STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 74522 (Completion Date 03/18/2026) and 71169 (Completion Date 01/20/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2026 and found that you have corrected the violations listed in the Complaint report dated 01/20/2026. 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 388-76-10365

The Department staff who did the on-site verification:
Meazawork Tekie, 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 01/08/2026 of:

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

This document references the following complaint number(s): 206888

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:

Meazawork Tekie, 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 # 71169
Plan of Correction	Royal Anne Senior Care Home 1	Completion Date
Page 2 of 3	Licensee: Pillars Adult Family Home Inc	01/20/2026

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

01/22/2026
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)

01/24/2026
Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to implement a care plan for transferring assistance for 2 of 5 residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2's safety at risk during transfers.

Findings included...

Record review of Resident 1's Negotiated Care Plan (NCP), dated 05/22/2024, showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted]. Resident 1's NCP showed Resident 1 was dependent with all transfers using a [redacted]. Resident 1's NCP instructed AFH staff to transfer Resident 1 from surface to surface using a [redacted], and two caregivers.

Record review of Resident 2's NCP, dated [redacted]/2025, showed the AFH admitted Resident 2 on [redacted]/2025 with multiple diagnoses that included [redacted]. Resident 2's NCP showed Resident 2 was dependent with all transfers using a [redacted]. Resident 2's NCP instructed AFH staff to transfer Resident 2 from surface to surface using a [redacted].

In an interview, on 01/08/2025 at 10:02 AM, Resident 1 stated that AFH staff had assisted them (Resident 1) with transfers and had used a [redacted].

In an interview, on 01/08/2025 at 10:10 AM, Resident 2 stated that AFH staff had

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

01/22/2026
Date

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Provider (or Representative)

Date

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Findings included...

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Record review of Resident 2's NCP, dated [redacted]/2025, showed the AFH admitted Resident 2 on [redacted]/2025 with multiple diagnoses that included [redacted]. Resident 2's NCP showed Resident 2 was dependent with all transfers using a [redacted]. Resident 2's NCP instructed AFH staff to transfer Resident 2 from surface to surface using a [redacted].

In an interview, on 01/08/2025 at 10:02 AM, Resident 1 stated that AFH staff had assisted them (Resident 1) with transfers and had used a [redacted].

In an interview, on 01/08/2025 at 10:10 AM, Resident 2 stated that AFH staff had

Statement of Deficiencies	License #: 757491	Compliance Determination # 71169
Plan of Correction	Royal Anne Senior Care Home 1	Completion Date
Page 3 of 3	Licensee: Pillars Adult Family Home Inc	01/20/2026

assisted them (Resident 2) with transfers and had used a [redacted].

In an interview, on 01/08/2025 at 11:05 AM, Staff B (Caregiver) stated that AFH staff had assisted Resident 1 and Resident 2 with all transfers. Staff B stated that AFH staff had transferred Resident 1 and Resident 2 from bed to wheelchair using a [redacted].

In an interview, on 01/08/2025 at 11:20 AM, Staff A (Entity representative), stated that AFH staff had assisted Resident 1 and Resident 2 with all transfers. Staff A stated that AFH staff had been using a [redacted] for all of Resident 1's transfers for over a year. Staff A also stated that AFH staff had transferred Resident 2 using a gait belt (a sturdy strap worn around a person's waist to help caregivers safely assist someone with mobility issues) to a shower chair.

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) 01/9/2026

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

Provider (or Representative) — Date: 01/24/2026

assisted them (Resident 2) with transfers and had used a [redacted].

In an interview, on 01/08/2025 at 11:05 AM, Staff B (Caregiver) stated that AFH staff had assisted Resident 1 and Resident 2 with all transfers. Staff B stated that AFH staff had transferred Resident 1 and Resident 2 from bed to wheelchair using a [redacted].

In an interview, on 01/08/2025 at 11:20 AM, Staff A (Entity representative), stated that AFH staff had assisted Resident 1 and Resident 2 with all transfers. Staff A stated that AFH staff had been using a [redacted] for all of Resident 1's transfers for over a year. Staff A also stated that AFH staff had transferred Resident 2 using a gait belt (a sturdy strap worn around a person's waist to help caregivers safely assist someone with mobility issues) to a shower chair.

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Provider (or Representative) _____ Date _____