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

Happy Family Adult Family Home #2, LLC

Happy Family Adult Family Home #2 LLC
21905 55th Ave W
Mountlake Terrace, WA 98043

RE: Happy Family Adult Family Home #2 LLC License # 753870

Dear Provider:

This letter addresses Compliance Determination(s) 79158 (Completion Date 06/24/2026) and 77258 (Completion Date 05/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/24/2026 and found that you have corrected the violations listed in the Complaint report dated 05/15/2026. Your home is back in compliance as of 05/28/2026 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 388-76-10225-2-f, WAC 388-76-10135-4

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

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

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

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Statement of Deficiencies	License #: 753870	Compliance Determination # 77258
Plan of Correction	Happy Family Adult Family Home #2 LLC	Completion Date
Page 1 of 4	Licensee: Happy Family Adult Family Home #2, LLC	05/15/2026

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 an unannounced on-site complaint investigation on 05/12/2026 of:

Happy Family Adult Family Home #2 LLC
1228 NE 181ST PLACE
SHORELINE, WA 98155

This document references the following complaint number(s): 222414, 222755

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 investigated the Adult Family Home:

Theresia Karundeng, NCI

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

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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.

Renee' Bourque
Residential Care Services

05/22/2026
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.

Janie Payne
Provider (or Representative)

6/1/26
Date

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the case manager was notified when 1 of 1 resident (Resident 1) had a fall with injury. This failure placed Resident 1 at risk for delayed management and unmet care needs.

Findings included...

Review of Resident 1's demographic page, showed Resident 1 was admitted to the AFH on [redacted]2014 with multiple medical diagnoses.

Review of Resident 1's incident report, dated 04/25/2026, showed Resident 1 had a fall with a broken bone to their right foot. Review of Resident 1's incident report showed the AFH had not documented that Resident 1's case manager was notified.

In an interview, on 05/15/2026 at 10:19 AM, Staff B, General Manager, stated that they did not notify Resident 1's case manager of Resident 1's fall with injury.

In an interview, on 05/15/2026 at 11:01 AM, Collateral Contact 1 (CC1) stated that they did not receive a notification from the AFH on Resident 1 falling and sustaining a broken

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Residential Care Services | Date

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Provider (or Representative) | Date

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bone to their right foot on 04/25/2026. CC1 stated that the AFH should have notified them of Resident 1's fall with injury.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Happy Family Adult Family Home #2 LLC is or will be in compliance with this law and / or regulation on (Date) 5/15/26

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

Provider (or Representative) — Date 6/1/26

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff D, Caregiver) completed developmental disabilities training as required. This placed Resident 1, 2, 3, 4, 5, and 6 at risk of unmet care needs.

Findings included...

Review of the AFH's disclosure of services, dated 11/06/2018, showed that the AFH was licensed to provide care and services for residents with developmental disabilities, dementia, and mental health needs.

Review of the AFH's census of all residents, dated 01/05/2026, showed Resident 1, 2, 3, 4, 5, and 6's main diagnoses included [redacted].
Review of Staff D's personnel file showed they did not have developmental disability certification in their file.

In an interview, on 05/12/2026 at 11:54 AM, Staff D stated that they did not have developmental disability certification. Staff D stated that they had planned to take the

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Provider (or Representative) Date

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scheduled developmental disability training last week but did not attend the training.

In an interview, on 05/15/2026 at 10:19 AM, Staff B, General Manager, stated that the AFH had residents with developmental disabilities. Staff B stated that Staff D did not have their developmental disability certification. Staff B stated that they planned on scheduling Staff D to attend the next available class.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Happy Family Adult Family Home #2 LLC is or will be in compliance with this law and / or regulation on (Date) 5/28/26

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

Jennie Payne
Provider (or Representative)

6/1/26
Date

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Provider (or Representative) Date

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