



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

12/17/2025

ELAINE GARDENS LLC
Elaine Gardens
P.O. BOX 86
Auburn, WA 98071

RE: Elaine Gardens # 757500

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70291 (Completion Date 12/17/2025) and 65567 (Completion Date 10/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/17/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

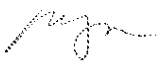
- (1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;
- (2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;
- (3) Does not allow the individual to have unsupervised access to any resident;
- (4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and
- (5) Ensures the individual is competent and receives the necessary training to perform assigned tasks and meets the staff training requirements under chapter 388-112A WAC.

The Department staff who did the On Site verification:

Michele Grumke, AFH Licenser

If you have any questions, please contact me at (253)234-6033.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cecile Leano', written in a cursive style.

Cecile Leano, Field Manager
Region 2, Unit G
Residential Care Services



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Statement of Deficiencies	License #: 757500	Compliance Determination # 65567
Plan of Correction	Elaine Gardens	Completion Date
Page 1 of 3	Licensee: ELAINE GARDENS LLC	10/10/2025

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 an unannounced on-site complaint investigation on 09/12/2025 of:

Elaine Gardens
643 I PI NE
Auburn, WA 98002

This document references the following complaint number(s): 193028

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

The department staff that investigated the Adult Family Home:

Alina Zaharie, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

10-15-2025

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.

Provider (or Representative)_____
Date

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- (3) Does not allow the individual to have unsupervised access to any resident,
- (4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and
- (5) Ensures the individual is competent and receives the necessary training to perform assigned tasks and meets the staff training requirements under chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 former staff (Staff C, Caregiver) had completed a Washington name and date-of-birth (WNDOB) Background Inquiry (BGI) when they worked in the AFH. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of receiving services from someone with an unknown criminal background.

Findings included...

Record review of Staff C's personnel file showed there was no WNDOB BGI available. The records did not have a submitted authorization form requesting a WNDOB BGI for

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Residential Care Services

Date

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Provider (or Representative)

Date

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Findings included...

Record review of Staff C's personnel file showed there was no WNOB BGI available. The records did not have a submitted authorization form requesting a WNOB BGI for

Staff C. In addition, no orientation /hire date records were found for Staff C.

During an interview, on 09/12/2025 at 1:07 PM, Staff A, Provider stated that they did not complete a WND OB BGI for Staff C. Staff A added that Staff C had worked just couple of days in the home from 09/01/2025 until 09/05/2025.

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, Elaine Gardens 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