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

11/19/2025

MEADOW PARK AFH LLC
MEADOW PARK AFH LLC
4720 75th Pl NE
Marysville, WA 98270

RE: MEADOW PARK AFH LLC # 757665

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68922 (Completion Date 11/19/2025) and 60938 (Completion Date 09/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/19/2025 and found no deficiencies.

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

WAC 388-76-10615 Resident rights Transfer and discharge.

(1) The adult family home must allow each resident to stay in the home and not transfer or discharge the resident unless:

(a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the home;

(b) The safety or health of individuals in the home is or would otherwise be endangered;

WAC 388-76-10616 Resident rights Transfer and discharge notice.

(1) Before a home transfers or discharges a resident, the home must give the resident and the resident's representative a written thirty day notification informing them of the transfer or discharge. The home must also make a reasonable effort to notify, if known, any interested family member. The written notification must be in a language and manner the resident understands and include the following:

(d) The name, address, and telephone number of the state long-term care ombuds;

(f) For residents with mental illness, the mailing address and telephone number of the agency responsible for the protection and advocacy of individuals with mental illness.

The Department staff who did the On Site verification:
Megan Wylie, Licensor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 06/11/2025 of:

MEADOW PARK AFH LLC
4720 75th Pl NE
Marysville, WA 98270

This document references the following complaint number(s): 181164

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensor

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 388-76-10615 Resident rights Transfer and discharge.

(1) The adult family home must allow each resident to stay in the home and not transfer or discharge the resident unless:

(a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the home;

(b) The safety or health of individuals in the home is or would otherwise be endangered;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the reasons for transfer or discharge of 1 of 5 residents (Resident 5) were necessary for Resident 5's safety and well-being. This failure placed Resident 5 at risk for unnecessary discharge.

Findings included...

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Resident 5's assessment, dated 10/02/2024, showed Resident 5 had Huntingtons Disease (a progressive disorder that causes nerve cells in the brain to waste away) and required caregiver assistance with all areas of daily living.

Record review of a 30-day discharge notice provided to Resident 5, dated [redacted]/2025, stated that the AFH was able to meet the care needs of the resident and the AFH was committed to continuing Resident 5's level of care and ensuring their well-being. The discharge notice showed the AFH listed the following reasons for Resident 5's transfer or discharge:

- Extended visitations have sometimes limited the co-resident's ability to move freely within their shared living space, as Resident 5' daughter often closed the door and overstayed beyond regular visiting hours.
- Resident 5's representative did not get the resident a primary care doctor.
- Direct engagement with the caregiving team, including offering unsolicited feedback and direction on care delivery.
- After-hours, non-emergency text messages were sent directly to the providers phone.
- Resident 5's representative stated their belief that Resident 5's apparent "dying wish" should be honored by limiting the extent of care provided. This is contrary to our mission of promoting each resident's health, dignity, and quality of life for as long as they are with us.
- Resident 5's representative had also verbally accused the Provider by making remarks about their background.

Review of an email from Staff A (Provider) sent to the Department, on 07/27/25 at 11:13 PM, Staff A stated that the discharge notice was formulated to address the concerns with the POA distracting staff from administering care. Staff A stated that if the POA kept interrupting their efforts to care for Resident 5, they would initiate the discharge from the facility.

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, MEADOW PARK AFH LLC 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

WAC 388-76-10616 Resident rights Transfer and discharge notice.

(1) Before a home transfers or discharges a resident, the home must give the resident and the resident's representative a written thirty day notification informing them of the transfer or discharge. The home must also make a reasonable effort to notify, if known, any interested family member. The written notification must be in a language and manner the resident understands and include the following:

(d) The name, address, and telephone number of the state long-term care ombuds;

(f) For residents with mental illness, the mailing address and telephone number of the agency responsible for the protection and advocacy of individuals with mental illness.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 residents (Resident 5) was given a written thirty-day discharge notification that included the required contact information for the state long-term care ombuds and contact information for the agency responsible for advocacy and protection of individuals with mental health illness. This failure resulted in a violation of Resident 5's rights when they received an incomplete discharge notice.

Findings included…

Record review showed the AFH admitted Resident 5 on [redacted]/2025 with multiple diagnoses. Review of Resident 5's assessment, dated 10/02/2024, showed Resident 5 required caregiver assistance with activities of daily living.

Record review showed a discharge notice, dated [redacted]/2025, that did not include the necessary ombuds contact information or contact information for the agency responsible advocacy and protection of individuals with mental health illness.

An interview, on 07/27/2025 at 11:13 PM Staff A (Provider) stated that although the document stated that it was a 30-day notice, it was only intended to inform the resident's representative that a 30-day notice would be given if they did not correct the identified issues.

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, MEADOW PARK AFH LLC 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