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

EVELYN ANDUVATE
PINEHURST HOME
11534 7TH AVE NE
SEATTLE, WA 98125

RE: PINEHURST HOME License # 519500

Dear Provider:

This letter addresses Compliance Determination(s) 73062 (Completion Date 03/04/2026) and 69290 (Completion Date 12/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/04/2026 and found that you have corrected the violations listed in the Full report dated 12/19/2025. Your home is back in compliance as of 01/31/2026 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10166-2-a, WAC 388-76-10166-2-b, WAC 388-76-10192-3, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10198-2-a, WAC 388-76-10198-3

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

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 the unannounced on-site full inspection on 11/25/2025 of:
PINEHURST HOME
11757 9TH AVE NE
SEATTLE, WA 98125

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (WNDOB) background check was completed every two years for 2 of 2 staff (Staff A, Provider and Staff C, Caregiver) and 1 of 1 household member (HM 1). In addition, no new background authorization form was submitted to the background check central unit (BCCU). This placed all residents at risk of harm from household member and staff with unknown criminal background.

Findings included…

According to WAC 388-76-10161 Background Checks—Who Is Required to Have.
(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks: (a) A Washington state name and date of birth background check; and
(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a

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

Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

On 11/25/2025 at 11:39 AM, observation showed HM 1 opened the main door for the department staff. To the left of the main door was the living room, Residents 3 and 4, were sitting in recliners, were both reading a book. At 11:40 AM, HM 1 guided the department staff to the dining room. While standing by the dining room table, observation showed the living room was directly visible and to the right was the kitchen which was not within seeing distance to the living room. At 11:41 AM, observation showed Staff C were preparing lunch in the kitchen for Residents 1, 2, 3, and 4.

On 11/25/2025 at 11:41 AM interview, HM 1 said that Staff B, Caregiver, oversees residents while Staff A is out of the home. When asked how they were affiliated with the AFH, HM 1 said that they were not affiliated with the AFH, but they were just visiting and delivering supplies. HM 1 said that they were related to Staff A and assisted in the AFH operation. HM 1 said that they were not paid staff.

Staff A
Review of Secure Tracking and Reporting System (STARS-the department's database and electronic system for record keeping) on 11/25/2025 showed Staff A was the Provider since 10/13/2000. Review of Staff A's WNDOB background check record dated 01/31/2025, 03/15/2022, and 01/08/2020, showed "No Record" results. There was no other WNDOB background check results found for Staff A. There was no record the AFH submitted a background authorization form to the department's BCCU (uses a centralized database to conduct background checks and fingerprint-based checks for Department of Social and Health Services programs and authorized service providers who serve vulnerable adults, juveniles, and children) every two years for Staff A. Staff A's WNDOB background check due on 1/08/2022 was two months overdue. Staff A's WNDOB background check due on 03/15/2024 was 10 months overdue.

Staff C
Review of Staff C's home orientation record dated 10/30/2023 showed the AFH hired them on 10/30/2023. Review of their WNDOB background check dated 10/30/2023 showed "No Record" result and expired on 10/30/2025. Staff C has no current WNDOB background check .

HM 1
Review of AFH file, HM 1 has no WNDOB background check record.

On 11/25/2025 at 2:30 PM interview, Staff A said, "HM 1 did not live at the AFH, and other department staff never asked for HM 1's WNDOB background check in the past". Staff A said that not submitting theirs and Staff C's WNDOB background check every 24 months was an oversight and that they would do so as soon as possible, including HM 1.

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

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, PINEHURST 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

WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

(2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and

(b) Document in writing the basis for making the decision.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a Character Competence and Suitability (CCS) form was completed for 1 of 1 household member (HM 1) when their Washington state name and date of birth (WNDOB) background check result showed “Review Required”. This placed residents at risk of harm from a household member with unsupervised access to residents.

Findings included…

On 11/25/2025 at 11:39 AM, observation showed HM 1 opened the main door for the department staff. To the left of the main door was the living room where Residents 3 and 4, were sitting in recliners, both were reading a book. There were no other staff within seeing distance of the department staff in the living room. At 11:41 AM, observation showed Staff C were preparing lunch in the kitchen for Residents 1, 2, 3, and 4.

On 11/25/2025 at 11:41 AM interview, HM 1 said that they were just visiting and delivering supplies. HM 1 said that they were related to Staff A and occasionally helped in the AFH, but they were not paid staff.

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

Record review of HM 1's WNDOB background check result dated 11/25/2025 showed "Review Required" and in the lower right corner showed page "1 of 6". Pages two through six were not available to review and there was no CCS review form found.

On 12/12/2025 at 9:30 AM phone interview, Staff A, Provider, said that they were not aware HM 1 required a completed CCS form. Staff A said that they would complete one and send it to the department as soon as possible.

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, PINEHURST 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

WAC 388-76-10192 Liability insurance required Coverage requirements.

(3) The liability insurance policies must indemnify, hold harmless, and provide insurance coverage for the State of Washington, the department, its elected and appointed officials, agents, and employees of the state for any and all claims, losses, liability, damages, or fines arising out of the acts or omissions of the adult family home licensee, its staff, contractors, and residents. The State of Washington, the department, its elected and appointed officials, agents, and employees must be listed as additional insureds on all insurance policies relating to the operation or premises of the adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the home's 1 of 1 liability insurance policy included coverage for the State of Washington elected and appointed officials, department staff, agents, and employees and listed as additional insureds. This placed the department staff and all authorized State of Washington employees at risk of not being covered in case of any claims, losses, liability, or damages from acts or omissions of the AFH licensee, staff, and residents.

Findings included…

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

Review of the home's liability insurance dated 10/03/2025 showed the insured company name, licensee name (Staff A, Provider), mailing address, certificate number, and policy expiration date of 10/03/2026. In the "Description of Operations/Location" box showed three addresses of AFH locations (owned by Staff A), for which Location 1 was identified as this AFH. The certificate of liability insurance did not show that the State of Washington, department staff, elected and appointed officials, and employees of the State were named as additional insureds.

On 12/12/2025 at 11:50 AM phone interview, Staff A said that they were not aware of this regulation but will contact their insurance agent as soon as possible to make the correction.

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, PINEHURST 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

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure the Cardiopulmonary Resuscitation (CPR [is an emergency, life-saving technique combining chest compressions and rescue breaths or hands-only compressions] to keep oxygenated blood flowing to the brain and vital organs when someone's heart stops) and First Aid (the immediate, temporary care given to a person suffering from a sudden injury or illness) training of 1 of 3 staff (Staff C, Caregiver) included hands-on skills development. This placed all residents at risk of unmet needs in the event CPR or First Aid was needed.

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

Findings included…

According to WAC 388-112A-0710 What is CPR/first-aid training?
CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

On 11/25/2025 at 12:05 PM interview, Staff A, Provider, said that Staff C, who was off duty, was a full-time caregiver and worked the daytime hours from 7:00 AM to 7:00 PM shift. Staff A said, “Staff C last worked in the home the day before”.

Review of Staff C’s home orientation record dated 10/30/2023 showed the AFH hired them on 10/30/2023. Review of their CPR and First Aid certificate dated 02/09/2025 showed “has successfully completed and passed all required coursework and exams to obtain certification in Adult Child Infant CPR+First Aid+AED” (Automated External Defibrillator- a portable electronic device that analyzes the heart's rhythm and delivers an electric shock (defibrillation) to treat sudden cardiac arrest, helping the heart restart effectively) and an expiration date of 02/09/2027. This certificate did not show that hands-on skills training using mannequin or trainee partners was completed.

Review of email communication dated 12/12/2025 from the company who issued the CPR and First Aid certificate to Staff C, showed that “their particular program does not include a hands on skills check”. Staff C’s CPR and First Aid certificate, though unexpired, was not a valid CPR First Aid training because it did not include hands-on skills training.

On 12/12/2025 at 11:00 AM phone interview, Staff A said that they were not aware Staff C’s CPR First Aid certificate did not include hands-on training. Staff A said that they will send Staff C to a CPR First Aid class with hands-on training as soon as possible.

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

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, PINEHURST 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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B, Caregiver and Staff C, Caregiver) had complete set of staff records readily available for the Department Staff to review. This failure resulted the delay in determining if staff were qualified to care for the residents in the home.

Findings included…

According to WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?
(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described in this section.
(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:
(i) A certified home care aide;

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

On 11/25/2025 at 12:05 PM interview, Staff A, Provider, said that Staff B and C were full-time caregivers in the home.

Staff B
Review of home orientation record dated 11/23/2025 showed the AFH hired them on 11/24/2025. Review of Staff B's file for Continuing Education (CE) between 07/25/2023 and 07/25/2024 (2024 CEs), showed no CEs to review. There were no other CEs found for Staff B. Review of Staff B's Department of Health (DOH) Homecare Aide (HCA) license dated 07/25/2024 showed it expired on 10/30/2025. Staff B's current HCA license was not available to review. Review of Staff B's Tuberculosis (TB) testing record was not available in their file.

Staff C
Review of Staff B's home orientation record dated 10/30/2023 showed the AFH hired them on 10/30/2023. Staff B's file did not contain Developmental Disabilities (DD) specialty training certificate.

On 11/25/2025 at 3:45 PM interview, Staff A said that they would send Staff C's 2024 CEs, TB test records, and Staff C's DD specialty training certificate.

On 12/01/2025 the AFH sent Staff B's Chest X-ray (a radiographic image of the inside of the chest that uses a small amount of radiation to create a black-and-white picture of your lungs, heart, and blood vessels to diagnose lung conditions, such as TB) dated 04/01/2015 showed negative for TB. There were no other records received for Staff B and C.

On 12/12/2025 at 11:05 AM phone interview, Staff A said that they were not aware Staff B were missing their 2024 CEs and their DOH license on file was expired. Staff A said they did not have any other TB test records for Staff B. Staff A said that she was aware Staff C did not have the DD specialty training certificate. Staff A added that they would ask Staff B for their DOH license, send them for TB test, and have them and Staff C take those classes as soon as possible.

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

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, PINEHURST 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

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

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

12/23/2025

EVELYN ANDUVATE
PINEHURST HOME
11534 7TH AVE NE
SEATTLE, WA 98125

RE: PINEHURST HOME # 519500

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/19/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:

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

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home (AFH) failed to ensure the department's disclosure of fees and charges forms was provided to 1 of 1 resident (Resident 4), who was admitted to the home on [redacted]/2024, and had a written acknowledgement of receipt, including the date and signature of the resident or resident representative. Staff A, Provider, completed a disclosure of charges form and had Resident 4 signed it before the end of the department's visit.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home (AFH) failed to provide 1 of 1 resident (Resident 4) a disclosure of their policy on accepting [redacted] payments ([redacted] when

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

Resident 4 was admitted to the home on [redacted]/2024. Staff A, Provider, said that they thought the AFH did not need to provide their Medicaid conversion policy to [redacted] funded residents. Staff A had Resident 4 signed the home's Medicaid policy before the end of the department's visit.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

The Adult Family Home (AFH) failed to ensure the hallway Bathroom 1 sink's water temperature was not more than 120 degrees Fahrenheit (124.5). Staff A, Provider, adjusted the water heater thermostat (making the hallway bathroom sink water temperature between 105-120 degrees Fahrenheit) (113.9) before the end of the department's visit.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure

Plan **(Plan of Correction)**

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

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

---

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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

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