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

The Saints at Meadowdale Adult Family Home LLC
The Saints at Martha Lake Adult Family Home
433B Lakeview Rd Unit B
Lynnwood, WA 98087

RE: The Saints at Martha Lake Adult Family Home License # 756411

Dear Provider:

This letter addresses Compliance Determination(s) 78855 (Completion Date 06/11/2026) and 76243 (Completion Date 04/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/11/2026 and found that you have corrected the violations listed in the Full report dated 04/24/2026. Your home is back in compliance as of 06/06/2026 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 388-76-10135-7, WAC 388-76-10135-8, WAC 388-112A-0710, WAC 388-76-10163-1, WAC 388-76-10350-2-d, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10380-4, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-h, WAC 388-76-10530-2, WAC 388-76-10530, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10895-2-a, WAC 388-76-10895-2, WAC 388-76-10895-2-b, WAC 388-76-10895-2-c

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' Bourgue

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

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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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 04/22/2026 of:

The Saints at Martha Lake Adult Family Home
433B Lakeview Rd Unit B
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 2 of 3 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

04/28/2026
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.

CC-Kibin
Provider (or Representative)

5/6/2026
Date

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 caregivers (Staff B) had proof of valid cardiopulmonary resuscitation (CPR) and first-aid training that included hands-on skills demonstration, as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of being cared for by a caregiver who was not fully qualified.

Findings included..

Review of AFH personnel record showed the AFH hired Staff B on 12/08/2025. Review of Staff B's record showed Staff B had a CPR/1st Aid card, dated 11/24/2025 and expired on 11/24/2027. There was no documentation to show Staff B completed the skills session.

In an interview, on 04/22/2026 at 1:50 PM, Staff B stated that they did the CPR/ 1st Aid

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training online. Staff B stated that they did not do the skills session after the online training. Staff A, Entity Representative, stated that they would obtain hands-on CPR/1st Aid training.

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, The Saints at Martha Lake Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/23/2026.

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

Provider (or Representative) — Date: 4/23/2026

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 volunteer Individual Provider (IP) and 1 of 3 Household Member (HHM 3) over the age of eleven who lived in the AFH, had the required Washington State name and date of birth background check (WNOB BGC) completed and on file. This failure placed 3 of 3 Residents (Residents 1, 2 and 3) at risk of exposure to Individuals with an unknown background.

Findings...

Observation, on 04/22/2026 at 9 50 AM, showed HHM 3 lived in and received care from the AFH staff. Observation showed HHM 3 resided in AFH bedroom [redacted]. Further observation showed HHM 3 had a volunteer IP who provided care for HHM 3.

Review of the AFH household member records showed HHM3 was over the age of 11 and had not completed the required WNOB BGC. Further reviews showed there was no

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record of WNOB BGC for a volunteer IP on file.

In an interview, on 04/22/2026 at 2:20 PM, Staff A, Entity Representative, reported HHM3 was living in the AFH and a volunteer IP helped occasionally to provide care for HHM 3. Staff A stated that they would provide a volunteer IP and HHM 3's WNOB BGC to the department.

Review of an email received by the department on 04/23/2026 showed a volunteer IP's WNOB BGC date was 04/22/2026 and HHM 3 WNOB BGC was on 04/23/2026.

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, The Saints at Martha Lake Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/1/2026.

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

[signature] 5/6/2026

Provider (or Representative) Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have the assessment of 3 of 3 residents (Residents 1, 2 and 3) updated at least every twelve months. This failure placed Residents 1, 2 and 3 at risk of unmet needs.

Findings included...

Observation, on 04/22/2026 at 9:50 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

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<Resident 1>
Review of Resident 1's record showed the AFH admitted Resident 1 who was a private pay on [redacted]/2022 and had assessment dated, 11/25/2022. Review of Resident 1's records showed there was no assessment for Resident 1 in 2023, 2024 and 2025.

<Resident 2>
Review of Resident 2's record showed the AFH admitted Resident 2 who was a private pay on [redacted]/2022 and had assessment dated, 07/22/2022. Review of Resident 2's records showed there was no assessment for Resident 2 in 2023, 2024 and 2025.

<Resident 3>
Review of Resident 3's record showed the AFH admitted Resident 3 who was a private pay on [redacted]/2023 and had assessment dated, 11/28/2023. Review of Resident 3's records showed there was no assessment for Resident 3 in 2024 and 2025.

In an interview, on 04/22/2026 at 1:15 AM, Staff A, Entity Representative, stated that the AFH had a dual assessment and Negotiated Care Plan (NCP) for Residents 1, 2 and 3. Staff A stated that there had been no changes in Residents 1, 2 and 3's condition and they used the existing assessment for the private pay residents.

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, The Saints at Martha Lake Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/24/2026.

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

[signature] 5/6/2026
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:

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Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 3 of 3 residents (Residents 1, 2 and 3) was agreed to, signed, and dated by the resident and/or their representative. This failure placed Residents 1, 2 and 3 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 04/22/2026 at 9:50 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

<Resident 1>
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's NCP showed Staff A, Entity Representative, and Resident 1's representative reviewed the NCP on 10/27/2024. There was no evidence Staff A had Resident 1 or their representative sign and date the NCP in 2025.

<Resident 2>
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2022. Review of Resident 2's NCP showed Staff A and Resident 2's representative reviewed the NCP on 01/09/2023. There was no evidence Staff A had Resident 2 or their representative sign and date the NCP in 2024 and 2025.

<Resident 3>
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2023. Review of Resident 3's NCP showed Staff A reviewed the NCP on 01/10/2024. There was no evidence Staff A had Resident 3 or their representative sign and date the NCP in 2024 and 2025.

In an Interview, on 04/22/2026 at 1:20 PM, Staff A stated they reviewed the NCP with Residents 1, 2 and 3's representative and they would get them to sign the NCP.

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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, The Saints at Martha Lake Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/1/2026

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

Provider (or Representative) — Date: 5/6/2026

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 3 residents (Residents 1, 2 and 3) at least every 12 months. This failure placed Residents 1, 2 and 3 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]/2022 with multiple medical diagnoses. Record reviews showed Staff A, Entity Representative, and Resident 1's representative last reviewed, signed, and dated the NCP on 10/27/2024. Reviews of records showed there was no documentation to show AFH Staff reviewed and updated Resident 1's NCP in 2025.

<Resident 2>
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]2022 with multiple medical diagnoses. Record reviews showed Staff A and Resident 2's representative last reviewed, signed, and dated the NCP on 01/09/2023. Records review showed there was no documentation to show AFH Staff reviewed and updated Resident 2's NCP in 2024 and 2025.

<Resident 3>
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2023 with multiple medical diagnoses. Record reviews showed only Staff A last reviewed, signed

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and dated the NCP on 01/10/2024. Review showed there was no documentation to show AFH Staff reviewed and updated Resident 3's NCP in 2024 and 2025

In an interview, on 04/22/2026 at 1:20 PM, Staff A stated that they reviewed Residents 1, 2 and 3's NCP and they might had forgotten to sign Residents 1, 2 and 3's NCP. Staff A stated that they would review, sign/date the NCP with Residents 1, 2 and 3's representative.

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, The Saints at Martha Lake Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/1/2026

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

Provider (or Representative) [signature] Date 5/6/2026

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;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

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

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to

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a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(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 3 of 3 residents (Residents 1, 2, and 3). This failure placed Residents 1, 2, and 3 at risk for not being fully aware of their rights and the services provided by the home.

Findings included...

<Resident 1>
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's Admission Agreement, which included services and rights, showed Staff A, Entity Representative, and Resident 1's representative last reviewed and signed the Admission Agreement on 12/06/2022. There was no record showing AFH staff reviewed the Admission Agreement with Resident 1 and/or their representative every twenty-four months.

<Resident 2>
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2022. Review of Resident 2's Admission Agreement showed Staff A and Resident 2 last reviewed and signed the Admission Agreement on [redacted]/2022. There was no record showing AFH staff reviewed the Admission Agreement with Resident 2 and/or their representative every twenty-four months.

<Resident 3>
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2023. Review of Resident 3's Admission Agreement showed Staff A and Resident 3 last reviewed and signed the Admission Agreement on [redacted]/2023. There was no record showing AFH staff reviewed the Admission Agreement with Resident 3 and/or their representative every twenty-four months.

In an interview, on 04/22/2026 at 1:25 PM, Staff A stated that they would have Residents 1, 2 and 3's representative review, sign and date the Admission Agreement.

Review of documents received by the department on 04/23/2026 showed copies of

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Residents 1, 2 and 3's Admission Agreement reviewed/signed on 04/23/2026.

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, The Saints at Martha Lake Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/23/2026

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

Provider (or Representative) [signature] Date 4/23/2026

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(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 1 of 3 residents (Resident 1) had the required safety assessment and the necessary care planning outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Resident 1 at risk of harm from injury if the [redacted] were not used properly.

Findings included:

Observation, on 04/22/2026 at 9:50 AM, showed Resident 1 lived in and received care from the AFH. Further observation showed Resident 1 ambulated with staff assistance in the AFH.

Observation of Resident 1's bedroom (bedroom B), on 04/22/2026 at 11:25 AM, showed a padded [redacted] secured on the right upper side of Resident 1's [redacted]

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Review of records showed Resident 1's assessment, dated 11/25/2022, did not include the reasons Resident 1 needed the [redacted] and had not identified Resident 1's ability to safely use the [redacted] Review of Resident 1's NCP, dated 10/27/2024, did not address Resident 1's [redacted] use information.

In an interview, on 04/22/2026 at 1:10 PM, Staff A, Entity Representative, stated that Resident 1's representative signed the consent form, and they were aware of [redacted] uses. Staff A stated that Resident 1 used [redacted] to transfer and reposition. Staff A stated that they would have Resident 1 assessed and updated the NCP for the [redacted] use.

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, The Saints at Martha Lake Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/1/2026.

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

Provider (or Representative) Cost-Hilsin Date 5/6/2026

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home failed to have a system in place to ensure partial evacuation drills were completed every 60 days and full evacuation drills were completed once in each Calendar year. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

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Findings included...

Observation, on 04/22/2026 at 9:50 AM showed Residents 1, 2 and 3 lived in and received care from AFH. Observation further showed Residents 1 and 2 ambulated with staff assistance and Resident 3 was bedridden.

Review of the AFH records showed there were no records of partial and full evacuation drills on file.

In an interview, on 04/22/2026 at 2:15 PM, Staff A, Entity Representative, stated that they have not completed a partial and full fire drill since 2025. Staff A stated that they would complete partial and full evacuation drills as required.

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, The Saints at Martha Lake Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 5/5/2026.

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

Lisa Hilaire 5/5/2026

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Findings included...

Observation, on 04/22/2026 at 9:50 AM showed Residents 1, 2 and 3 lived in and received care from AFH. Observation further showed Residents 1 and 2 ambulated with staff assistance and Resident 3 was bedridden.

Review of the AFH records showed there were no records of partial and full evacuation drills on file.

In an interview, on 04/22/2026 at 2:15 PM, Staff A, Entity Representative, stated that they have not completed a partial and full fire drill since 2025. Staff A stated that they would complete partial and full evacuation drills as required.

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, The Saints at Martha Lake Adult Family Home 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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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/28/2026

The Saints at Meadowdale Adult Family Home LLC
The Saints at Martha Lake Adult Family Home
433B Lakeview Rd Unit B
Lynnwood, WA 98087

RE: The Saints at Martha Lake Adult Family Home # 756411

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/24/2026 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 (04/24/2026), no later than 06/08/2026 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 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

The Adult family home (AFH) failed to update their medication disposal policy to comply with all federal and state laws and regulations regarding medication disposal. Additionally, the AFH staff failed to dispose of expired medications for Residents 2 and 3 within 30 days. These deficiencies were corrected during the visit by Staff A, Entity Representative, who disposed of Residents 2 and 3's expired medications and updated the AFH medication disposal policy.

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 ensure all chemicals and cleaners were locked in storage after cleaning. This deficiency corrected during the visit by Staff B, Caregiver.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or

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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
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

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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 IDRs** 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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