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

New Option Elderly Living LLC

New Option Elderly Living LLC
1616 MORRIS AVE SOUTH
RENTON, WA 98055

RE: New Option Elderly Living LLC License # 756037

Dear Provider:

This letter addresses Compliance Determination(s) 72909 (Completion Date 02/12/2026) and 70141 (Completion Date 01/09/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/12/2026 and found that you have corrected the violations listed in the Full report dated 01/09/2026. Your home is back in compliance as of 12/26/2025 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 388-76-10720-3, WAC 388-76-10720-3-a, WAC 388-76-10720-3-b, WAC 388-76-10720-2-b, WAC 388-76-10810-2-a

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

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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 12/15/2025 of:
New Option Elderly Living LLC
1616 MORRIS AVE SOUTH
RENTON, WA 98055

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:

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 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(b) Outdoor areas accessible to both residents and the public, such as, but not limited to, driveways or walkways, provided that the purpose of such monitoring is to prevent theft, property damage, or other crime on the premises;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure there was a signed written notification regarding the AFH's video monitoring that included the location where and reason why it was placed, the name of each person and/or organization who accessed it for 5 of 5 residents (Residents 1, 2, 3, 4, and 5) and/or their representatives. This failure placed the residents at risk for privacy violations.

Findings included…

On 12/15/2025 at 10:16 AM, observation showed a video camera mounted on the upper

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right-side wall by the home entrance door.

In an interview on 12/15/2025 at 3:40 PM, Staff A, Entity Representative, stated that the video camera located by the front entrance door had no audio and was placed there for safety. Staff A was the only person who accessed the video camera. Staff A further stated that the residents and their representatives were aware of the camera used.

In an interview on 12/15/2025 at 3:40 PM, Staff A stated that they were not aware of the requirement for the signed written consent of the camera used that included the video camera's location where and reason why it was placed, and the name of each person and/or organization who accessed it.

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, New Option Elderly Living 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 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not ensure 1 of 2 portable fire extinguishers were mounted and securely fastened. This failure placed 5 of 5 current residents (Residents 1, 2, 3, 4, and 5) at risk of harm and/or injury in the event of fire if the fire extinguishers were moved and could not be located.

Findings included…

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During unannounced visit to the AFH on 12/15/2025 at 10:40 AM, observation showed the AFH was a two-level home.

In an interview on 12/15/2025 at 11:25 AM, Staff A, Entity Representative, stated that the AFH had 2 levels. All residents lived at the main/lower level. Staff A, and Staff B, C, and D, Caregivers, lived at the upper level of the home.

During a guided tour with Staff A, on 12/15/2025 at 1:59 PM, observation showed the fire extinguisher at the upper level of the home was placed on a shelf in an upright position and was not properly secured or mounted. Staff A was unable to find the bracket that was previously used to mount the fire extinguisher.

In an interview on 12/15/2025 at 1:59 PM, Staff A stated that the fire extinguisher was mounted but it was removed when they took it for an inspection. Staff A further stated that they thought it was safe not to mount it because the residents did not go to the upper level of the home.

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, New Option Elderly Living 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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01/12/2026

New Option Elderly Living LLC
New Option Elderly Living LLC
1616 MORRIS AVE SOUTH
RENTON, WA 98055

RE: New Option Elderly Living LLC # 756037

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/09/2026 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:

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 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

During an environmental tour with Staff A, Entity Representative, on 12/15/2025 at 5:37 PM, observation showed the Adult Family Home did not place a copy of the inspection report in a common area that could easily be viewed. On 12/15/2025 at 5:39 PM, Staff A took out the inspection report from the closet and posted it on the wall in a common area.

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.

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• 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
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

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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 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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