STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

GRACEFUL LIVING GROUP LLC
SEDRO WOOLLEY ADULT FAMILY HOME
904 ALDERWOOD LANE
SEDRO WOOLLEY, WA 98284

RE: SEDRO WOOLLEY ADULT FAMILY HOME License # 757591

Dear Provider:

This letter addresses Compliance Determination(s) 64447 (Completion Date 08/21/2025) and 62486 (Completion Date 07/16/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/21/2025 and found that you have corrected the violations listed in the Complaint report dated 07/16/2025. Your home is back in compliance as of 08/16/2025 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 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the off-site verification:
Kimberly Rush, Long Term Care Surveyor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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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 07/14/2025 and 07/15/2025 of:

SEDRO WOOLLEY ADULT FAMILY HOME
904 ALDERWOOD LANE
SEDRO WOOLLEY, WA 98284

This document references the following complaint number(s): 184272

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:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 residents (Resident 1 & 3) had an assessment completed prior to use that reflected the resident's need and safe use of [redacted]. The AFH failed to ensure the negotiated care plan (NCP) of Resident 1 and Resident 3 included how the resident would use the [redacted]. These failures placed the resident's at risk for misuse and injury.

Findings included…

Observation on, 07/14/2025 at 12:09 PM, showed Resident 3 laying in a [redacted] with a raised half [redacted] on the upper left side. The upper right [redacted] was in a lowered position.

Observation on, 07/14/2025 at 12:14PM, showed Resident 1's [redacted] had raised quarter upper left and right [redacted].

Resident 1

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses that included [redacted].
Review of Resident 1's assessment, dated 02/13/2025, showed Resident 1 required caregiver assistance with activities of daily living. Resident 1's assessment did not show documentation of [redacted] use.

Record review of Resident 1's NCP dated, dated 02/26/2025, did not show documentation of [redacted] use and how Resident 1 used [redacted].

Interview on, 07/15/2025 at 3:20 PM, Resident 1 stated they use both [redacted] for turning and changing.

Resident 3
Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted]. Review of Resident 3's assessment, dated 04/04/2025, showed Resident 3 required caregiver assistance with activities of daily living. Resident 3's assessment did not show documentation of [redacted] use.

Record review of Resident 3's NCP dated, dated 04/20/2025, did not show documentation of [redacted] use and how Resident 3 used [redacted].

Interview on, 07/14/2025 at 2:42 PM, Resident 3 stated that they don't use their right [redacted] and it is always kept down. Resident 3 stated that they use their left [redacted] to pull themself up in bed.

Interview on, 07/14/2025 at 1:58 PM, Staff A (Provider) stated that Resident 1 and Resident 3 use the [redacted] during changes and cleanings for scooting themselves up and turning in bed. Staff A stated that Resident 1 uses the [redacted] when standing up from bed. Staff A stated that the only paperwork they had and were told that they needed for [redacted] use was the signed informed consent and release forms.

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, SEDRO WOOLLEY ADULT FAMILY HOME 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