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

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

RE: Elaine Gardens License # 757500

Dear Provider:

This letter addresses Compliance Determination(s) 74700 (Completion Date 03/23/2026) and 68728 (Completion Date 12/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/23/2026 and found that you have corrected the violations listed in the Complaint report dated 12/24/2025. Your home is back in compliance as of 02/09/2026 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 388-76-10540-5, WAC 388-76-10540-6

The Department staff who did the on-site verification:
Sharon Judie, Community Complaint Investigator

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 11/13/2025 of:

Elaine Gardens
643 I Pl NE
Auburn, WA 98002

This document references the following complaint number(s): 198673

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Sharon Judie, Community Complaint Investigator

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

1-2-2026
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)

1/12/26
Date

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(5) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to reimburse refunds due to 1 of 1 Former Resident (FR) within 30-day time frame as required, when they discharged from the AFH. This resulted in FR not getting refunds due to them.

Findings included...

Review of the AFH's "Disclosure of Charges," dated 06/01/2025, showed, "The amount or portion of the deposits and/or prepaid funds to be retained by the home is the home's per diem rate for the days the Resident actually resided, reserved or retained a bed. The home will retain the amount for damage beyond normal and reasonably foreseeable wear and tear caused by the Resident to cover reasonable, actual expenses not to exceed 5 days per diem charges."

Review of AFH's records, on 11/13/2025 at 11:30 AM, did not result in any documentation of the AFH's reimbursement to the FR for the overpayment of their September 2025 participation fee.

Review of the Department Case Manager (CM) Service Episode Records (SER), dated

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

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Provider (or Representative) | Date

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Review of AFH's records, on 11/13/2025 at 11:30 AM, did not result in any documentation of the AFH's reimbursement to the FR for the overpayment of their September 2025 participation fee.

Review of the Department Case Manager (CM) Service Episode Records (SER), dated

09/16/2025, showed the CM authorized a new AFH to provide care for the FR as of [redacted]2025.

Review of the Department's Provider One records, on 12/23/2025 at 3:00 PM, showed the FR owed a participation fees in the amount of $1,784.88 from 09/01/2025-09/09/2025 and $396.64 from 09/10/2025-09/11-2025. During a telephone interview, on 12/22/2025 at 2:56 PM, Collateral Contact 2 (CC2) stated they paid the AFH the September 2025 participation fee in the amount of $4,609.72. CC2 stated the FR discharged from the AFH on [redacted]2025. The AFH did not reimburse money due to the FR which was the balance of the participation fee for September 2025.

During a telephone interview, on 11/13/2025 at 11:45 AM, Staff A, Entity Representative, stated they did not reimburse the FR's participation fee for September 2025. Staff A stated since FR's bedroom had damage and the AFH paid for a new mattress and other items, they did not reimburse the participation fee.

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) ~~03/16/26~~ 02/09/26.

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

Provider (or Representative) — Date: 2/25/26

09/16/2025, showed the CM authorized a new AFH to provide care for the FR as of [redacted]/2025.

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During a telephone interview, on 11/13/2025 at 11:45 AM, Staff A, Entity Representative, stated they did not reimburse the FR's participation fee for September 2025. Staff A stated since FR's bedroom had damage and the AFH paid for a new mattress and other items, they did not reimburse the participation fee.

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)_____ .

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Provider (or Representative) _____ Date _____