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

Royalty Adult Family Home LLC

Royalty Adult Family Home LLC
14430 46th Pl W
Lynnwood, WA 98087

RE: Royalty Adult Family Home LLC License # 754723

Dear Provider:

This letter addresses Compliance Determination(s) 81375 (Completion Date 07/30/2026) and 80177 (Completion Date 07/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/30/2026 and found that you have corrected the violations listed in the Full report dated 07/15/2026. Your home is back in compliance as of 07/17/2026 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 388-76-10805-2-b, WAC 388-76-10530-2, WAC 388-76-10485-3, WAC 388-76-10380-4, WAC 388-76-10198-2-a, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10400-4, WAC 388-76-10475-3-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 07/09/2026 of:

Royalty Adult Family Home LLC
14430 46th Pl W
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 1 of 5 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.

Renee' Bourque
Residential Care Services

07/16/2026
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)

Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to ensure a smoke detector was installed in the area where 1 of 5 staff (Staff B, Caregiver) slept. This failure placed Residents 1, 2, 3, 4, and 5 at risk for injury due to a delayed warning in the event of a fire emergency.

Findings included...

Observation, on 07/09/2026 at 11:00 AM, showed the room (located in the dining area by the entrance) where Staff B slept. Further observation showed there was no smoke detector inside or near Staff B's room.

In an interview and observation, on 07/09/2026 at 11:05 AM, Staff A, Entity Representative, stated that they would install a smoke detector in the caregiver's room. Observation showed an electrician arrived to install a smoke detector in the caregiver's room. Observation showed an electrician had to come back later to install an interconnected smoke detector in the caregiver's room.

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

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, Royalty Adult Family Home 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide the Notice of Rights and Services (Admission Agreement) at least once every 24 months to 1 of 5 residents (Resident 5). This failure placed Resident 5 at risk for not being fully aware of their rights and the services provided by the home.

Findings included...

Review of Resident 5's record showed the AFH admitted Resident 5 on [redacted]2023. Review of Resident 5's Admission Agreement, which included services and rights, showed Staff A, Entity Representative, and Resident 5 last reviewed and signed the Admission Agreement on 04/05/2024. There was no record to show AFH staff reviewed the Admission Agreement with Resident 5 in 2026.

In an interview and observation, on 07/09/2026 at 12:05 PM, Staff A stated that they might forget to sign Resident 5's admission agreement. Observation showed Staff A and Resident 5's representative reviewed and signed the admission agreement during the visit.

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

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, Royalty Adult Family Home 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the medication box in the fridge was kept locked. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included...

Observation, on 07/09/2026 at 9:30 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation showed Residents 2, 3 and 5 ambulated independently and Residents 1 and 4 ambulated with medical devices in the AFH.

Observation of the AFH fridge on 07/09/2026 at 10:50 AM, showed a metal rectangular box with combination locks in the fridge. Observation of the medication lock box showed the medication box was not locked. Observation of an unlocked medication box showed Resident 5's insulin pens (medication used for blood sugar).

In an interview and observation, on 07/09/2026 at 10:55 AM, Staff A, Entity Representative, stated that they gave resident medications, and they might forget to lock the medication box. Staff A was observed to lock the medication box before placing it back in the AFH fridge.

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

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, Royalty Adult Family Home 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 388-76-10380 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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to review and update the Negotiated Care Plan (NCP) for 3 of 5 residents (Residents 1, 4 and 5) at least every 12 months. This failure placed Residents 1, 4 and 5 at risk for unrecognized or unmet care needs.

Findings included...

<Resident 1>
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]2024 with multiple medical diagnoses. Record reviews showed Staff A, Entity Representative, and Resident 1 and their representative last reviewed, signed, and dated the NCP in June 2024. Review showed there was no documentation to show AFH Staff reviewed and updated Resident 1's NCP in 2025 and 2026.

<Resident 4>
Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]2021 with multiple medical diagnoses. Record reviews showed Staff A and Resident 4's representative last reviewed, signed, and dated the NCP in June 2025. Review showed there was no documentation to show AFH Staff reviewed and updated Resident 4's NCP in 2026.

<Resident 5>
Review of Resident 5's record showed the AFH admitted Resident 5 on [redacted]/2023 with multiple medical diagnoses. Record reviews showed Staff A and Resident 5's

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

representative last reviewed, signed and dated the NCP in May 2024. Review showed there was no documentation to show AFH Staff reviewed and updated Resident 5's NCP in 2025 and 2026.

In an interview and observation, on 07/09/2026 at 11:50 AM, Staff A stated that they verbally reviewed Residents 1, 4 and 5's NCP with the residents and their representatives but their representatives were not available to sign the NCP. Observation showed Staff A and Resident 5's representative reviewed and signed the NCP during the visit. Residents 1 and 4 initialed the NCP during the visit. Staff A stated that they would get Residents 1 and 4's representative to sign the NCP.

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, Royalty Adult Family Home 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 388-76-10198 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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have the personnel records for 1 of 5 staff (Staff B, Caregiver) readily available for review. This failure placed Residents 1, 2, 3, 4 and 5 at risk of being cared for by staff who was not fully qualified.

Findings included...

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

Review of Staff B's personnel records showed Staff B was hired on 06/01/2026. Review of Staff B's records showed the Nurse Delegation (ND) Core and Nurse Delegation Diabetes Focus certificate were not available.

In an interview, on 07/09/2026 at 12:50 PM, Staff A, Entity Representative, stated that Staff B completed their ND core training and the trainer did not release the records until Staff B received their Nursing Assistant Registration (NAR) certificate which showed pending at the Department of Health (DOH) website.

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, Royalty Adult Family Home 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 observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 3 of 5 residents (Residents 1, 4 and 5) was agreed to, signed, and dated by the resident and/or their representative. This failure placed Residents 1, 4 and 5 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 07/09/2026 at 9:30 AM, showed Residents 1, 4 and 5 lived in and received care from the AFH.

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

<Resident 1>
Records reviews showed the AFH admitted Resident 1 on [redacted]2024. Review of Resident 1's NCP showed Staff A, Entity Representative, updated and signed the NCP on 06/01/2024 and Resident 1's representative signed the NCP on 06/05/2024. There was no evidence Staff A had Resident 1 and/or their representative reviewed and signed/date the NCP in 2025 and 2026.

<Resident 4>
Records reviews showed the AFH admitted Resident 4 on [redacted]2021. Review of Resident 4's NCP showed Staff A and Resident 4 signed the NCP on 04/21/2025 and Resident 4's representative signed the NCP on 06/12/2025. There was no evidence Staff A had Resident 4 and/or their representative reviewed and signed/date the NCP in 2026.

<Resident 5>
Records reviews showed the AFH admitted Resident 5 on [redacted]2023. Review of Resident 5's NCP showed Staff A and Resident 5 signed the NCP on 03/31/2024 and Resident 5's representative signed the NCP on 05/06/2024. There was no evidence Staff A had Resident 5 and/or their representative reviewed and signed/date the NCP in 2025 and 2026.

In an Interview and observation, on 07/09/2026 at 11:55 AM, Staff A stated they had difficulties reaching out to Residents 1, 4 and 5's representative and they were not available to sign records. Staff A stated that they verbally reviewed the NCP with Residents 1, 4 and 5's representative. Observation showed Staff A and Resident 5's representative reviewed and signed the NCP during the visit. Residents 1 and 4 initialed their NCP during the visit. Staff A stated that they would get Residents 1 and 4's representative to sign the NCP.

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, Royalty Adult Family Home 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.

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

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 staff (Staff B, caregiver) had nurse delegation training (a process by which a registered nurse (RN) directs another healthcare team member to perform specific nursing tasks or activities while retaining accountability for the overall patient outcome) in place prior to completing nurse delegated tasks and caring for 4 of 5 residents (Residents 1, 3, 4 and 5) who required nurse delegation. This failure resulted in an unqualified caregiver assisting Residents 1, 3, 4 and 5 with medications and placed Residents 1, 3, 4 and 5 at risk of harm or injury from Staff B not being trained to complete nursing tasks.

Findings included...

Observation, on 07/09/2026 at 9:30 AM, showed Residents 1, 3, 4 and 5 lived in and received care from the AFH. Further observation showed Staff B were providing care and various services for Residents 1, 3, 4 and 5.

In an interview, on 07/09/2026 at 10:15 AM, Staff A, Entity Representative, stated that Residents 1, 3, 4 and 5 required nurse delegation to administer their medications. Staff A stated that delegated staff managed Residents 1, 3, 4 and 5 medications.

<Resident 1>
Record reviews showed that Resident 1 was admitted to the AFH on [redacted]2024. Record review of Resident 1's assessment, dated 03/19/2026, showed Resident 1 had multiple medical diagnoses included but not limited to [redacted] and [redacted].

Record review of "Nursing Delegation Visit", dated 06/16/2026, showed that Resident 1 required nurse delegated tasks including topical Medication, oxygen administration, nebulizer (A medical device that turns liquid medication into a fine mist to inhale directly into the lungs) medication and vital signs monitoring. Review showed Staff A, Staff C and E (Caregivers) were delegated to perform nurse delegated tasks for Resident 1. Review showed Staff B was not documented as being delegated.

Record reviews of AFH staff records showed Staff B did not have nine hours nurse delegation core training.

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

Review of Resident 1's July 2026 Medication Log (ML) showed the ML was initialed to indicate medication administration by Staff C (TW).

In an interview, on 07/09/2026 at 1:45 PM, Resident 1 stated that Staff B gave their medications last night (07/08/2026) and this morning. Resident 1 stated that Staff B gave their nebulizer and oxygen treatments. Resident 1 stated that they did not see Staff C today.

<Resident 3>
Record reviews showed that Resident 3 was admitted to the AFH on [redacted] 2026. Record review of Resident 3's assessment, dated 06/11/2026, showed Resident 3 had multiple medical diagnoses included but not limited to [redacted] and [redacted]. Record review of "Nursing Delegation Visit", dated 06/02/2026, showed that Resident 3 required nurse delegated tasks including administration of oral medication and as needed (PRN) medications.

Record review of Resident 3's July 2026 Medication Log (ML) showed the ML was initialed to indicate medication administration by Staff C.

In an interview, on 07/09/2026 at 2:00 PM, Resident 3 stated that Staff B gave their medications last night (07/08/2026) and this morning. Resident 3 stated that they did not see Staff C today.

<Resident 4>
Record reviews showed that Resident 4 was admitted to the AFH on [redacted] 2021. Record review of Resident 4's assessment, dated 08/11/2025, showed Resident 4 had multiple medical diagnoses including but not limited to [redacted] and [redacted]. Record review of "Nursing Delegation Visit", dated 06/02/2026, showed that Resident 4 required nurse delegated tasks including administration of oral medication, administration of PRN and topical medications.

Record review of Resident 4's July 2026 Medication Log (ML) showed ML was initialed to indicate medication administration Staff C.

In an interview, on 07/09/2026 at 1:55 PM, Resident 4 stated that they could not recall which staff gave their medications. Further during the interview, Resident 5 ,who sat next to Resident 4, stated that Staff B gave your (Resident 4) medication this morning.

<Resident 5>
Record reviews showed that Resident 5 was admitted to the AFH on [redacted] 2023. Record review of Resident 5's assessment, dated 06/09/2026, showed Resident 5 had multiple

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

medical diagnoses including but not limited to [redacted] and [redacted]. Record review of "Nursing Delegation Visit", dated 06/02/2026, showed that Resident 5 required nurse delegated tasks including blood sugar monitoring, administration of insulin, administration of oral medication, nasal spray, PRN medication and topical medication.

Record review of Resident 5's July 2026 Medication Log (ML) showed ML was initialed to indicate medication administration by Staff C.

In an interview, on 07/09/2026 at 1:57 PM, Resident 5 stated that Staff B gave their medications last night (07/08/2026) and this morning. Resident 5 stated that they did not see Staff C today.

In an interview, on 07/09/2026 at 2:03 PM, Staff B stated that Staff C put medications in the medication cup and I give the medication cup to the residents. When the department staff asked Staff B if they administered residents' medications this morning, they did not answer and they nodded their head down.

In an interview, on 07/09/2026 at 2:05 PM, Staff A stated that Staff C was scheduled to administer Residents 1, 3, 4 and 5's medications. Staff A stated that Staff C gave the medications this morning before they left to help with Staff A's newborn baby. Staff A further stated that they might be misunderstanding, and they would delegate Staff B. Staff A stated that they make sure delegated staff administer the medications.

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, Royalty Adult Family Home 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 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure the Medication Log (ML) was initialed by the caregiver who administered the medication for 5 of 5 residents (Residents 1, 2, 3, 4 and 5). This failure placed Residents 1, 2, 3, 4 and 5 at risk of medication errors.

Finding included...

Observation, on 07/09/2026 at 9:30 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Residents 2, 3 and 5 ambulated independently and Resident 1 and 4 ambulated with the assistive devices. Observation showed Staff B, Caregiver, was the only staff working and providing care for the residents.

In an interview, on 07/09/2026 at 10:15 AM, Staff A, Entity Representative, stated that Residents 1, 3, 4 and 5 required nurse delegation to administer their medications. Staff A stated that delegated staff managed Residents 1, 3, 4 and 5 medications. Staff A stated that Staff B was not delegated to assist with the medications and Staff C, Caregiver, lived at home and gave residents' medications.

Review of Residents 1, 2, 3, 4 and 5's July 2026 ML showed Staff C, initialed Residents 1, 2, 3, 4 and 5' s July MLs on 07/01/2026 to 07/09/2026 showed Staff C's initials (TW), indicating they (Staff C) gave medications to Residents 1, 2, 3, 4 and 5.

In an interview, on 07/09/2026 at 1:45 PM, Residents 1, 2, 3 and 5 stated that Staff B gave their medications last night (07/08/2026) and this morning. Resident 4 stated that they could not recall which staff gave their medications.

In an interview, on 07/09/2026 at 2:03 PM, Staff B stated that Staff C put medications in the medication cup and I give the medication cup to the residents. When the department staff asked Staff B if they administered residents' medications this morning, they did not answer and they nodded their head down.

In an interview, on 07/09/2026 at 2:05 PM, Staff A stated that Staff C was scheduled to administer Residents 1, 2, 3, 4 and 5's medications. Staff A stated that Staff C gave the medications this morning before they left to help with Staff A's newborn baby. Staff A further stated that they might be misunderstanding, and they would delegate Staff B. Staff A stated that they make sure delegated staff administer the medications.

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

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, Royalty Adult Family Home 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.

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

07/16/2026

Royalty Adult Family Home LLC
Royalty Adult Family Home LLC
14430 46th Pl W
Lynnwood, WA 98087

RE: Royalty Adult Family Home LLC # 754723

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/15/2026 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 (07/15/2026), no later than 08/29/2026 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 cabinets underneath the kitchen sink and the cabinet storage in the AFH hallway (by the laundry area) securely locked. This deficiency was corrected during the visit by Staff A, Entity Representative, who locked the cabinets underneath the kitchen sink. AFH staff replaced the child proof locks underneath the kitchen cabinet.

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)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I

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

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 and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

---

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

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

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

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