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

HAPPY FAMILY ADULT FAMILY HOMES LLC
Happy Family Adult Family Homes #3
21905 55th Avenue West
Mountlake Terrace, WA 98043

RE: Happy Family Adult Family Homes #3 License # 752798

Dear Provider:

This letter addresses Compliance Determination(s) 70891 (Completion Date 01/02/2026) and 67870 (Completion Date 11/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/02/2026 and found that you have corrected the violations listed in the Full report dated 11/07/2025. Your home is back in compliance as of 10/28/2025 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 388-76-10522-1, WAC 388-76-10522-3, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10315-1-g, WAC 388-76-10135-4, WAC 388-112A-0050-1-a-iii, WAC 388-76-10430-2-d, WAC 388-76-10265-1-d

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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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 10/24/2025 of:
Happy Family Adult Family Homes #3
12701 Palatine Avenue North
Seattle, WA 98133

The following sample was selected for review during the unannounced on-site visit: 2 of 3 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 388-76-10522 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;

(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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Medicaid Policy was in place for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed Residents 1 and 2 at risk of not being fully aware of their rights.

Findings included…

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Findings included…

Record review of Resident 1's admission agreement dated [redacted]/2024 showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple disabling conditions. Resident records showed no Medicaid Policy.

Record review of Resident 2's admission agreement dated [redacted]/2022 showed Resident 2 was admitted to the AFH on [redacted]/2022 with multiple disabling conditions. Resident records showed no Medicaid Policy.

During an interview on 10/24/2025 at 12:09 PM, Staff B, Resident Manager, stated that they were new when Residents 1 and 2 were admitted and only had the private pay admission agreement signed by the resident representatives. Staff B stated that they did not initially create a Medicaid Policy upon admission for Resident 1 or Resident 2.

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, Happy Family Adult Family Homes #3 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep the records for 2 of 2 sampled residents (Resident 1 and Resident 2) available for department staff to review in the AFH. This failure placed the residents at risk of residing in an AFH that does not maintain accessible records.

Findings included…

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On 10/24/2025 at 11:19 AM, in an interview with Staff B, Resident Manager, a request was made by the department to view the Medicaid Policy records for Resident 1 and Resident 2. Staff B stated that they did not have the record available and did not know what happened next. Staff B stated that they were new and did not know private pay residents needed a Medicaid Policy as well as a private pay admission agreement.

On 10/24/2025 at 12:04 PM, in an interview with Staff B, a request was made by the department to view the Disclosure of Charges for Resident 1. Staff B stated that they did not have the Disclosure of Charges record for Resident 1 available.

Record review of Resident 1's file showed that there was no Medicaid Policy or Disclosure of Charges to be observed at the AFH.

Record review of Resident 2's file showed that there was no Medicaid Policy to be observed at the AFH.

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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, Happy Family Adult Family Homes #3 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 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

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

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 4 staff (Staff C, Caregiver) had a current Department of Health (DOH) certification. This failure placed residents at risk of receiving care from an unqualified staff member.

Findings included…

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388-112A-0050
(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home:
(a) Adult family home resident manager, or long-term care worker in adult family home.
(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC **388-112A-0010**.

Record review of Staff C's personnel records showed that Staff C had a Nursing Assistant Registered (NAR) Department of Health (DOH) certification that expired on 08/26/2025.

Observation on 10/24/2025 at 10:47 AM, showed Staff C, providing one-person ambulation (the act of walking or moving from place to place) assistance to Resident 1 from their wheelchair to the dining room for lunch service.

Record review of DOH credential search on 10/24/2025 of Staff C, hired on 03/29/2025, showed that Staff C had no other DOH certification in department records.

During an interview on 10/24/2025 at 2:17 PM, Staff B, Resident Manager, stated that they think they have the DOH certification record for Staff C but would need to look somewhere else for it.

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Record review of a DOH credential sent by Staff A showed that Staff C's DOH NAR certification was renewed on 10/28/2025, four days after the completion of the AFH's full inspection. The record review also showed that Staff C provided care in the AFH for nine weeks without a valid DOH certification.

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, Happy Family Adult Family Homes #3 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 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 2) medications were available in the facility. This failure placed Resident 2 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2022. Resident 2's assessment, dated 11/01/2024, showed that assistance with medication management was needed.

Record review of Resident 2's October 2025 Medication Log showed physician orders written on 06/11/2025 for Sertraline Hydrocholoride (HCl) (medication used to treat depression) 25 milligram tablet once daily for depression. Record review of Resident 2's October 2025 Medication Log

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showed that Sertraline HCl was administered daily at 8:00 AM from 10/01/2025 to 10/24/2025. The Medication Log was signed off by Staff B, Resident Manager, for each medication administration of Sertraline HCl.

In a joint observation on10/24/2025 at 3:13 PM with Staff B, Resident Manager, Resident 2's medication supply showed that Sertraline HCl was not available in the AFH.

During an interview on 10/24/2025 at 3:26 PM, Staff B stated that they audit medications every month but must have forgotten to audit them last month. Staff B stated that they check the Medication Log every time prior to administering any medications to residents.

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, Happy Family Adult Family Homes #3 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

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(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure tuberculosis (TB) screening was completed for 1 of 4 staff (Staff C, Caregiver), as required within three days of hire date. This failure placed the residents at risk of contracting a communicable disease.

Findings included…

Record review of the AFH's personnel files showed Staff C, was hired 03/29/2025. Record review showed that Staff C had no record of a TB test on file.

Observation on 10/24/2025 at 10:47 AM, showed Staff C providing one-person ambulation (the act of walking or moving from place to place) assistance to Resident 1 from their wheelchair to the dining room for lunch service.

During an interview on 10/24/2025 at 3:24 PM, Staff B, Resident Manager, stated that they could not locate the TB testing record for Staff C and never found the test results.

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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, Happy Family Adult Family Homes #3 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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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

11/17/2025

HAPPY FAMILY ADULT FAMILY HOMES LLC
Happy Family Adult Family Homes #3
21905 55th Avenue West
Mountlake Terrace, WA 98043

RE: Happy Family Adult Family Homes #3 # 752798

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/07/2025 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 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

The Adult Family Home (AFH) failed to dispose of unused as-needed medications (PRN), including Gabapentin (a medication used to treat nerve pain) that expired on 08/30/2025 and Senna-Tab (a medication used to treat constipation) that expired on 05/01/2025 for 1 of 2 sampled residents (Resident 2). The AFH Resident Manager (Staff B) disposed of the expired PRN's during the on-site inspection visit on 10/24/2025.

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.

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Sincerely,

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

Enclosure

Plan
(Plan of Correction)

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

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Provider Process for Choosing a Panel or Traditional IDR:

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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

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