STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

TWT LLC
AVONDALE COUNTRY ESTATE
13110 NE 177th Pl #220
Woodinville, WA 98077

RE: AVONDALE COUNTRY ESTATE License # 404803

Dear Provider:

This letter addresses Compliance Determination(s) 84257 (Completion Date 09/24/2026) and 82654 (Completion Date 08/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/24/2026 and found that you have corrected the violations listed in the Complaint report dated 08/24/2026. Your home is back in compliance as of 07/30/2026 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the off-site verification:
Tekeste Demissie, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 08/21/2026 of:

AVONDALE COUNTRY ESTATE
16400 Avondale Rd NE
Woodinville, WA 98077

This document references the following complaint number(s): 234292

The following sample was selected for review during the unannounced on-site visit: 5 of 0 current residents and 2 former residents.

The department staff that investigated the Adult Family Home:

Tekeste Demissie, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 404803	Compliance Determination # 62654
Plan of Correction	AVONDALE COUNTRY ESTATE	Completion Date
Page 2 of 3	Licensee: TWT LLC	08/24/2026

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.

Renee Bourque
Residential Care Services

9/1/2026
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)

9/10/26
Date

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they paid their annual AFH license fee of $2700 before the due date on 06/15/2026. This failure resulted in the AFH operating without a valid license since 06/16/2026.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 08/21/2026, showed the AFH did not pay their annual licensing fee. The Department database showed the balance as $2700.

Observation, on 08/21/2026 at 11:20 AM, showed the AFH operating with five residents. The AFH had necessary services (running water, electricity, and cable.)

In an interview, on 08/21/2026 at 1:21 PM, Staff A, Entity Representative, stated that

This document was prepared by Residential Care Services for the Locator website.

Scanned with CamScanner

Statement of Deficiencies	License #: 404803	Compliance Determination # 62654
Plan of Correction	AVONDALE COUNTRY ESTATE	Completion Date
Page 3 of 3	Licensee: TWT LLC	08/24/2026

they thought they paid the license fee. Staff A stated that the AFH were in the process of change of ownership and that might affect the payment status.

In a follow-up interview, on 08/21/2026 at 1:35 PM, Staff A stated that they sent payment to the Department in May or June of 2026. Staff A stated that they would send proof of payment.

Review of an email received by the Department from Staff A, on 08/23/2026 at 9:11 PM, showed a mail receipt from postal service dated 07/30/2026. was sent Certified mail 7/30/26 WA State is Responsible for delivery

Record review of an email sent from the Department to Staff A, on 08/24/2026 at 10:52 AM, showed the Department requested additional supporting evidence to show payment was made and processed. Record reviews showed Staff A did not respond to the request.

Record review of an email sent from the Department financial office, on 08/24/2026 at 2:31 PM, showed no record of payment being received or processed.

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, AVONDALE COUNTRY ESTATE is or will be in compliance with this law and / or regulation on (Date)_____ was on 07/30/2026

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

Provider (or Representative) _____ Date 09/10/2026

This document was prepared by Residential Care Services for the Locator website.

Scanned with CamScanner