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

Victoria P. Wayne
Taylor Adult Family Home
5015 Hannegan Rd
Bellingham, WA 98226

RE: Taylor Adult Family Home License # 753492

Dear Provider:

This letter addresses Compliance Determination(s) 69102 (Completion Date 11/20/2025) and 66864 (Completion Date 10/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/20/2025 and found that you have corrected the violations listed in the Full report dated 10/14/2025. Your home is back in compliance as of 10/29/2025 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 388-76-10650-2-c, WAC 388-76-10198-4, WAC 388-76-10265-1-d

The Department staff who did the off-site verification:
Toni Bolo, Complaint Investigator

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

Sincerely,

Renee Bourque, 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 10/08/2025 of:
Taylor Adult Family Home
5015 Hannegan Rd
Bellingham, WA 98226

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:

Toni Bolo, Complaint Investigator

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

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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:

(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 3 of 6 residents (Resident 1, 2, & 5) who had [redacted] had negotiated care plans (NCP) that identified how the residents used their [redacted]. These failures placed the residents at risk of misuse and injury.

Findings included…

Resident 1
Observation on 10/08/2025 at 10:12 AM, showed Resident 1 laying in a [redacted] with raised [redacted] on both sides of their bed.

Record review showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses. Review of Resident 1's NCP, dated [redacted]2025, showed no documentation of [redacted].

Resident 2
Observation on 10/08/2025 at 10:13 AM, showed Resident 2 laying in a [redacted] with raised [redacted] on both sides of their bed.

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Record review showed the AFH admitted Resident 2 on [redacted]/2023 with multiple diagnoses. Review of Resident 2's NCP, dated 04/17/2025, showed no documentation of [redacted].

Resident 5
Observation on 10/08/2025 at 10:15 AM, showed Resident 5 laying in a [redacted] with raised [redacted] on both sides of their bed.

Record review showed the AFH admitted Resident 5 on [redacted]/2010 with multiple diagnoses. Review of Resident 5's NCP, dated 04/06/2025, showed no documentation of [redacted].

Interview on 10/08/2025 at 12:15 PM, Staff B (Caregiver) stated that they did not know that they did not document Resident 1, 2, and 5's [redacted] and how they used their [redacted] on their NCPs.

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, Taylor Adult Family Home 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 observation, record review, and interview, the adult family home (AFH) failed to ensure 1 of 6 current staff (Staff C, Caregiver) had employee files that contained a fingerprint background check results as required. This failure placed residents at risk for being cared for by someone with an unverified and unqualified background check.

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

Findings included…

Observation on 10/08/2025 at 10:15 AM, showed that there were six residents (Resident 1, 2, 3, 4, 5 & 6) and one staff (Staff A, Provider) living in the home.

Observation on 10/08/2025 at 11:15 AM, showed Staff B & C (Caregivers) arrived at the home to work.

Record review showed the AFH hired Staff C on 11/18/2017. Record review of Staff C's employee file showed a fingerprint document, but no fingerprint background check results.

Interview on 10/08/2025 at 3:50 PM, Staff B (Caregiver) stated that they could not find Staff C's fingerprint background results in their employee file or on the online background check system.

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, Taylor Adult Family Home 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 1 of 6 staff (Staff C, Caregiver) completed Tuberculosis (TB) testing within three days of their hire date. This failure placed residents and staff at risk of being exposed to a communicable disease.

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Findings included…

Record review showed the AFH hired Staff C on 11/18/2017. Staff C's employee file, dated 11/18/2017, showed that Staff C had a negative TB skin test on 09/18/2017, two months prior to Staff C's hire date, and negative TB skin tests on 05/29/2018 and 06/05/2018, over six months after Staff C's hire date.

Interview on 10/08/2025 at 3:50 PM, Staff B (Caregiver) stated that Staff C worked at the hospital and was tested for TB yearly and that the AFH would like to have TB testing done prior to staff being hired. Staff B stated that they were not familiar with the TB testing requirements for staff within three days of hire.

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, Taylor Adult Family Home 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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