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

Rana Alderwood Homecare LLC
RANA ALDERWOOD HOMECARE LLC
19330 24th Ave W
Lynnwood, WA 98036

RE: RANA ALDERWOOD HOMECARE LLC License # 757179

Dear Provider:

This letter addresses Compliance Determination(s) 73957 (Completion Date 03/06/2026) and 70698 (Completion Date 01/12/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/06/2026 and found that you have corrected the violations listed in the Complaint report dated 01/12/2026. Your home is back in compliance as of 01/09/2026 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 388-76-10198-4, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3

The Department staff who did the on-site verification:
Tekeste Demissie, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourque

Nicholette Flynn, AFH 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

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 12/29/2025, 01/07/2026 and 01/08/2026 of:

RANA ALDERWOOD HOMECARE LLC
19330 24th Ave W
Lynnwood, WA 98036

This document references the following complaint number(s): 206603, 206880

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

The department staff that investigated the Adult Family Home:

Tekeste Demissie, Complaint Investigator

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' Brunau
Residential Care Services

01/15/2026
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)

01/17/2026
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a copy of the Washington state name and date of birth Background Check (BGC) and National Fingerprint (FP) BGC results for 3 of 4 staff (Staff A, Entity Representative and Staff C, Caregiver) readily available for review. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of having a staff member with an unknown criminal background.

Findings included...

Observation, on 12/29/2025 at 10:31 AM, showed there were three residents (Resident 2, 3, and 4) and two Staff, Staff B and D (Caregivers) in the home.

Review of AFH personnel records, on 12/29/2025 at 11:40 AM, showed there was no copy of the BGC result for Staff A on file for review. Staff A sent an email attachment to Staff B, Caregiver, that showed a BGC result completed on 12/29/2025.

Review of staff records showed the AFH hired Staff C, Caregiver, on 05/14/2025. Review of Staff C's record showed there was no copy of the FP result for Staff C on file for

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

01/15/2026
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)

Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a copy of the Washington state name and date of birth Background Check (BGC) and National Fingerprint (FP) BGC results for 3 of 4 staff (Staff A, Entity Representative and Staff C, Caregiver) readily available for review. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of having a staff member with an unknown criminal background.

Findings included...

Observation, on 12/29/2025 at 10:31 AM, showed there were three residents (Resident 2, 3, and 4) and two Staff, Staff B and D (Caregivers) in the home.

Review of AFH personnel records, on 12/29/2025 at 11:40 AM, showed there was no copy of the BGC result for Staff A on file for review. Staff A sent an email attachment to Staff B, Caregiver, that showed a BGC result completed on 12/29/2025.

Review of staff records showed the AFH hired Staff C, Caregiver, on 05/14/2025. Review of Staff C's record showed there was no copy of the FP result for Staff C on file for

review.

Review of staff records showed the AFH hired Staff D, Caregiver, on 11/17/2025. Review of Staff D's record showed Staff D had a BGC done on 01/22/2025. Record review showed the BCG was issued for a different AFH license (Kenbe 2 AFH). Record reviews showed the AFH did not request a new BCG.

In an interview, on 12/29/2025 at 2:15 PM, Staff A stated that they had completed the background checks but did not know where the copy was placed. Staff A had not been able to locate the FP check result for Staff C and BGC result for Staff D.

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 12/29/2025

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

Rakal — 01/11/2025

Provider (or Representative) — Date

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:

(1) A list of the care and services to be provided;

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included wound care interventions for 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs, and risk of harm from untreated pressure ulcers.

Findings included...

review.

Review of staff records showed the AFH hired Staff D, Caregiver, on 11/17/2025. Review of Staff D's record showed Staff D had a BGC done on 01/22/2025. Record review showed the BCG was issued for a different AFH license (Kenbe 2 AFH). Record reviews showed the AFH did not request a new BCG.

In an interview, on 12/29/2025 at 2:15 PM, Staff A stated that they had completed the background checks but did not know where the copy was placed. Staff A had not been able to locate the FP check result for Staff C and BGC result for Staff D.

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, RANA ALDERWOOD HOMECARE 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 388-76-10355 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:

(1) A list of the care and services to be provided;

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included wound care interventions for 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs, and risk of harm from untreated pressure ulcers.

Findings included…

Record review showed Resident 1 admitted to the AFH on [redacted]/2025 with multiple diagnoses including [redacted] and [redacted].

Review of Resident 1's assessment, dated 07/09/2025, showed Resident 1 had a Sternal Surgical Wound (involves cutting through the sternum to access the heart and surrounding structures, primarily used in open-heart surgery), and a healing Coccyx (anatomical structure that is commonly referred to as a "tail bone") wound. Further reviews showed the Surgical wound was managed by Home Health Nurse.

Record review of Resident 1's NCP, updated on 09/06/2025, showed the AFH did not include information of Resident 1's wounds. The NCP did not include wound care and interventions. The NCP did not show who would provide wound care for Resident 1.

In an interview, on 12/ 29/2025 at 11:20 AM, Staff B, Caregiver, stated that they had used a monitoring log to document Resident 1's wounds. Staff B stated that they did not include wound care and intervention in Resident 1's NCP.

In an interview, on 12/29/2025 at 2:15 PM, Staff A, Entity Representative, stated that Home Health Nurse provide wound care to Resident 1. Staff A also stated that Resident 1's wounds should have been noted in Resident 1's NCP.

In an interview, on 12/31/2024 at 9:36 AM, Collateral Contact 1 (CC1) stated that they, CC1, provided wound care to Resident 1 weekly. CC1 reported that they called 911 and transferred Resident 1 to emergency room for evaluation and treatment due to unhealing wound.

License #: 757179 Compliance Determination # 70698
RANA ALDERWOOD HOMECARE LLC Completion Date
Licensee: Rana Alderwood Homecare LLC 01/12/2026

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 01/07/2026.

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

Provider (or Representative) Date 01/11/2026

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, RANA ALDERWOOD HOMECARE 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