STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Elles Senior Care LLC

Elles Senior Care LLC
18554 1st Ave NW
Shoreline, WA 98177

RE: Elles Senior Care LLC License # 755247

Dear Provider:

This letter addresses Compliance Determination(s) 74514 (Completion Date 03/18/2026) and 72442 (Completion Date 02/25/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2026 and found that you have corrected the violations listed in the Complaint report dated 02/25/2026. Your home is back in compliance as of 02/10/2026 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-a, WAC 388-76-10225-2-b, WAC 388-76-10225-2-f

The Department staff who did the on-site verification:
Ywen Dah Liou, AFH Complaint Investigator

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

Sincerely,

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

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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 02/04/2026 of:

Elles Senior Care LLC
11320 Sand Point Way NE
Seattle, WA 98125

This document references the following complaint number(s): 211244

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Ywen Dah Liou, AFH Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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 388-76-10225 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:

(a) The resident's family;

(b) The resident's representative, if one exists;

(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 report significant skin injuries for 1 of 1 former resident (FR1) to the legal representative and the Department's Case Manager (CM). This failure placed FR1 at risk for delayed treatment and compromised welfare.

Findings included…

Review of FR1's medical records from a local hospital, dated 02/19/2026, showed FR1 was admitted on [redacted]/2026, and passed away on [redacted]/2026. The records identified decubitus ulcers (as known as bedsores or pressure ulcers, injuries to skin and underlying tissue caused by prolonged

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pressure, friction, or shear, usually over bony areas like the hips, heels, or tailbone) on FR1's ankles, buttocks, and arm. Healthcare providers noted multiple injuries, including:

· Traumatic secondary wounds/blisters on right arm dorsal (back side) and left arm dorsal.

· Traumatic secondary wounds/blisters on right knee anterior (front) and left knee anterior.

· A wound on left heel.

· A pressure injury on skin area of sacrum (a triangular bone in the lower back formed from fused vertebrae and situated between the two hipbones of the pelvis [the bony structure inside hips, buttocks and pubic region]).

The records showed that Collateral Contact 1 (CC1), FR1's son and legal representative, reported they had not noted these findings prior to FR1's admission to the local hospital

Review of FR1's Negotiated Care Plan (NCP) dated 11/03/2025, showed FR1 was admitted to the AFH on [redacted]/2025, with CC1 designated as the Durable Power of Attorney for FR1. The NCP showed AFH caregivers were required to report significant changes of FR1's skin.

During an interview on 02/04/2026 at 1:20 PM, Staff A, Provider, stated that they notified FR1's skin issues to designated healthcare provider and CC1, but did not notify Collateral Contact 2 (CC2), the Department's CM prior to FR1's hospitalization on [redacted]/2026.

During an interview on 02/05/2026 at 2:25 PM, CC1 stated that healthcare providers at the local hospital reported FR1's multiple new skin issues, but the AFH did not notify them.

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Review of Service Episode Records dated 02/04/2026, of the Department's Comprehensive Assessment Reporting & Evaluation and during an interview on 02/25/2026 at 9:55 AM, CC2 confirmed that they called Staff A to inquire about the multiple new wounds reported by CC1. Staff A admitted at that time they did not report the FR1's new skin wounds to CC2.

Review of the AFH's incident logs or records provided by Staff A showed no evidence that the AFH or Staff A reported RF1's skin issues to CC2.

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, Elles Senior Care 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

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