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

ABELIA SENIOR SERVICES LLC
Abelia Senior Services LLC
5314 Beverly Lane
Everett, WA 98203

RE: Abelia Senior Services LLC License # 754183

Dear Provider:

This letter addresses Compliance Determination(s) 58659 (Completion Date 04/29/2025) and 54796 (Completion Date 02/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/29/2025 and found that you have corrected the violations listed in the Full report dated 02/24/2025. Your home is back in compliance as of 03/11/2025 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 388-76-10380-2, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

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

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

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 02/13/2025 of:
Abelia Senior Services LLC
5314 Beverly Lane
Everett, WA 98203

The following sample was selected for review during the unannounced on-site visit: 2 of 4 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

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 388-76-10380 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;

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 resident's (Resident 2) negotiated care plan (NCP) was revised to address their current assessment and care needs. This failure placed Resident 2 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2019 with diagnoses that included [redacted]. Resident 2's assessment dated, 05/31/2024, showed Resident 2 required caregivers to cue and provide physical assistance with eating meals. Resident 2's NCP last signed and reviewed on 01/03/2023, showed that Resident 2 was independent with eating.

Resident 2's assessment dated, 05/31/2024, showed Resident 2 required nurse delegation for topical creams and crushed medications. Resident 2's NCP last signed and reviewed, 01/03/2023, showed a blank column and row on the nurse delegated tasks section under Medication Management.

Observation of Resident 2 on 02/13/2025 at 11:24 AM, showed that Staff B (Resident Manager) was seated next to Resident 2 at the dining table. Staff B was observed

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

providing Resident 2 with verbal cues and physical assistance with Resident 2's lunch meal.

Interview on 02/13/2025 at 2:14 PM, Staff A (Entity Representative) stated that they were not aware Resident 2's NCP did not match Resident 2's assessment and current needs.

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, Abelia Senior Services 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Resident 1 & 2) had negotiated care plans (NCP) that were signed and dated at least every twelve months. This failure placed the residents at risk of unmet and unrecognized care needs.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2019 with multiple medical diagnoses. Resident 1's NCP showed it was last signed and dated by Resident 1 and Staff A (Entity Representative) on 01/10/2022. Resident 1's NCP showed no signatures for the years 2023, 2024, and 2025.

Record review showed the AFH admitted Resident 2 on [redacted]/2019 with multiple medical diagnoses. Resident 2's NCP showed it was last signed and dated by Resident 2's representative and Staff A on 01/03/2023 . Resident 2's NCP showed no signatures

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

for the years 2024 and 2025.

Interview on 02/13/2025 at 2:14 PM, Staff A stated that they were not aware that Resident 1 and 2's NCP were overdue for review and signatures.

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, Abelia Senior Services 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 _____

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