



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Sesina Adult family Home LLC
Sesina Adult Family Home LLC
21225 50th Ave W
Mountlake Terrace, WA 98043

RE: Sesina Adult Family Home LLC License # 755840

Dear Provider:

This letter addresses Compliance Determination(s) 65538 (Completion Date 09/11/2025) and 64916 (Completion Date 08/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/11/2025 and found that you have corrected the violations listed in the Full report dated 08/29/2025. Your home is back in compliance as of 09/08/2025 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 388-76-10750-6-c, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Hang Lu, Licensur

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 755840	Compliance Determination # 64916
Plan of Correction	Sesina Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Sesina Adult family Home LLC	08/29/2025

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 08/28/2025 of:

Sesina Adult Family Home LLC
21225 50th Ave W
Mountlake Terrace, WA 98043

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensors

From:
DSHS, Aging and Long-Term Support 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.

Statement of Deficiencies	License #: 755840	Compliance Determination # 54915
Plan of Correction	Sesina Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: Sesina Adult family Home LLC	08/29/2025

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

09/04/2025
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.

[Signature]
Provider (or Representative)

9/9/25
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to ensure the water temperature at 2 of 2-bathroom sinks (Sinks 1 and 2) was at least 105 degrees Fahrenheit (F). This failure placed Residents 1, 2, 3, 4, and 5 at risk for a decreased quality of life from having water that was too cold to use.

Fixed on 8/28/2025

Findings included...

Observation and interview, on 08/28/2025 at 2:29 PM, showed the water temperature at Sink 1 (in the hallway bathroom across from the storage closet) was 100.1 degrees F. Staff B, Caregiver, stated that the water temperature was usually warm enough for the residents to use.

Observation, on 08/28/2025 at 2:35 PM, showed the water temperature at Sink 2 (in the bathroom across from Resident 4's bedroom) was 99.7 degrees F.

In an interview, on 08/28/2025 at 3:44 PM, Staff A, Entity Representative, reported that they had turned down the hot water tank a few days prior because Resident 2 was complaining about the water being too hot. Staff A stated that they would adjust to keep the water temperature between 105- and 120-degrees F.

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
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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
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Statement of Deficiencies	License #: 755840	Compliance Determination # 64916
Plan of Correction	Sesina Adult Family Home LLC	Completion Date
Page 3 of 4	Licenses: Sesina Adult family Home LLC	08/29/2025

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, Sesina Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/28/25.

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


Provider (or Representative)

9/9/25
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 caregivers (Staff D) completed the two-step Tuberculosis (TB) skin testing. This failure placed Residents 1, 2, 3, 4, and 5 at risk for potential exposure to a communicable disease.

Findings included...

Review of personnel records showed the AFH hired Staff D, Caregiver, on 10/24/2024. Review of Staff D's record showed Staff D had documentation of a negative TB skin test, dated 12/23/2024. Record review showed there was no evidence Staff D obtained a second TB skin test one to three weeks after the first test.

In an interview, on 08/28/2025 at 3:42 PM, Staff A, Entity Representative, stated that they thought Staff D had obtained the second TB skin test. Staff A stated that they would ask Staff D about the second TB test. Staff A stated that Staff D would get a TB blood test if they (Staff D) had not completed the two-step TB skin testing.

In a phone interview, on 08/29/2025 at 9:40 AM, Staff A reported that Staff D had gone to a clinic to get a TB blood test on this day.

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, Sesina 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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Review of personnel records showed the AFH hired Staff D, Caregiver, on 10/24/2024. Review of Staff D's record showed Staff D had documentation of a negative TB skin test, dated 12/23/2024. Record review showed there was no evidence Staff D obtained a second TB skin test one to three weeks after the first test.

In an interview, on 08/28/2025 at 3:42 PM, Staff A, Entity Representative, stated that they thought Staff D had obtained the second TB skin test. Staff A stated that they would ask Staff D about the second TB test. Staff A stated that Staff D would get a TB blood test if they (Staff D) had not completed the two-step TB skin testing.

In a phone interview, on 08/29/2025 at 9:40 AM, Staff A reported that Staff D had gone to a clinic to get a TB blood test on this day.

Statement of Deficiencies	License #: 755840	Compliance Determination #64916
Plan of Correction	Sesina Adult Family Home LLC	Completion Date
Page 4 of 4	Licenses: Sesina Adult family Home LLC	08/29/2025

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, Sesina Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9/8/25.

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



Provider (or Representative)

9/9/25

Date

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, Sesina Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____.

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Provider (or Representative)

Date