STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Golfview Residential Care Facility, LLC

Golfview Residential Care Facility LLC
5611 Colby Ave
Everett, WA 98203

RE: Golfview Residential Care Facility LLC License # 753169

Dear Provider:

This letter addresses Compliance Determination(s) 69822 (Completion Date 12/12/2025) and 66753 (Completion Date 10/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/12/2025 and found that you have corrected the violations listed in the Full report dated 10/20/2025. Your home is back in compliance as of 12/04/2025 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10490, WAC 388-76-10490-1, WAC 388-76-10490-2, 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 388-76-10290-1, WAC 388-76-10265-1-d, WAC 388-76-10015-1

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.

Sincerely,

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

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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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

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 10/07/2025 and 10/08/2025 of:
Golfview Residential Care Facility LLC
5611 Colby Ave
Everett, WA 98203

The following sample was selected for review during the unannounced on-site visit: 4 of 8 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 388-76-10430 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:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure the medication logs (ML) were correct and contained all necessary information for 2 of 3 sampled residents (Resident 1 & 7). The AFH failed to ensure that all as needed (PRN) medications were available for Resident 1. The AFH failed to ensure that Resident 7's medication was labeled as required. These failures placed residents 1 and 7 at risk for medication errors.

Findings included...

Resident 1
Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses. Review of Resident 1's assessment, dated 08/05/2025, showed Resident 1 required caregiver administration with medications.

Record review of Resident 1's October 2025 ML, showed an order to check blood pressure and heart rate (HR) daily. Recheck if systolic blood pressure (SBP) <100 or

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>160 or HR <55 or >120. If SBP or HR does not improve after the recheck, notify provider. Review showed Resident 1 required HR rechecks on 10/04/2025 and 10/06/2025. The ML showed no documentation of Resident 1's HR being rechecked and no notification if the provider had been notified.

Record review on 10/07/2025 at 1:00 PM, of Resident 1's September and October 2025 ML's, PRN Hydromorphone (a pain medication) was initialed as given on 09/11/2025 and 10/02/2025. Resident 1's September 2025 ML showed PRN Nystatin External Powder (a medication used to treat fungal or yeast infections) was initialed as given on 09/11/2025. Resident 1's September and October 2025 ML's showed no documentation of results or effectiveness of medication doses.

Observation on 10/07/2025 at 1:04 PM, showed Staff E (Caregiver) documented the results of Resident 1's PRN doses of Nystatin on 09/11/2025 and Hydromorphone on 09/11/2025 and 10/02/2025.

Record review of Resident 1's October 2025 ML, showed the following prescribed PRN medications:

- Calmoseptine Ointment (a medication used to relieve and protect against skin irritations)
- Hydrocortisone 1% cream (a medication used treat inflamed or itchy skin)
- Polyethylene Glycol 3350 Powder (a medication used for constipation)

Observation on 10/7/2025 at 1:45 PM, showed Resident 1's medication supply did not contain the following prescribed PRN medications:

- Calmoseptine ointment
- Hydrocortisone 1% cream
- PRN Polyethylene Glycol 3350 Powder

Interview on 10/07/2025 at 1:00 PM, Staff A (Entity Representative) stated that they orient staff to record the results of PRN medications.

Interview on 10/07/2025 at 1:01 PM, Staff E stated that they missed documenting the results of Resident 1's PRN medications because they had to observe the resident before documenting the result.

Interview on 10/07/2025 at 2:04 PM, Staff A stated that they are waiting on refills from the pharmacy for Resident 1's PRN medications.

Interview on 10/08/2025 at 2:59 PM, Staff B (Co-owner) stated that they need to make sure the AFH receives all resident medications from the pharmacy on time.

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Phone interview on 10/15/2025 at 10:32 AM, Staff A stated that they typically recheck Resident 1's HR and blood pressures. Staff A stated that they have a separate vital signs binder where they document all readings and if the doctor was notified.

Record review of Resident 1's October 2025 ML, showed no documentation that indicated staff recorded Resident 1's vital signs in a separate location.

Resident 7
Record review showed the AFH admitted Resident 7 on [redacted]/2024 with multiple diagnoses. Review of Resident 7's assessment, dated 07/11/2025, showed Resident 7 required caregiver assistance with medications.

Observation of Resident 7's medication supply on 10/07/2025 at 2:31 PM, showed an unlabeled package of eight white round tablets that appeared to be a cut out of a pharmacy bubble pack.

Record review of Resident 7's October 2025 ML, showed Carvedilol (a medication used to improve heart function and lower blood pressure) 3.125 MG tablet take one tablet by mouth twice daily with breakfast and dinner *hold for SBP <110 OR HR <60*. The ML showed documentation that on 10/05/2025 at 5PM Resident 7's SBP was 101. The ML showed Resident 7's Carvedilol was initialed as given on 10/05/2025 at 5PM.

Interview on 10/07/2025 at 2:37 PM, Staff G (Caregiver) stated that they documented the wrong blood pressure for Resident 7.

Interview on 10/07/2025 at 2:43 PM, Staff B stated that Resident 7 is aware of the parameters to take their Carvedilol and will ask for their blood pressure to be retaken if it is outside the range. Staff B stated that Resident 7 will not take their Carvedilol if it is outside the parameters.

Interview on 10/08/2025 at 2:58 PM, Staff A stated that Staff G documented Resident 7's initial blood pressure on 10/05/2025 at 5:00 PM. Staff A stated that if Resident 7's blood pressure is outside of the parameters they recheck it. Staff A stated that Staff G retook Resident 7's blood pressure and it was within range.

Interview on 10/08/2025 at 3:01 PM, Staff B stated that the unlabeled medication was an error and should have been labeled.

Record review of Resident 7's October 2025 ML, showed no documentation that Resident 7's blood pressure was rechecked on 10/05/2025 at 5:00 PM.

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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, Golfview Residential Care Facility LLC 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 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;

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(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 record review, observation and interview, the Adult Family Home (AFH) failed to ensure a complete medication disposal policy was written and implemented. The AFH failed to dispose of expired and discontinued medications for 2 of 3 sampled residents (Residents 1 & 6). These failures placed Residents 1 & 6 at risk for medication errors and medical complications.

Findings included...

Record review of the AFH's undated medication disposal policy titled, "MEDICATION DISPOSAL," showed that medications for current and deceased residents would be mixed with dirt, cat litter, or coffee grounds, sealed and thrown in the garbage. Review showed that if the pharmacy had a disposal policy, they would send the medications back to the pharmacy. Review showed that former resident medications would be sent with resident. Review of the AFH's medication disposal 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
- Policy on how safe disposal of the medications is recorded

Resident 1
Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses. Review of Resident 1's assessment, dated 08/05/2025, showed Resident 1 required caregiver administration with medications.

Observation on 10/07/2025 at 1:45 PM, of Resident 1's medication supply showed the following medications were not on Resident 1's October 2025 ML:

- An opened box of Alendronate Sodium (a medication used to treat bone diseases) 70 milligrams (MG) tablets with a pharmacy printed medication label with Resident 1's name
- A pharmacy prepared bubble pack of Nitrofurantoin Mono-MCR (an antibiotic used to treat urinary tract infections) with a pharmacy printed medication label dated 05/27/2025 with Resident 1's name. The medication label documented take one capsule by mouth with food every twelve hours for five days.

Record review of Resident 1's Hospice physician order dated 08/28/2025, showed

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Resident 1's Fosamax (Alendronate Sodium) was discontinued on 08/28/2025.

Resident 6
Record review showed the AFH admitted Resident 6 on [redacted]/2024 with multiple diagnoses. Review of Resident 6's assessment, dated 07/19/2024, showed Resident 6 required caregiver assistance with medications.

Observation on 10/07/2025 at 1:32 PM, of Resident 6's medication supply showed the following pharmacy prepared bubble packs had a pharmacy printed medication label with Resident 6's name:

- Mirtazapine (a medication used to manage persistent low mood) 45 MG tablets with an expiration date of 06/26/2025
- Senna-Time (medication used for constipation) 8.6 MG with an expiration date of 06/28/2025
- Vitamin B-12 (a supplement used to aid the body's cells) 1,000 micrograms (MCG) with an expiration date of 06/28/2025

Interview on 10/07/2025 at 1:37 PM, Staff A (Entity Representative) stated that they were aware that there were expired medications but were waiting to receive another pharmacy disposal bin.

Interview on 10/08/2025 at 3:03 PM, Staff A stated that they were not aware of the medication disposal requirements.

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, Golfview Residential Care Facility LLC 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 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a chest x-ray was done within seven days when 1 of 3 sampled staff (Staff F, Caregiver) tested positive for TB (Tuberculosis - an infectious illness that attacks the lungs). This failure placed residents and staff at risk for exposure to TB.

Findings included…

Record review showed the AFH hired Staff F on 11/07/2022. Staff F's employee file, undated, showed that Staff F had a positive TB skin test on 10/24/2023. Review showed that Staff F's positive TB skin test was read on 10/27/2023. Review showed Staff F had a negative chest x-ray on 11/29/2023 - 1 month and 2 days after their positive TB skin test was read.

Phone interview on 10/15/2025 at 10:32 AM, Staff A (Entity Representative) stated that Staff F did not obtain a chest x-ray within seven days of their positive TB skin test result because Staff F was away from the AFH on vacation at the time.

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, Golfview Residential Care Facility LLC 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 record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 sampled staff (Staff E & F, 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…

Record review showed the AFH hired Staff E on 02/19/2024. Staff E's employee file, undated, showed that Staff E had a negative TB skin test on 02/28/2025 and 03/11/2024.

Record review showed the AFH hired Staff F on 11/07/2022. Staff F's employee file, undated, showed that Staff F had a negative TB skin test on 10/4/2022 and 10/18/2022 – prior to their date of hire. Review showed Staff F had a positive TB skin test on 10/24/2023 – 11 months, 1 week and 6 days after their date of hire. Review showed no record that Staff F had a one-step TB test within three days of hire.

Interview on 10/08/2025 at 3:05 PM, Staff A (Entity Representative) stated that they do not allow hired staff to work with residents until they obtain TB 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, Golfview Residential Care Facility LLC 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to obtain a medical test site waiver (MTSW) license as required prior to doing medical testing for residents. This failure placed 8 of 8 residents (Resident 1, 2, 3, 4, 5, 6, 7 & 8) at risk for infection or illness related to unsafe medical testing.

Findings included…

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

Record review of Washington State Department of Health (DOH) website, listed when a medical test site license was required. The website showed that this includes when the Adult Family Home administers a medical test (such as a urine test, Covid-19 test or blood sugar test), interprets the test result, or acts upon the test results.

Observation on 10/07/2025 at 11:02AM, showed Staff A (Entity Representative), Staff B (Co-owner), Staff C, E, F and G (Caregivers) on shift at the AFH. Observation showed the AFH had eight current residents.

Observation on 10/07/2025 at 10:03 AM, showed a refrigerated lock box that contained insulin (a medication used to regulate blood sugar levels) with a pharmacy printed medication label with Resident 5's name. Observation at 3:44 PM, showed a box that contained Covid-19 test collection kits and urine test strips.

Record review showed the AFH admitted Resident 5 on [redacted]/2025 with multiple diagnoses. Review of Resident 5's assessment, dated 05/19/2025, showed Resident 5 required caregiver administration with medications.

Record review of a prescription order dated 10/02/2025 showed Resident 5 required blood glucose (sugar) checks.

Interview on 10/07/2025 at 3:44 pm Staff A (Entity Representative) stated that the AFH does blood sugar testing for Resident 5. Staff A stated that they do Covid-19 and urine tests for residents. Staff A stated that they were not aware of the MTSW license requirement.

Interview on 10/07/2025 at 3:44 PM, Staff B (Co-owner) stated they were not aware of the MTSW license requirement.

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, Golfview Residential Care Facility LLC 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

10/21/2025

Golfview Residential Care Facility, LLC
Golfview Residential Care Facility LLC
5611 Colby Ave
Everett, WA 98203

RE: Golfview Residential Care Facility LLC # 753169

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/20/2025 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:

Nicholette Flynn, AFH 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 388-76-10201 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.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

The Adult Family Home (AFH) failed to have a written plan if Staff A (Entity Representative) was unable to fulfill their duties at the AFH. The AFH corrected the deficiency with a written plan 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 and a sharps container with hazardous materials were secured in locked storage. Staff secured toxic chemicals and the sharps container in the locked storage, correcting the deficiency by the exit conference.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

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The Adult Family Home (AFH) failed to ensure a resident's record included their social security number. During a phone call to the resident's representative, they declined to share the SSN. Appropriate documentation was entered in the resident record, 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)348-9350.

Sincerely,

Nicholette Flynn, AFH 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 measures to correct each cited deficiency.

Send your plan to:
Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B

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

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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