STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Elena Dominte
Paradise Park AFH
1106 Marine Dr NE
Tulalip, WA 98271

RE: Paradise Park AFH License # 753095

Dear Provider:

This letter addresses Compliance Determination(s) 72345 (Completion Date 02/04/2026) and 69049 (Completion Date 12/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/04/2026 and found that you have corrected the violations listed in the Full report dated 12/05/2025. Your home is back in compliance as of 01/19/2026 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 388-76-10650-1, WAC 388-76-10650-2-c, WAC 388-76-10650-2-a, WAC 388-76-10161-2-a, WAC 388-76-10166-2-a, WAC 388-76-10166-2-b, WAC 388-76-10265-1-d, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10585-1, WAC 388-76-10585-1-a, WAC 388-76-10585-1-b, WAC 388-76-10585-2, WAC 388-76-10585-2-a, WAC 388-76-10585-2-b, WAC 388-76-10585, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10522, WAC 388-76-10490-1, WAC 388-76-10490-2-a, WAC 388-76-10490-2-b, WAC 388-76-10490-2-b-i, WAC 388-76-10490-2-b-ii, WAC 388-76-10490-2-b-iii, WAC 388-76-10490-2-b-iii-A, WAC 388-76-10490-2-b-iii-B, WAC 388-76-10490-2-b-iii-C, WAC 388-76-10490-2-c, WAC 388-76-10490-2-c-i, WAC 388-76-10490-2-c-ii, WAC 388-76-10490-2-c-iii, WAC 388-76-10490-2-c-iv, WAC 388-76-10490-2-c-v, WAC 388-76-10490-2, WAC 388-76-10490, WAC 388-76-10198-4

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

If you have any questions, please contact me at (206)348-9350.

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

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
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

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 the unannounced on-site full inspection on 11/20/2025 of:
Paradise Park AFH
1106 Marine Dr NE
Tulalip, WA 98271

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure an assessment was completed and that the negotiated care plan (NCP) reflected the need and safe use of [redacted] for 1 of 2 sampled residents (Resident 6). This failure placed Resident 6 at risk for misuse or injury.

Findings included...

Observation of Resident 6's bedroom on, 11/20/2025 at 9:35 AM, showed Resident 6's [redacted] was in the corner of their room with the head of their bed and one side of their bed pushed up against the wall. Observation showed that the side of Resident 6's bed that was against the wall had a raised half upper [redacted] with a call bell wrapped around it.

Record review showed the AFH admitted Resident 6 on [redacted]/2023 with multiple medical diagnoses. Record review of Resident 6's assessment dated, 02/18/2025,

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showed no documentation of [redacted] use.

Record review of Resident 6's NCP, dated 03/20/2025, showed no documentation of [redacted] use.

During an interview on, 11/20/2025 at 9:35 AM, Staff B (Resident Manager) stated that the [redacted] on Resident 6's bed was only used to hang their call bell on. At 4:00 PM Staff B acknowledged that Resident 6 did not have a [redacted] assessment and it was not in Resident 6's NCP. Staff B stated that and they would remove Resident 6's [redacted]. At 4:05 PM Staff B was observed to remove Resident 6's [redacted].

During an interview on, 11/20/2025 at 4:26 PM, Resident 6 stated that they did not use the [redacted] on their [redacted].

During an interview on, 11/20/2025 at 5:39 PM, Staff A (Entity Representative) stated that they thought Resident 6 could have a [redacted] on the side of their [redacted] that was against the wall. Staff A stated that they were not aware Resident 6 did not have a [redacted] assessment and that Resident 6's NCP did indicate how Resident 6 would use the [redacted].

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, Paradise Park AFH 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 388-76-10161 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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 former staff (Staff H, Caregiver) had a Washington state name and date of birth

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(WNDOB) background check (BGI). This failure placed the residents at risk of receiving care from someone with a criminal background.

Findings included...

Observation on 09/26/2025 at 10:18 AM, showed Staff A (Entity Representative) working at the AFH. Staff A stated the AFH had four residents.

Record review of Staff H's employee file, undated, showed Staff H was hired at the AFH on 01/17/2025. Review showed no documentation of Staff H's date of departure. Staff H's employee record did not contain a WNDOB BGI.

During an interview on, 11/20/2025 at 3:59 PM, Staff B (Resident Manager) stated that Staff H was employed at the AFH for about three weeks and was never left alone with residents. Staff B stated that Staff H did not obtain a WNDOB BGI before departing employment. At 4:08 PM Staff B stated that they were aware of the requirement and did not know why Staff H did not have a WNDOB BGI.

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, Paradise Park AFH 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 1 of 1 household members (HH1) with non-disqualifying background check findings that required review had an updated character, competency and suitability

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review (CCSR). This failure placed the safety of residents at risk by HH1 having access without a verified CCS determination.

Findings included…

Observation on 11/20/2025 at 8:49 AM, showed Staff A (Provider), Staff B (Resident Manager), Staff C, D and E on shift at the AFH. Observation at 9:22 AM, showed six residents resided at the AFH. Observation at 1:55 PM, showed HH1 sitting upstairs on the couch in the private living section of the home.

Record review of HH1's most recent background check, dated 11/16/2024, showed further review was required. HH1's most recent CCSR was dated 12/15/2019.

During an interview on, 11/20/2025 at 9:07 AM, Staff A (Provider) stated that HH1 was temporarily living at the home. At 5:07 PM, Staff A stated that they did not know HH1 needed an updated CCSR because they had done one in the past and were not a caregiver.

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, Paradise Park AFH 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:

(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 ensuring that 3 of 4 sampled staff (Staff C, D & E, Caregivers) completed Tuberculosis (TB, a bacterial infection spread through air) testing within three days of their hire date. This failure placed residents and staff at risk of being exposed to a communicable disease.

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

Findings included…

Observation on 11/20/2025 at 8:49 AM, showed Staff A (Provider), Staff B (Resident Manager), Staff C, D and E on shift at the AFH. Observation at 9:22 AM, showed six residents resided at the AFH.

Record review showed the AFH hired Staff C on 08/16/2021. Staff C's employee file, undated, showed that Staff C had a negative TB chest x-ray on 03/24/2004 – prior to their date of hire. Staff C's record showed no other TB records.

Record review showed the AFH hired Staff D on 11/03/2025. Staff D's employee file, undated, showed no record that Staff C had TB tests.

Record review showed the AFH hired Staff E on 05/24/2025. Staff E's employee file, undated, showed that Staff E had a negative TB skin test on 06/26/2023 – prior to their date of hire. Review showed no record that Staff E had a two-step TB test within three days of hire.

During an interview on, 11/20/2025 at 3:40 PM, Staff D stated that they did not do any TB testing upon hire at the AFH. Staff D stated that they remembered having a negative TB skin test done in 2008 but had no record of it. Staff D stated that they had no other TB tests done.

During an interview on, 11/20/2025 at 5:44 PM, Staff B (Resident Manager) stated that they were aware of the requirement and were not paying attention to staff's TB testing.

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, Paradise Park AFH 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.

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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, record review and interview, the Adult Family Home (AFH) failed to ensure all prescribed medications were available for 1 of 3 sampled residents (Resident 5). Additionally, the AFH failed to ensure all medications were given as prescribed to Resident 5. These failures resulted in Resident 5 receiving the wrong dose of medication and placed them at risk of medical complications.

Findings included…

Record review showed the AFH admitted Resident 5 on [redacted]/2025 with multiple medical diagnoses. Record review of Resident 5's assessment dated, 04/04/2025, showed Resident 5 required caregiver administration with medications.

Record review of Resident 5's November 2025 medication log (ML) showed routine Vitamin B12 (a supplement used to aid the body's cells) 1,000 micrograms (MCG) tablets was prescribed on 02/20/2025 with directives to take one tablet by mouth every morning (family supplied). Review showed caregivers initialed as given Resident 5 8 AM doses of Vitamin B12 1,000 MCG on 12/01/2025 through 12/03/2025. Review also showed that Resident 5 was prescribed as needed (PRN) Methocarbamol (a medication used as a muscle relaxer) 500 milligrams (MG) tablets.

Observation of Resident 5's medication supply on 11/20/2025 at 12:57 PM, showed an over the counter bottle of Vitamin B12 500 MCG tablets. The Vitamin B12 bottle showed a handwritten label with Resident 5's name and directives "take one in the morning". Observation showed no Methocarbamol 500 MG tablets.

During an interview on 11/20/2025 at 12:58 PM, Staff C (Caregiver) stated that they did not realize that Resident 5's Vitamin B12 dose was different on the bottle then the ML. Staff C stated that they had been giving Resident 5 one Vitamin B12 500 MCG tablet. Staff C stated that Resident 5's PRN Methocarbamol 500 MG tablets expired and were disposed of. Staff C stated that Resident 5's representative had been working to get Resident 5's PRN Methocarbamol 500 MG tablets discontinued.

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Record review showed Resident 5 had no discontinuation order for their PRN Methocarbamol 500 MG tablets.

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, Paradise Park AFH 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a written plan if Staff A (Entity Representative) is unable to fulfill their duties at the AFH. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6) at risk for harm in an event where Staff A is unable to meet the care and services the AFH provides.

Findings included…

Record review of the Department's Secure Tracking and Reporting System (STARS) showed the AFH was licensed on 04/08/2016 to provide care and services for up to six vulnerable adults.

Observation on 11/20/2025 at 9:22 AM, showed six residents resided at the AFH.

Record review of the AFH administration binder showed no written succession plan.

During an interview on 11/20/2025 at 5:46 PM, Staff A stated that Staff B (Resident Manager) would continue to provide the care and services in the AFH for the residents if Staff A were not able to fulfill their duties as the AFH Provider. Staff A stated that

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documentation of the written succession plan was missing and they would send it to the Department on 11/21/2025 by 5 PM. The Department did not receive the AFH's written succession plan by the agreed upon deadline.

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, Paradise Park AFH 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 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they posted a copy of the most recent inspection report, follow up reports and complaint investigation cover letter since the last inspection in a common area of the AFH. The AFH also failed to post a notice informing anyone interested that the past three years of complaint investigation reports and related cover letters were available for review if requested. These failures placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6), resident representatives, and anyone interested at risk for not being fully informed of the full inspection and complaint investigation history of the AFH.

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Findings included…

Record review of the Department's Secure Tracking and Reporting System (STARS) showed that the Department conducted the AFH's last full inspection on 06/19/2019, a follow up on 10/17/2019, and complaint investigations on 05/01/2020, 02/10/2021 and 06/26/2023.

Observations during the tour of the AFH on 11/20/2025 at 8:45AM, showed the AFH did not post their last inspection, dated 06/19/2019, related follow up and complaint investigation cover letters since the last inspection. Observation show the AFH did not post a notice indicating that the past three years of complaint investigation reports and cover letters were available for review if requested.

During an interview on 11/26/2025 at 10:26 AM, Staff B (Resident Manager) stated that they did not think there was anything to post because the AFH had not had any inspections or citations since they started working at the AFH.

During an interview on 11/20/2025 at 5:27 PM, Staff A (Entity Representative) stated that they thought they were not required to post inspections, follow ups, complaint investigation cover letters and reports that were beyond three years. Staff A stated that they did not have the documents available for review.

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, Paradise Park AFH 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 388-76-10522 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;

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

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(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 1 of 3 sampled resident's (Resident 6) records had a signed and dated copy of the AFH's policy on accepting [redacted] as a payment source. This failure placed Resident 6 at risk of not being fully informed of their rights or understanding the AFH's Medicaid policy.

Findings included…

Record review showed the AFH admitted Resident 6 on [redacted]/2023. Resident 6's record did not contain a signed and dated copy of the AFH's Medicaid policy.

During an interview on, 11/20/2025 at 5:36 PM, Staff B (Entity Representative) stated that they were not aware that this requirement applied to private pay residents.

During an interview on, 11/20/2025 at 5:36 PM, Staff A (Entity Representative) stated that they were unaware that Resident 6's Medicaid policy was not in their record.

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, Paradise Park AFH 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 388-76-10490 Medication disposal Written policy Required.

(1) For the purposes of this section, "discontinued" means medication that is no longer prescribed or being used to treat a condition, as directed by the resident's physician or health care professional with prescriptive authority.

(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

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were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(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;

(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

(iii) For discharged residents the facility must:

(A) Assist with the transfer of the resident's medications to the resident's new setting, when needed;

(B) End fulfillment, delivery, and receipt of prescription medications within 10 calendar days; and

(C) Safely dispose of any medications left at the adult family home after 90 calendar days.

(c) Require that the safe disposal of the medication is recorded in a document that includes:

(i) Name of resident;

(ii) Name of medication;

(iii) Amount of medication;

(iv) Date of disposal or transfer; and

(v) Name of individual completing the task.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that 2 of 3 sampled resident's (Resident 5 & 6) discontinued medications were disposed of per AFH policy. Additionally, the AFH failed to ensure their written medication disposal policy was complete and followed all state laws and regulations. These failures placed residents in the home at risk of being given expired medications and medications being used improperly.

Findings included…

Observation on 11/20/2025 at 8:49 AM, showed Staff A (Provider), Staff B (Resident Manager), Staff C, D and E on shift at the AFH. Observation at 9:22 AM, showed six residents resided at the AFH.

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Record review of the AFH's undated medication disposal policy titled "Policies for Disposal of Unused/Expired Resident Medications", showed that unused, outdated or discontinued medications would be destroyed by the AFH provider in a drug buster instant drug disposal system (a device that destroys medications). The policy showed that the AFH would not retain any medications, including over the counter medications that were not prescribed by the resident physician. The policy did not include the following:

- Time frame for deceased and discharged resident medication disposal
- Time frame for current resident medication disposal of discontinued, expired and refused medications

Resident 5
Record review showed the AFH admitted Resident 5 on [redacted]/2025 with multiple medical diagnoses. Record review of Resident 5's assessment dated, 04/04/2025, showed Resident 5 required caregiver administration with medications.

Observation on 11/20/2025 at 12:57 PM, showed a medication organizer labeled "family supplied" that contained two bottles of laxative (a medication use to facilitate a bowel movement) gummies dietary supplements with Resident 5's name handwritten on the bottles.

Record review on Resident 5's November 2025 medication log (ML) showed Resident 5 had physician orders for routine and as needed Miralax powder (medication used for constipation). Resident 5's November 2025 ML showed no physician orders for laxative gummies.

Interview on 11/20/2025 at 12:57 PM, Staff C (Caregiver) stated that Resident 5's representative supplied the incorrect medication about two months ago. Staff C stated that they were not giving Resident 5 the laxative gummies and would return the laxative gummies to Resident 5's representative the next time they saw them.

Resident 6
Record review showed the AFH admitted Resident 6 on [redacted]/2023 with multiple medical diagnoses. Record review of Resident 6's assessment dated, 02/18/2025, showed Resident 6 required caregiver administration with medications.

Observation of Resident 6's medication supply, on 11/20/2025 at 1:09 PM, showed Mupirocin 2% ointment (a topical antibiotic medication used to treat bacterial skin infections) with a pharmacy printed label, Resident 6's name, an order date of 04/18/2025 and directives "3 times daily to rash on face for up to 10 days". Observation also showed three pharmacy printed bubble packs of as needed (PRN) Acetaminophen (a medication used to treat pain or fever) 500 milligram (MG) tablets, with Resident 6's name. One of the Acetaminophen 500 MG tablets pharmacy printed bubble packs had an order date of 06/13/2025 and the other two pharmacy printed bubble packs showed order dates of 07/08/2025.

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Record review of Resident 6's November 2025 ML, showed no documentation of Mupirocin 2% ointment. The ML showed Resident 6 was prescribed PRN Acetaminophen 325 MG tablets on 04/18/2025. Resident 6's ML showed no documentation of PRN Acetaminophen 500 MG tablets.

During an interview on, 11/20/2025 at 1:20 PM, Staff C stated that Resident 6 switched pharmacy's and their Acetaminophen dose changed from 500 MG tablets to 325 MG tablets on 04/18/2025. Staff C stated that they missed disposing of Resident 6's Acetaminophen 500 MG tablets.

During an interview on, 11/20/2025 at 1:34 PM, Staff B (Resident Manager) stated that they needed to dispose of Resident 6's Mupirocin 2% ointment because it was no longer an active order and they were not aware it was still in Resident 6's medication supply.

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, Paradise Park AFH 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:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 (Staff A, Provider) had the final national fingerprint background check results available for the Department to review. This failure resulted in the required personnel records being unavailable for authorized Department staff to review and placed residents at risk of being cared for by someone with an unverified background check

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results.

Findings included…

Record review of Staff A's undated employee file showed Staff A had no final national fingerprint background check results.

During an interview on, 11/20/2025 at 4:45 PM, Staff A (Provider) stated that they had their final national fingerprint background check done in 2015 but the place they got it done at could no longer access the records.

During an interview on, 11/20/2025 at 4:45 PM, Staff B (Resident Manager) stated that they could not obtain Staff A's final national fingerprint background check results record. Staff B stated that Staff A might have thrown out the record of their final national fingerprint background check results.

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

12/08/2025

Elena Dominte
Paradise Park AFH
1106 Marine Dr NE
Tulalip, WA 98271

RE: Paradise Park AFH # 753095

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/05/2025 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The Adult Family Home failed to ensure that all medications were secured in locked storage. Staff B (Resident Manager) promptly placed a key lock on the zippered refrigerator bag that contained resident medications and ensured that all other medications were secured behind a locked cabinet. Staff B stated that some of the medications had been left unsecured in preparation for a hospice nurse visit that same day. This deficiency was corrected by the exit conference.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

The Adult Family Home (AFH) failed to ensure Resident 5’s NCP was updated to reflect their current medications. Staff updated the NCP, correcting the deficiency by the exit conference.

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:

(c) Be kept confidential so that only authorized persons see their contents;

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

The Adult Family Home (AFH) failed to ensure resident
records that contained protected health information were kept confidential and

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secure. Staff B (Resident Manager) installed a deadbolt lock on the cabinet that contained resident records, correcting the deficiency by the exit conference.

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home failed to ensure toxic chemicals were secured in locked storage. Staff B (Resident Manager) placed all chemicals in the locked linen closet, correcting the deficiency by the exit conference.

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 (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit B
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

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measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

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:

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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