STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

August 27, 2026

ELECTRONIC-FACSIMILE

Licensee, Golden Age Edmonds LLC
Golden Age Edmonds LLC
8406 225th Pl SW
Edmonds, WA 98026

Adult Family Home License # **756474**
Entity Representative: Zemeheret Seare

IMPOSITION OF CIVIL FINES

Dear Licensee:

On August 21, 2026, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter is formal notice of the imposition of civil fines on the license for your adult family home, located at **8406 225th Pl SW, Edmonds,** by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The civil fines are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **August 21, 2026**.

Civil Fines

WAC 388-76-10650 (2)(a)(b)(c) Medical devices. **$300.00**

The licensee failed to ensure the negotiated care plan (NCP) contained information about the use of a medical device (side rails) for three residents. This failure placed three residents at risk of harm due to improper use of the side rail.

This is an uncorrected deficiency previously cited on June 28, 2026, for 2(c).

WAC 388-76-10146 (2)(c) Qualifications—Training and home care aide certification. **$200.00**

The licensee failed to ensure one staff obtained developmental disabilities (DD) specialty training. This failure placed one residents at risk of receiving care from someone who did not obtain the required DD specialty training.

This is an uncorrected deficiency previously cited on June 28, 2026.

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Renee Bourque, Field Manager
Region 2, Unit I
20311 52nd Avenue West Suite 100
Lynnwood, WA 98036
Phone: (206) 914-5042 / Fax: (206) 971-6791
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter.

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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline.** For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

You can make an IDR request and find directions on the IDR web page at: http://www.dshs.wa.gov/altsa/idr.

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$500.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Renee Bourque, Field Manager, at (206) 914-5042.

Sincerely,

Alfredo Brown

Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit I
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP