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

PINEHURST SERVICES INC

PINEHURST SERVICES INC
11534 7TH AVE NE
SEATTLE, WA 98125

RE: PINEHURST SERVICES INC License # 750946

Dear Provider:

This letter addresses Compliance Determination(s) 71011 (Completion Date 02/09/2026) and 69271 (Completion Date 11/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/09/2026 and found that you have corrected the violations listed in the Full report dated 11/25/2025. Your home is back in compliance as of 12/08/2025 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 388-76-10685-11, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-h

The Department staff who did the on-site verification:
Claire Fleming, Long Term Care Surveyor

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

Sincerely,

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

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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 11/21/2025 of:
PINEHURST SERVICES INC
11536 7TH AVE NE
SEATTLE, WA 98125

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

The department staff that inspected the Adult Family Home:

Claire Fleming, Long Term Care Surveyor

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

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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 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 1 of 5 residents (Resident 2) a call bell or a way to alert staff in the event of an emergency. This failure placed Resident 2 at risk for a delay in response to emergent care needs.

Findings included…

Record review of Resident 2's admission agreement dated [redacted]/2024, showed Resident 2 was admitted on [redacted]/2024 with multiple disabling conditions.

Record review of Resident 2's Negotiated Care Plan, dated 08/06/2025, showed Resident 2 was admitted to Hospice Care (a program of support and care for individuals with a terminal illness, focusing on comfort

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rather than cure) on 08/2025.

Observation on 11/21/2025 at 1:10 PM, showed Resident 2 resided in Bedroom [redacted].

Observation on 11/21/2025 at 1:51 PM, showed Bedroom [redacted] had a motion sensor mounted to the wall nearest the window. Observation also showed the motion sensor in Bedroom [redacted] did not have a light on, indicating the motion sensor was not on.

In an interview with Staff B, Resident Manager, on 11/21/2025 at 1:48 PM, Staff B stated that they did not know the motion sensor was not working. Staff B stated that they have not tried to turn on the motion sensor in months.

Observation on 11/21/2025 at 1:51 PM, showed the motion sensor back panel was opened by Staff A, where white battery acid was lining the device.

In an interview with Staff A, Provider, on November 21, 2025 at 2:12 PM, Staff A stated that Resident 2 never gets out of bed and is unable to use a call bell. Staff A stated that they have no alternative means to respond to resident emergencies when staff are out of earshot of Bedroom [redacted].

Observation on 11/21/2025 at 2:15 PM, showed Staff A attempted to change the batteries of the motion sensor from Bedroom [redacted], but the device did not turn on or make a sound.

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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 SERVICES INC 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident and/or their representative for 1 of 2 sampled residents (Resident 1) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1 and/or their representative at risk of not being aware of the rules of the home,

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resident rights, the care, and services available in the home, and the charges associated with the care services.

Findings included…

Record review of Resident 1's Negotiated Care Plan, dated 10/08/2025, showed the AFH admitted Resident 1 on [redacted]/2022 with multiple disabling diagnoses.

Resident 1's Admission Agreement was signed and dated by their representative on [redacted]/2022.

During an interview, on 11/21/2025 at 11:33 AM,
Staff A, Provider, stated that they do not have any other signed Notice of Services for Resident 1. Staff A stated that they must have forgotten to get the Notice of Services signed after 24 months passed from the original signature date.

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 SERVICES INC 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

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