STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

02/06/2026

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) 72550 (Completion Date 02/06/2026) and 68718 (Completion Date 11/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/06/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10930 Plan of correction Required.

(6) On each attestation of correction statement, the home must:

(a) Give a date, approved by the department, showing when the cited deficiency has been or will be corrected; and

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

The Department staff who did the On Site verification:
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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

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 11/06/2025 of:

Elaine Gardens
643 I Pl NE
Auburn, WA 98002

This document references the following complaint number(s): 201819

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

The department staff that investigated the Adult Family Home:

Michele Grumke, AFH Licensor

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 | 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.

Elaine Silinzy | 1/21/26

Provider (or Representative) | Date

WAC 388-76-10930 Plan of correction Required.

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(a) Give a date, approved by the department, showing when the cited deficiency has been or will be corrected; and

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) 1 of 1 provider (Staff A, Entity Representative/Resident Manager) failed to return a Plan of Correction (POC) that has all attestation correction dates within 10 calendar days to the department after receipt of Statement of Deficiency (SOD). This failure delayed the department's process, and placed all residents at risk of receiving care from an AFH who has not complied will all applicable laws.

Findings included...

A review of the department's Secure Tracking and Reporting System on 11/13/2025 at 1:15 PM showed confirmation that a SOD was faxed and received by the AFH on 10/16/2025.

Email received by the department on 10/31/2025 at 4:36 PM from Staff A showed they had not received the SOD. Further review showed at 4:42 PM and 6:35 PM the department emailed a copy of the SOD to Staff A.

In an interview on 11/06/2025 at 1:39 PM, Staff A was informed that if the POC was not received the same day by 5:00 PM, the AFH would be cited. Staff A stated that they had emailed the POC to the department.

Emailed records received by the department on 11/06/2025 at 3:14 PM from Staff A showed a signed POC. Further review showed the POC did not contain an attestation correction date.

In an interview on 11/06/2025 at 3:30 PM, Staff A stated that they would include the attestation date and email the POC to the department.

In an interview on 11/12/2025 at 11:36 AM, Staff A stated that they had emailed the POC to the department on 11/06/2025 at 5:43 PM.

As of 11/12/2025 at 5:00 PM, the department had not received the POC from Staff A with an attestation correction 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, Elaine Gardens is or will be in compliance with this law and / or regulation on (Date) 1/30/26 .

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

Elaine Silinzy — Provider (or Representative)

1/21/26 — Date