STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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

Prestige Place Adult Family Home LLC

Prestige Place Adult Family Home LLC
10420 SE 194th Pl
Renton, WA 98055

RE: Prestige Place Adult Family Home LLC License # 755812

Dear Provider:

This letter addresses Compliance Determination(s) 70205 (Completion Date 12/16/2025) and 67490 (Completion Date 10/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/16/2025 and found that you have corrected the violations listed in the Full report dated 10/29/2025. Your home is back in compliance as of 10/21/2025 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 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e, WAC 388-76-10530-2, WAC 388-76-10265-1-d, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

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

Sincerely,

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

STATE OF WASHINGTON
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 10/20/2025 of:
Prestige Place Adult Family Home LLC
10420 SE 194th Pl
Renton, WA 98055

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to provide and ensure that 2 of 2 sampled residents (Residents 1 and 2) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Residents 1, 2, and/or their representatives at risk of being unaware of the current house rules, residents' rights, services, and costs.

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Findings included…

Resident 1

On 10/20/2025 at 11:35 AM, observation showed Staff C, Caregiver, interacted and provided care to Resident 1 in the bathroom.

Review of Resident 1's notice of services, dated [redacted]/2022, showed the AFH admitted Resident 1 on [redacted]/2022. Further record review showed Resident 1 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2022 (309 days overdue).

Resident 2

On 10/20/2025 at 1:06 PM, observation showed Staff B, Caregiver, interacted with Resident 2 in the living room area.

Review of Resident 2's notice of services, dated [redacted]/2022, showed the AFH admitted Resident 2 on [redacted]/2022. Further record review showed Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2022 (359 days overdue).

In an interview on 10/20/2025 at 6:00 PM, Staff A, Entity Representative, stated that they did not know residents' notice of services had to be reviewed and signed every two years,

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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, Prestige Place 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 388-76-10265 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 observation, interview and record review, the Adult Family Home (AFH) failed to have a system to ensure 1 of 2 sampled staff (Staff B, Caregiver) had Tuberculosis (TB- is a disease that usually affects the lungs that can spread through the air when people with active TB cough, sneeze, or spit) testing within three days of hire. This failure placed the residents at risk of exposure to an infectious disease.

Findings included…

On 10/20/2025 at 1:06 PM, observation showed Staff B, interacted with Resident 2 in the living room area.

In an interview with Staff A, Entity Representative, on 10/20/2025 at 4:59 PM, Staff A stated that Staff B worked as a full-time caregiver in the AFH.

Record review of the AFH orientation record dated 01/15/2025 showed the AFH hired Staff B on 01/15/2025.

Record review of Staff B's file showed the following TB skin testing were administered on the following dates: 12/04/2024 and read with a negative result on 12/06/2024, 12/21/2024 and read with a negative result on 12/23/2024.There was no document that showed TB testing was done within three days of Staff B's hire.

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In an interview on 10/20/2025 at 5:17 PM, Staff A stated that Staff B did not have another TB testing done within three days of hire because they thought that Staff B's previous TB testing was enough.

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, Prestige Place 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 388-76-10650 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, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Residents 1 and 2) Negotiated Care Plan (NCP) included staff directives for residents used of medical device ([redacted]). This failure placed Residents 1 and 2 at risk of injury due to entrapment and inadequate monitoring of [redacted] used.

Findings included…

Resident 1

During a guided tour in Resident 1's bedroom with Staff A, Entity Representative, on 10/20/2025 at 2:05 PM, observation showed Resident 1's bed with half [redacted] up on each side of the bed.

Record review of Resident 1's NCP, dated 02/20/2025, showed the use of the [redacted]

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were not addressed or included. There were no caregiver directives on what to do, when, and how to monitor the medical device.

In an interview on 10/20/2025 at 3:46 PM, Staff A stated that she missed the caregiver directives for Resident 1's use of [redacted] when they were typing the NCP.

Resident 2

During a guided tour in Resident 2's bedroom with Staff A, Entity Representative, on 10/20/2025 at 2:08 PM, observation showed Resident 2 sat on their bed with half [redacted] up on each side of the bed.

Record review of Resident 2's NCP, dated 07/10/2025, showed the use of the [redacted] were not addressed or included. There were no caregiver directives on what to do, when, and how to monitor the medical device.

In an interview on 10/20/2025 at 4:34 PM, Staff A stated that she missed the caregiver directives for Resident 2's use of [redacted] when they were typing 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, Prestige Place 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

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20425 72nd Avenue S, Suite 400, Kent, WA 98032

10/30/2025

Prestige Place Adult Family Home LLC
Prestige Place Adult Family Home LLC
10420 SE 194th Pl
Renton, WA 98055

RE: Prestige Place Adult Family Home LLC # 755812

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/29/2025 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:

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

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eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, 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:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

During an environmental tour, on 10/20/2025 at 1:54 PM, of Resident 3's room with Staff A, Entity Representative, an [redacted] was observed on the floor in an unsecured upright position that was placed by Resident 3's bedroom door. Staff A immediately called the company that supplied the [redacted] and the carrier was delivered. Staff A placed the [redacted] in the carrier and secured it in the closet before the visit ended.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E

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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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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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

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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

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