STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

BEACHWOOD MANOR INC

BEACHWOOD MANOR INC
1104 NW 130TH ST
SEATTLE, WA 98177

RE: BEACHWOOD MANOR INC License # 753185

Dear Provider:

This letter addresses Compliance Determination(s) 82741 (Completion Date 08/25/2026) and 80942 (Completion Date 07/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/25/2026 and found that you have corrected the violations listed in the Full report dated 07/24/2026. Your home is back in compliance as of 09/01/2026 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10506-4-a

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

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 07/23/2026 of:
BEACHWOOD MANOR INC
1104 NW 130TH ST
SEATTLE, WA 98177

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

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Rana' Bourque
Residential Care Services

07/29/2026
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)

8/6/2026
Date

WAC 388-76-10650 Medical devices.

(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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the 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, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 1) had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Resident 1 at risk of harm from injury if the [redacted] were not used properly.

Findings included...

Observation, on 07/23/2026 at 9:45 AM, showed Resident 1 lived in and received care from the AFH. Further observation showed Resident 1 ambulated with medical devices in the AFH.

Observation of Resident 1's bedroom (bedroom [redacted]), on 07/23/2026 at 11:30 AM, showed [redacted] secured on the right and left upper side of Resident 1's [redacted].

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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 388-76-10650 Medical devices.

(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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the 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, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 1) had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Resident 1 at risk of harm from injury if the [redacted] were not used properly.

Findings included…

Observation, on 07/23/2026 at 9:45 AM, showed Resident 1 lived in and received care from the AFH. Further observation showed Resident 1 ambulated with medical devices in the AFH.

Observation of Resident 1's bedroom (bedroom [redacted]), on 07/23/2026 at 11:30 AM, showed [redacted] secured on the right and left upper side of Resident 1's [redacted].

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Observation showed [redacted] is were in down position.

Review of records showed Resident 1's dual assessment and Negotiated Care Plan (NCP), dated 04/04/2026, did not include the reasons Resident 1 needed the [redacted] and had not identified Resident 1's ability to safely use the [redacted]. Further review of Resident 1's records showed no records of signed consent form.

In an interview, on 07/23/2026 at 12:05 PM, Staff A, Entity Representative, stated that Resident 1 had physical therapy (PT) and verbally they said Resident 1 could use [redacted] if it helped the resident to reposition and transfer. Staff A stated that they would follow up and if Resident 1 did not need the [redacted] they would remove them.

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, BEACHWOOD MANOR 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 8/6/2026

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 1 of 1 [redacted] residents (Resident 3). This failure placed Resident 3 at risk of not being fully aware of their rights.

Findings included...

Review of Resident 3's records showed they were M[redacted] payees. Further reviews showed Resident 3 did not have Residency Agreement in their records as required.

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Observation showed [redacted] were in down position.

Review of records showed Resident 1's dual assessment and Negotiated Care Plan (NCP), dated 04/04/2026, did not include the reasons Resident 1 needed the [redacted] and had not identified Resident 1's ability to safely use the [redacted]. Further review of Resident 1's records showed no records of signed consent form.

In an interview, on 07/23/2026 at 12:05 PM, Staff A, Entity Representative, stated that Resident 1 had physical therapy (PT) and verbally they said Resident 1 could use [redacted] if it helped the resident to reposition and transfer. Staff A stated that they would follow up and if Resident 1 did not need the [redacted] they would remove them.

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, BEACHWOOD MANOR 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

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 1 of 1 [redacted] residents (Resident 3). This failure placed Resident 3 at risk of not being fully aware of their rights.

Findings included…

Review of Resident 3's records showed they were [redacted] payees. Further reviews showed Resident 3 did not have Residency Agreement in their records as required.

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

In an interview on 07/23/2026 at 12:15 PM, Staff A, Entity Representative, stated that they sent the residency agreement to Resident 3's representative to sign and they could not locate it.

Review of documents received by the department on 07/24/2026 showed a copy of Resident 3's Residency Agreement.

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, BEACHWOOD MANOR INC is or will be in compliance with this law and / or regulation on (Date) 9/1/2026 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date 8/5/2026

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

In an interview, on 07/23/2026 at 12:15 PM, Staff A, Entity Representative, stated that they sent the residency agreement to Resident 3's representative to sign and they could not locate it.

Review of documents received by the department on 07/24/2026 showed a copy of Resident 3's Residency Agreement.

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, BEACHWOOD MANOR 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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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

07/29/2026

BEACHWOOD MANOR INC
BEACHWOOD MANOR INC
1104 NW 130TH ST
SEATTLE, WA 98177

RE: BEACHWOOD MANOR INC # 753185

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/24/2026 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 I
Preferred methods:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/24/2026), no later than 09/07/2026 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 388-76-10750 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 (AFH) failed to keep chemicals and cleaner supplies in the laundry cabinets securely locked. This deficiency was corrected during the visit by Staff A, Entity Representative, who moved the cleaning supplies to the locked storage cabinet in the bathroom. Staff A stated that they would replace the child proof lashes on the storage cabinets with a lock and key.

(8) The resident's Social Security number;

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

The Adult Family Home (AFH) failed to ensure 4 of 5 residents (Residents 1, 2, 3 and 4) had their Social Security numbers in their resident record. This failure was corrected during the visit by Staff A, Entity Representative, who added Social Security numbers to Residents 1, 2, 3 and 4’s records.

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.

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• 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

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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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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