7, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Spomenka Hodzic, 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
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 757055	Compliance Determination # 74801
Plan of Correction	Dignity Senior Care LLC	Completion Date
Page 1 of 10	Licensee: Dignity Senior Care LLC	04/06/2026

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 03/24/2026 of:

Dignity Senior Care LLC
4922 181st Pl SW
Lynnwood, WA 98037

This document references the following complaint number(s): 216494, 218133

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 757055	Compliance Determination # 74801
Plan of Correction	Dignity Senior Care LLC	Completion Date
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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

04/08/2026
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)

4/21/26
Date

WAC 388-76-10390 Admission and continuation of services. The adult family home must only admit or continue to provide services to a person when:

(1) The home can safely and appropriately meet the assessed needs and preferences of the person:

(a) With available staff; and

(b) Through reasonable accommodation.

This requirement was not met as evidenced by:

Based on observation, interview and record review, Adult Family Home (AFH) failed to ensure that they could continue to provide basic care needs for 2 of 5 residents (Resident 4 and Resident 6) and specialized care needs for 1 of 5 Residents (Resident 4) after admitting them to the AFH. This failure resulted in Resident 4 and Resident 6 not receiving basic hygiene and Resident 4 not receiving specialized behavioral care.

Findings included...

Per review of Washington State Health Care Authority, "Intensive Behavioral Supportive Supervision (IBSS), is a voluntary program available to Apple Health Medicaid recipients enrolled with managed care organizations (MCO) who have complex behaviors and cognitive impairments and at high risk of institutionalization and hospitalization requiring direct staffing supports to prevent harm to self or others"

In addition, review of Washington State Health Care Authority " Supportive Supervision tiering guidance for Community Behavioral Health support services and in Lieu of Service" showed that under the guidance for Tier 3 "The individual demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of

6.1-10 hours per day of 1:1 staffing to redirect, engage, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents."

<Resident 4>

Review of Resident 4's negotiated care plan (NCP) and demographic data showed Resident 4 was admitted to AFH on [redacted]/2024 with multiple medical diagnosis including [redacted] and [redacted]. Resident 4's NCP showed Resident 4 had suicidal ideations (SI) and was assaultive and abusive to AFH Staff when care was provided to them (Resident 4).

Review of Resident 4's assessment, dated 10/08/2025, showed Resident 4 weighed 371 pounds. Resident 4's assessment showed Resident 4 required extensive assistance from one person for mobility and transfers. Resident 4's assessment showed Resident 4 was easily irritable and combative during personal care. Review showed Resident 4 often refused showers and personal care and exhibited inappropriate toileting behaviors. Resident 4's assessment showed Resident 4 was allotted 10 hours a day of IBSS (Tier 3) by their MCO to assist in managing their behavior.

Observation on 03/24/2026 at 10:25 AM showed Staff C, Caregiver, caring for Resident 4 and four other residents (Resident 2, Resident 3, Resident 5 and Resident 6). No other caregivers were observed to be present in the AFH when Department's Staff arrived for on-site visit.

Observation on 03/24/2026 at 10:25 AM showed Resident 4 laying on the side of their [redacted] placed against the wall of a smaller sized room. The room had a strong, overwhelming, foul smell (mix of urine, stool and yeast infection). Resident 4 was not dressed and was only covered with a flat bed sheet. Observation showed Resident 4's fitted bed sheet was observed to be soaking in urine and had old rings of urine stains on it. On the floor, below Resident 4's bed, there was a puddle of urine. Resident 4 had notable redness around the right arm pit (visible side) and the pannus (an excess of the fat and skin hanging from the abdomen).

In an interview, on 03/24/2026 at 10:56 AM, Resident 4 reported that they received incontinence care early in the morning from the nighttime AFH Staff member. They stated that they had difficulty getting hold of AFH Staff when they needed them. Resident 4 stated that they did not have call button to reach AFH Staff. Resident 4 reported that in the past when they could not reach AFH they called 911 for assistance over their cell phone. Resident 4 reported that they could not remember when they got out of bed last time or when they had received a shower last time. Resident stated, "long time ago".

In an interview, on 03/24/2026 at 12:57 PM, Staff D, Caregiver, reported that Resident 4 just came back from the rehabilitation center three days ago and they were trying to establish a new primary medical provider for them (Resident 4). Staff D stated that it had been hectic since Resident 4 came back to AFH. Staff D reported that Resident 4 had been refusing personal care (incontinence care and showers) and this was part of their behavior. Staff D reported that in the past Resident 4 had been urinating around AFH and even in the common areas of the AFH. Staff D stated that this was also part of their (Resident 4's) behavior. Staff D reported that Resident 4 did not have mental health support because they were refusing it.

In an interview, on 03/24/2026 at 10:42 AM, Staff C reported that they wanted to assist Resident 4 with incontinence care, but they were waiting for one batch of laundry to be done before they assisted Resident 4 with care.

Record review of Resident 4's rehabilitation discharge summary, dated [redacted]/2026, showed Resident 4 had been discharged back to AFH on [redacted]/2026.

Review of Department's records showed AFH Staff had received consultation assistance from Department's Behavioral Health Support Team to support AFH Staff in managing Resident 4's behavior and care on 01/09/2025.

In an interview, on 04/02/2026 at 1630, Staff B, Resident Manager (RM) reported that they did all they could to keep Resident 4 clean and showered. Staff B did not explain how they implemented IBSS program for Resident 4. Staff B reported that Resident 4 would be getting mental health support from local in-home primary care services. Staff B stated that they (Staff B) were 100% (percent) certain that they could continue to care for Resident 4.

<Resident 6>

Review of Resident 6's NCP and demographic data showed Resident 6 was admitted to the AFH on [redacted]/2025 with multiple medical diagnoses including [redacted]

Resident 6's NCP showed Resident 6 had refused personal care and showers. Resident 6's NCP showed Resident 6 would receive showers twice a week. Resident 6's NCP showed Resident 6 would not shower themselves, but AFH normally provided one-or-two-person assistance twice a week and as needed. Resident 6's NCP showed AFH would assist Resident 6 with shaving and grooming.

Review of Resident 6's assessment, dated 11/04/2025, showed Resident 6 had multiple medical diagnoses including [redacted]. Resident 6's assessment showed Resident 6 required cues and supervision to accomplish personal hygiene.

Resident 6's assessment showed AFH Staff were supposed to remind and cue Resident 6 to change their soiled clothing. Resident 6's assessment showed AFH Staff were directed to wash Resident 6's bed sheets. Resident 6's assessment showed Resident 6 became easily irritable and could refuse assistance from caregivers if perceived to be annoying to them (AFH Staff). Resident 6's assessment showed that during their assessment, Resident 6 's hair appeared to be unwashed, and Department's case manager could not determine when the last time Resident 6 had their hair washed.

Observation on 03/24/2026 at 10:25 AM showed Resident 6 sitting on their bed that was placed in the middle of the medium size room. Resident 6 had long, oily hair and a long beard. Resident 6 was wearing a red T-shirt that had numerous food stains (old food stains) on it. Resident 6's bedding was not clean and had numerous food, and/or other stains on it. Resident 6's room had a strong, unpleasant stale odor.

In an interview, on 03/24/2026 at 12: 57 PM, Staff D stated that Resident 6 had been refusing showers and personal care. Staff D reported that this was normal behavior for Resident 6. Staff D stated that Resident 6 had behaved the same way in their previous AFH when they had a pre-admission visit with them and decided to admit them to their AFH. Staff D reported that Resident 6 refused mental health support.

In an interview, on 03/24/2026 at 11:05 AM, Resident 6 reported that they believed that they had a shower last week. Resident 6 reported that they were not sure why they did not change their soiled clothes. Resident 6 reported that they had plenty of clothes that they could wear in their closet.

Additional observation, on 03/24/2026 at 1:30 PM, showed Resident 6 was asking Department's Staff and AFH Staff to go to the bathroom to cut their beard, and after that they were planning to change their clothes.

Review of email correspondence, dated 12/16/2025, between Department's case manager and AFH Staff, showed AFH Staff had communicated to Resident 6's Department case manager difficulties with providing personal care to Resident 6 due to their behaviors. Email correspondence showed AFH Staff had been instructed by Resident 6's Department case manager to communicate these issues to Resident 6's medical provider, and to seek a mental health referral for Resident 6.

Review of the AFH's progress notes showed AFH Staff had recorded only that Resident 6 refused to shower on 11/08 and 02/04 (no year dated in the progress notes).

Review of an AFH's email correspondence, dated 04/01/2026, showed AFH had obtained a mental health referral for Resident 6.

In an interview, on 04/02/2026 at 1630, Staff B reported that they spoke to Staff C

about making sure that Resident 6 was kept clean. Staff B reported that they could continue to care for Resident 6.

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, Dignity Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/18/26

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

Provider (or Representative) — Date: 4/21/26

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

This requirement was not met as evidenced by:

Based on observation, interview and record review, Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) for 1 of 5 Residents (Resident 4) included specialized behavioral services, including when and how these services would be provided, and response to resident's refusal of care and treatment. These failures resulted in Resident 4's decreased quality of care and life.

Findings included...

Per review of Washington State Health Care Authority, "Intensive Behavioral Supportive Supervision (IBSS), is a voluntary program available to Apple Health Medicaid recipients enrolled with managed care organizations (MCO) who have complex behaviors and cognitive impairments and at high risk of institutionalization and hospitalization requiring direct staffing supports to prevent harm to self or others"

In addition, review of Washington State Health Care Authority " Supportive Supervision tiering guidance for Community Behavioral Health support services and in Lieu of Service" showed that under the guidance for Tier 3 "The individual demonstrates multiple qualifying behaviors at a frequency and intensity that requires an average of 6.1-10 hours per day of 1:1 staffing to redirect, engage, deescalate, and cue to promote community stability and to ensure the safety of the individual and other residents."

<Resident 4>

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Observation on 03/24/2026 at 10:25 AM showed Staff C, Caregiver, caring for Resident 4 and four other residents (Resident 2, Resident 3, Resident 5 and Resident 6). No other caregivers were observed to be present in the AFH when Department's Staff arrived for on-site visit.

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In an interview, on 03/24/2026 at 10:56 AM, Resident 4 reported that they received incontinence care early in the morning from the nighttime AFH Staff member. They stated that they had difficulty getting hold of AFH Staff when they needed them. Resident 4 stated that they did not have call button to reach AFH Staff. Resident 4 reported that in the past when they could not reach AFH they called 911 for assistance over their cell phone. Resident 4 reported that they could not remember when they got out of bed last time or when they had received a shower last time. Resident stated, "long time ago".

Further review of Resident 4's NCP did not show that Resident 4 was receiving IBSS. Resident 4's NCP did not show who, how and when IBSS services would be provided to Resident 4. Resident 4's NCP did not show interventions that AFH Staff would use in response to Resident 4's refusal of care and services and whom to report it.

Record review of Resident 4's "Supportive Supervision Tracking and Attestation" sheet showed AFH Staff gave supportive direct supervision to Resident 4 only from 03/19/2026 through 03/22/2026 since their discharge from the rehabilitation center on [redacted]/2026.

In an interview, on 04/02/2026 at 1630, Staff B, Resident Manager (RM) reported that they did all they could to keep Resident 4 clean and showered. Staff B did not explain how they implemented IBSS program for Resident 4.

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, Dignity Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/18/26 .

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

Provider (or Representative) 4/21/26 Date

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;

This requirement was not met as evidenced by:

Based on observation and interviews, the Adult Family Home (AFH) failed to ensure that 5 of 5 residents (Resident 2, Resident 3, Resident 4, Resident 5 and Resident 6) had been cared for in an environment that was clean, comfortable and homelike. This failure resulted in Resident 2, Resident 3, Resident 4, Resident 5 and Resident 6 being cared for in unsanitary environment and decreased their dignity and quality of care.

Findings included...

Observation on 03/24/2026 at 10:25 AM showed that AFH was providing care and various services for five residents. Observation showed that floors in the common area and throughout the home were sticky (Department's Staff shoes were sticking to the floor).

<Resident 4's room>

Observation on 03/24/2026 at 10:25 AM showed Resident 4's room had strong, overwhelming foul smell (mix of urine, stool and yeast infection). Resident 4's fitted bed sheet was observed to be soaking in urine and had old rings of urine stains on it. On the floor below Resident 4's bed there was a puddle of urine. Resident 4's bedroom floors were dusty and sticky. The small coffee table at the foot of Resident 4's bed was dusty. The small table had numerous personal items belonging to Resident 4 as well as empty food containers and garbage.

<Resident 6's room>

Observation of Resident 6's room 03/24/2026 at 10:25 AM revealed the room had a strong, unpleasant and stale odor. Resident 6's bedding was unwashed and had food/unknown stains on it. There was a thick visible layer of dust on an empty shelf across from Resident 6's bed. Other pieces of furniture in Resident 6's room, such as a chest with TV on it, were also dusty. The floor in Resident 6's room was dusty and sticky. Resident 6's doorknob was not working properly, and the door could not be properly closed.

In an interview, on 03/24/2026 at 11:05 AM, Resident 6 reported that they asked owner of the home to fix the doorknob multiple times, but it had not happened yet.

In an interview, on 03/24/2026 at 12: 57 PM, Staff D, Caregiver, reported that they were not sure why Resident 6's door could not be properly closed. Staff D stated that they believed that the door was working just fine. Staff D reported that the floors in the home could be sticky because of the floor cleaner that they had used.

In an interview, on 04/02/2026 at 1630, Staff B, Resident Manager (RM) reported that

Statement of Deficiencies	License #: 757055	Compliance Determination # 74801
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they fixed Resident 6's doorknob.

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, Dignity Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 5/18/26 .

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

Provider (or Representative) — Date: 4/21/26

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/08/2026

Dignity Senior Care LLC
Dignity Senior Care LLC
4922 181st Pl SW
Lynnwood, WA 98037

RE: Dignity Senior Care LLC # 757055

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 04/06/2026 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 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 calendar days of Last Date of Data Collection (04/06/2026), no later than 05/21/2026 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 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

The Adult Family Home failed to ensure 1 of 6 Residents (Resident 4) had a call bell within the reach in case of an emergency. The AFH Staff had located Resident 4's call bell during Department's on-site visit and placed it within reach for Resident 4 to use it as needed.

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
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 make an IDR request and find directions on the IDR 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 supporting documents to:

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