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

Pillars Adult Family Home Inc
Royal Anne Senior Care Home 1
23428 54th Ave S Unit 25-5
Kent, WA 98032

RE: Royal Anne Senior Care Home 1 License # 757491

Dear Provider:

This letter addresses Compliance Determination(s) 67179 (Completion Date 10/13/2025) and 63117 (Completion Date 08/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/13/2025 and found that you have corrected the violations listed in the Complaint report dated 08/29/2025. Your home is back in compliance as of 09/30/2025 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 388-76-10165-1, WAC 388-76-10225-1-a-ii, WAC 388-76-10225-2, WAC 388-76-10380-4, WAC 388-76-10360

The Department staff who did the on-site verification:
Nylay Quist, AFH Complaint Investigator

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

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 07/24/2025 of:

Royal Anne Senior Care Home 1
21019 Royal Anne Road, Unit A
Bothell, WA 98021

This document references the following complaint number(s): 186543, 186561, 191399, 191423

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Nylay Quist, AFH 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

Statement of Deficiencies	License #: 757491	Compliance Determination #:631117
Plan of Correction	Royal Anne Senior Care Home 1	Completion Date
Page 2 of 7	Licensee: Pillars Adult Family Home Inc	08/29/2025

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

09/04/2025
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.

MARVIN DAVID
Provider (or Representative)

09/05/2025
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a current Washington state name and date of birth background check for 1 of 6 staff members (Staff E, Caregiver). This placed 5 of 5 residents (Residents 1, 2, 3, 4, & 5) at risk of being cared for by a staff member with an unknown criminal history.

Findings included...

Record review of Staff E's employee file showed Staff E was hired on 07/20/2024. Staff E's record of a Washington state name and date of birth background check sheet was dated 02/06/2023. Staff E's Washington state name and date of birth background check was 5 months and 17 days overdue.

In an interview, on 08/13/2024 at 2:40PM, Staff A, Entity Representative, stated that they could not find any updated Washington state name and date of birth background check for Staff E in their available record. Staff A stated that they did not realize that Staff E's Washington state name and date of birth background check had expired. Staff A stated that they would ask Staff E to get their Washington state name and date of birth background check soon.

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.

Residential Care Services | 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

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Based on interview and record review, the Adult Family Home (AFH) failed to have a current Washington state name and date of birth background check for 1 of 6 staff members (Staff E, Caregiver). This placed 5 of 5 residents (Residents 1, 2, 3, 4, & 5) at risk of being cared for by a staff member with an unknown criminal history.

Findings included…

Record review of Staff E's employee file showed Staff E was hired on 07/20/2024. Staff E's record of a Washington state name and date of birth background check sheet was dated 02/06/2023. Staff E's Washington state name and date of birth background check was 5 months and 17 days overdue.

In an interview, on 08/13/2024 at 2:40PM, Staff A, Entity Representative, stated that they could not find any updated Washington state name and date of birth background check for Staff E in their available record. Staff A stated that they did not realize that Staff E's Washington state name and date of birth background check had expired. Staff A stated that they would ask Staff E to get their Washington state name and date of birth background check soon.

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, Royal Anne Senior Care Home 1 is or will be in compliance with this law and / or regulation on (Date) 09/01/2025

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

MARVIN DAVID — 09/05/2025

Provider (or Representative) — Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(ii) To the department by calling the complaint toll-free hotline number; and

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the Complaint Resolution Unit (CRU) when 1 of 5 residents (Resident 1) had an unwitnessed fall with injury in the AFH. This failure placed Resident 1 at risk of not receiving proper medical treatment and unmet care needs.

Findings included...

Review of Resident 1's record showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses that included [redacted], and [redacted].

Record review of the AFH incident log showed Resident 1 had a fall on [redacted]/2025. The incident log further showed Resident 1 had a head injury and was transported to the hospital.

Review of the hospital record, dated [redacted]/2025, showed Resident 1 was seen on [redacted]/2025 for a forehead injury due to an accidental fall. Resident 1 was discharged from the hospital on [redacted]/2025.

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, Royal Anne Senior Care Home 1 is or will be in compliance with this law and / or regulation on (Date)_____
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(ii) To the department by calling the complaint toll-free hotline number; and

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the Complaint Resolution Unit (CRU) when 1 of 5 residents (Resident 1) had an unwitnessed fall with injury in the AFH. This failure placed Resident 1 at risk of not receiving proper medical treatment and unmet care needs.

Findings Included…

Review of Resident 1's record showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted].

Record review of the AFH incident log showed Resident 1 had a fall on [redacted]/2025. The incident log further showed Resident 1 had a head injury and was transported to the hospital.

Review of the hospital record, dated [redacted]/2025, showed Resident 1 was seen on [redacted]/2025 for a forehead injury due to an accidental fall. Resident 1 was discharged from the hospital on [redacted]/2025.

Record review of the Secure Tracking and Reporting System (STARS) on 07/24/2025 at 4:30PM showed no report placed by any AFH staff to the CRU about Resident 1's unwitnessed fall incident on [redacted]/2025.

Observation, on 07/24/2025 at 10:15AM, showed Resident 1 had a healing scar, 2 inches long on the left side of their forehead.

In an interview, on 07/24/2025 at 9:50AM, Resident 1 stated that they fell from their wheelchair to the floor about one week ago because they were reaching for a candy. Resident 1 stated that they hit their head on the floor. Resident 1 stated that the caregiver called 911 and they (Resident 1) had to be transported to the hospital. Resident 1 stated that no one saw them fall.

In an interview, on 07/24/2025 at 11:37AM, Staff B, Provider, stated that Staff D, Caregiver, reported to them (Staff B) that Resident 1 had a head injury due to a fall from their wheelchair to the floor on [redacted]/2025. Staff B stated that they did not witness Resident 1's fall because they were not at the AFH at that time. Staff B stated that Staff D tended to Resident 1, called 911, and reported the incident to them (Staff B). Staff B stated that they did not recall reporting Resident 1's fall incident to the State reporting hotline.

In an interview, on 08/13/2025 at 11:41AM, Staff D, Caregiver, stated that Resident 1 had a fall from their wheelchair to the floor on [redacted]/2025. Staff D stated that Resident 1 had a head injury because of the fall. Staff D stated that they did not witness Resident 1's fall because they were in the laundry room. Staff D stated that they tended to Resident 1, called 911, and reported the incident to Staff B. Staff D stated that they did not report the incident to the State reporting hotline.

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, Royal Anne Senior Care Home 1 is or will be in compliance with this law and / or regulation on (Date) 09 | 30 | 2025

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

MARVIN DAVID [signature] 09 | 11 | 2025
Provider (or Representative) Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 5 residents (Residents 3) at least every 12 months. This failure placed Resident 3 at risk for unrecognized and/or unmet care needs.

Finding included...

Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted].

Record review of Resident 3's NCP showed that 05/22/2024 was the most recent signed and dated review by Resident 3 and by Staff A, Entity Representative. Resident 3's current NCP was two months and twenty-one days overdue.

In an interview, on 08/13/2025 at 12:47PM, Staff A stated that they knew that all Resident's NCP must be revised and signed at least every twelve months. Staff A stated that they are aware that Resident 3's NCP had expired. Staff A stated that they had sent Resident 3's assessment, dated 07/28/2025, to an outside agency nurse to update Resident 3's NCP. Staff A stated that the outside agency nurse had not completed the update NCP and had not sent Resident 3's NCP to them yet.

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, Royal Anne Senior Care Home 1 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 5 residents (Residents 3) at least every 12 months. This failure placed Resident 3 at risk for unrecognized and/or unmet care needs.

Finding included…

Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted].

Record review of Resident 3's NCP showed that 05/22/2024 was the most recent signed and dated review by Resident 3 and by Staff A, Entity Representative. Resident 3's current NCP was two months and twenty-one days overdue.

In an interview, on 08/13/2025 at 12:47PM, Staff A stated that they knew that all Resident's NCP must be revised and signed at least every twelve months. Staff A stated that they are aware that Resident 3's NCP had expired. Staff A stated that they had sent Resident 3's assessment, dated 07/28/2025, to an outside agency nurse to update Resident 3's NCP. Staff A stated that the outside agency nurse had not completed the update NCP and had not sent Resident 3's NCP to them yet.

Statement of Deficiencies	License #: 757491	Compliance Determination #:63117
Plan of Correction	Royal Anne Senior Care Home 1	Completion Date
Page 6 of 7	Licensee: Pillars Adult Family Home Inc	08/29/2025

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, Royal Anne Senior Care Home 1 is or will be in compliance with this law and / or regulation on (Date) 09/30/2025

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

MARVIN DAVID Alamejo 09/11/2025

Provider (or Representative) Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to develop and completed the Negotiated Care Plan (NCP) for 1 of 5 residents (Residents 2) within thirty days of Resident 2 admission to the AFH. This failure placed Residents 2 at risk for unrecognized and/or unmet care needs.

Finding includes...

Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2025 with multiple diagnoses that included [redacted] and [redacted].

Review of Resident 2's AFH file folder, on 08/13/2025 at 12:25PM, shows no Negotiated Care Plan (NCP) found in Resident 2's file folder.

In an interview, on 08/13/2025 at 12:32PM, Staff A, Entity Representative, stated that they are aware that all Resident's NCP must be completed within 30 days from the Resident's admission date to the AFH. Staff A stated that they have been using Resident 2's assessment, dated 03/13/2025 as a source of care information for Resident 2. Staff A stated that they had sent Resident 2's assessment to an outside agency nurse to complete Resident 2's NCP. Staff A stated that the outside agency nurse had not completed the NCP and had not sent Resident 2's CP to them yet. Staff A stated that they did not know that they could use Resident 2's assessment to complete the NCP on their own.

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, Royal Anne Senior Care Home 1 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to develop and completed the Negotiated Care Plan (NCP) for 1 of 5 residents (Residents 2) within thirty days of Resident 2 admission to the AFH. This failure placed Residents 2 at risk for unrecognized and/or unmet care needs.

Finding included…

Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2025 with multiple diagnoses that included [redacted] and [redacted].

Review of Resident 2's AFH file folder, on 08/13/2025 at 12:25PM, shows no Negotiated Care Plan (NCP) found in Resident 2's file folder.

In an interview, on 08/13/2025 at 12:32PM, Staff A, Entity Representative, stated that they are aware that all Resident's NCP must be completed within 30 days from the Resident's admission date to the AFH. Staff A stated that they have been using Resident 2's assessment, dated 03/13/2025 as a source of care information for Resident 2. Staff A stated that they had sent Resident 2's assessment to an outside agency nurse to complete Resident 2's NCP. Staff A stated that the outside agency nurse had not completed the NCP and had not sent Resident 2's CP to them yet. Staff A stated that they did not know that they could use Resident 2's assessment to complete the NCP on their own.

Statement of Deficiencies	License #: 757491	Compliance Determination #: 83117
Plan of Correction	Royal Anne Senior Care Home 1	Completion Date
Page 7 of 7	Licensee: Pillars Adult Family Home Inc	08/29/2025

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, Royal Anne Senior Care Home 1 is or will be in compliance with this law and / or regulation on (Date) 09/30/2025

.

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

MARVIN DAVID [signature]
Provider (or Representative)

09/11/2025
Date

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, Royal Anne Senior Care Home 1 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