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

Picnic Point Villa AFH LLC

Picnic Point Villa AFH LLC
4627 Picnic Point Rd
Edmonds, WA 98026

RE: Picnic Point Villa AFH LLC License # 756570

Dear Provider:

This letter addresses Compliance Determination(s) 82609 (Completion Date 08/20/2026) and 80199 (Completion Date 07/14/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/20/2026 and found that you have corrected the violations listed in the Full report dated 07/14/2026. Your home is back in compliance as of 07/25/2026 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 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10750-6-c, WAC 388-76-10750-7, WAC 388-76-10485-1

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

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

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 07/09/2026 of:
Picnic Point Villa AFH LLC
4627 Picnic Point Rd
Edmonds, WA 98026

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

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.

Statement of Deficiencies	License #: 756570	Compliance Determination #:88195
Plan of Correction	Picnic Point Villa AFH LLC	Completion Date
Page 2 of 7	Licensee: Picnic Point Villa AFH LLC	07/14/2026

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

07/15/2026
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.

Brett
Provider (or Representative)

07/24/26
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:

(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, record review, and interview, the Adult Family Home (AFH) failed to ensure all required documentation was in place (including a safety assessment by a qualified assessor and documentation in the negotiated care plans [NCP]) prior to the use of a medical device ([redacted]) for 4 of 8 residents (Residents 1, 3, 4, and 6). This failure placed Residents 1, 3, 4, and 6 at risk of harm due to improper use of [redacted].

Findings included...

Observation, on 07/09/2026 at 10:02 AM, showed [redacted] installed on Resident 1, 3, 4, and 6's beds. Resident 1's bed (bedroom [redacted]) had two half-length [redacted] (outer side lowered and wall side raised) on the upper side of their bed. Resident 3's bed (bedroom [redacted]) had two half-length [redacted] (wall side and outer side lowered) on the upper side of the bed. Resident 4's bed (bedroom [redacted]) had one half-length [redacted] on the outer side of the upper section of their bed (lowered). Resident 5's bed (bedroom [redacted], located in the middle of the room, had two half-length [redacted] (both raised) on the upper side of their bed.

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' Bourgue
Residential Care Services

07/15/2026
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.

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:

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

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This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure all required documentation was in place (including a safety assessment by a qualified assessor and documentation in the negotiated care plans [NCP]) prior to the use of a medical device ([redacted]) for 4 of 6 residents (Residents 1, 3, 4, and 6). This failure placed Residents 1, 3, 4, and 6 at risk of harm due to improper use of [redacted]

Findings included...

Observation, on 07/09/2026 at 10:02 AM, showed [redacted] installed on Resident 1, 3, 4, and 6's beds. Resident 1's bed (bedroom [redacted]) had two half-length [redacted] (outer side lowered and wall side raised) on the upper side of their bed. Resident 3's bed (bedroom [redacted]) had two half-length [redacted] (wall side and outer side lowered) on the upper side of the bed. Resident 4's bed (bedroom [redacted]) had one half-length [redacted] on the outer side of the upper section of their bed (lowered). Resident 5's bed (bedroom [redacted]), located in the middle of the room, had two half-length [redacted] (both raised) on the upper side of their bed.

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Record review showed the AFH admitted Resident 1 on [redacted]2024. Review showed no evidence informed consent was obtained for Resident 1's safe use of [redacted]. Review of Resident 1's NCP, dated 06/09/2025, showed it did not reference Resident 1's use of [redacted].

Record review showed the AFH admitted Resident 3 on [redacted]/2024. Review of Resident 3's NCP, dated 11/30/2025, showed it did not reference Resident 3's use of [redacted].

Record review showed the AFH admitted Resident 4 on [redacted]2026. Review showed no NCP in Resident 4's records.

Record review showed the AFH admitted Resident 6 on [redacted]2024. Review showed no evidence of a safety assessment completed by a qualified assessor for Resident 6's safe use of [redacted].

In an interview, on 07/09/2026 at 11:57 AM, Staff A, Entity Representative and Resident Manager, stated that they would email a copy of Resident 1's informed consent document. Staff A stated that they would email a copy of Resident 4's NCP. Staff A stated that they would update Resident 1, 3, and 4's NCPs to discuss the use of [redacted]. Staff A stated that there was not a safety assessment completed for Resident 6's use of [redacted].

In an email, received on 07/10/2026 at 12:00 PM, Staff A provided a copy of Resident 1's informed consent document. Staff A wrote in the email that they are working to schedule a safety assessment by a registered nurse (RN) for Resident 6's use of [redacted].

Record review, of Resident 1's informed consent document, showed it was signed and dated by the resident representative on 03/08/2026.

In an email, received on 07/13/2026 at 11:42 AM, Staff A provided a copy of Resident 4's NCP. Record review of Resident 4's NCP, dated 06/22/2026, showed it discussed Resident 4's use of the [redacted].

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

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, Picnic Point Villa AFH LLC is or will be in compliance with this law and / or regulation on (Date) 07/25/26

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

Provider (or Representative) 07/25/26 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;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances were kept in locked storage. The AFH also failed to ensure water temperature from the bathroom sinks was between 105 degrees Fahrenheit (F) and 120 degrees F. These failures placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury if they accessed the toxic substances or from using water that was too hot in temperature.

Findings included...

<Cleaning Supplies>

Observation, on 07/09/2026 at 9:55 AM, showed a child lock device used to secure the cupboard underneath the kitchen sink. Observation showed cleaning supplies located inside the cupboard. These cleaning supplies included Lysol disinfecting wipes and Clorox solution.

In an interview, on 07/09/2026 at 9:55 AM, Staff A, Entity Representative and Resident Manager, stated that they did not know child lock devices did not constitute locks. Staff A stated that they would move the cleaning supplies to locked storage.

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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, Picnic Point Villa AFH 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 388-76-10750 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;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances were kept in locked storage. The AFH also failed to ensure water temperature from the bathroom sinks was between 105 degrees Fahrenheit (F) and 120 degrees F. These failures placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury if they accessed the toxic substances or from using water that was too hot in temperature.

Findings included...

<Cleaning Supplies>

Observation, on 07/09/2026 at 9:55 AM, showed a child lock device used to secure the cupboard underneath the kitchen sink. Observation showed cleaning supplies located inside the cupboard. These cleaning supplies included Lysol disinfecting wipes and Clorox solution.

In an interview, on 07/09/2026 at 9:55 AM, Staff A, Entity Representative and Resident Manager, stated that they did not know child lock devices did not constitute locks. Staff A stated that they would move the cleaning supplies to locked storage.

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

Observation, on 07/09/2026 at 10:09 AM, of the bathroom used by residents, nearest to bedrooms D, E, and F, showed an unlocked cupboard underneath the sink. Observation showed cleaning supplies located inside the cupboard. These cleaning supplies included two containers of Lysol disinfecting wipes and a bottle of Clorox aerosol spray.

In an interview, on 07/09/2026 at 10:09 AM, Staff A stated that they did not know how the cleaning supplies ended up unlocked in the bathroom. Staff A immediately removed the cleaning supplies from the bathroom and placed them in a locked storage area.

Observation, on 07/09/2026 at 1:35 PM, showed Staff A had removed the cleaning supplies from underneath the kitchen sink.

<Water Temperature>

Observation, on 07/09/2026 at 10:11 AM, of the sink used by residents, located in the bathroom nearest to bedrooms D, E, and F, showed the water temperature was 124.3 degrees F using the State-issued thermometer.

In an interview, on 07/09/2026 at 10:11 AM, Staff A stated that the water temperature must be kept under 120 degrees F. Staff A stated that the water temperature was recently tested and was within the required range. Household (HH) member 1, Staff A's relative, stated that they had their own thermometer but that it doesn't seem accurate.

Observation, on 07/09/2026 at 10:20 AM, with Staff A, of the sink located in the bathroom nearest to bedrooms A, B, and C, showed the water temperature was 122.8 degrees F.

In an interview, on 07/09/2026 at 10:20 AM, Staff A stated that they would lower the temperature of the water heater.

Observation, on 07/09/2026 at 1:29 PM, of the sink located in the bathroom nearest to bedrooms A, B, and C, showed the water temperature from the sink was 104.0 degrees F.

In an interview, on 07/09/2026 at 1:29 PM, Staff A stated that they would continue to adjust and retest the water temperature to ensure it was within the required range.

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Statement of Deficiencies	License #: 756570	Compliance Determination #:80199
Plan of Correction	Picnic Point Villa AFH LLC	Completion Date
Page 6 of 7	Licensee: Picnic Point Villa AFH LLC	07/14/2026

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, Picnic Point Villa AFH LLC is or will be in compliance with this law and / or regulation on (Date) 07/09/26

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

Provider (or Representative) — Date: 07/09/26

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all medication was kept in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm if they accessed the unlocked medications.

Findings included ..

Observation, on 07/09/2026 at 9:53 AM, showed four boxes of medication unlocked inside the AFH refrigerator. Observation showed there were two boxes of Lantus Solostar (a pre-filled disposable pen that delivers insulin [a medication used to lower blood sugar]) and two boxes of Insulin Lispro (a fast-acting insulin). Review of the label on these medication boxes showed they were prescribed to Resident 2.

In an interview, on 07/09/2026 at 9:53 AM, Staff A, Entity Representative and Resident Manager, stated that these boxes of insulin must be locked. Staff A stated that these four boxes did not fit into the existing medication lockbox in the refrigerator. Staff A stated that they had already ordered a new lockbox.

Observation, on 07/09/2026 at 10:18 AM, of the bathroom nearest to resident bedrooms A, B, and C, showed a cabinet above the sink. Observation inside the cabinet showed two bottles of chlorhexidine (an antiseptic used to treat gingivitis and manage oral bacteria) oral rinse. Review of the label on these bottles showed they were prescribed to Resident 3.

In an interview, on 07/09/2026 at 10:18 AM, Staff A stated that the chlorhexidine oral

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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, Picnic Point Villa AFH 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all medication was kept in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of harm if they accessed the unlocked medications.

Findings included...

Observation, on 07/09/2026 at 9:53 AM, showed four boxes of medication unlocked inside the AFH refrigerator. Observation showed there were two boxes of Lantus Solostar (a pre-filled disposable pen that delivers insulin [a medication used to lower blood sugar]) and two boxes of Insulin Lispro (a fast-acting insulin). Review of the label on these medication boxes showed they were prescribed to Resident 2.

In an interview, on 07/09/2026 at 9:53 AM, Staff A, Entity Representative and Resident Manager, stated that these boxes of insulin must be locked. Staff A stated that these four boxes did not fit into the existing medication lockbox in the refrigerator. Staff A stated that they had already ordered a new lockbox.

Observation, on 07/09/2026 at 10:18 AM, of the bathroom nearest to resident bedrooms A, B, and C, showed a cabinet above the sink. Observation inside the cabinet showed two bottles of chlorhexidine (an antiseptic used to treat gingivitis and manage oral bacteria) oral rinse. Review of the label on these bottles showed they were prescribed to Resident 3.

In an interview, on 07/09/2026 at 10:18 AM, Staff A stated that the chlorhexidine oral

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rinse was supposed to be kept in locked storage. Staff A immediately removed the chlorhexidine bottles from the bathroom and placed them in a locked storage area.

Observation, on 07/09/2026 at 12:00 PM, showed Staff A had received the new medication lockbox. Staff A placed the boxes of insulin into the lockbox and placed it into the refrigerator.

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, Picnic Point Villa AFH LLC is or will be in compliance with this law and / or regulation on (Date) 07/09/26

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

Brent Besser Zenebe — Provider (or Representative)

07/09/26 — Date

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rinse was supposed to be kept in locked storage. Staff A immediately removed the chlorhexidine bottles from the bathroom and placed them in a locked storage area.

Observation, on 07/09/2026 at 12:00 PM, showed Staff A had received the new medication lockbox. Staff A placed the boxes of insulin into the lockbox and placed it into the refrigerator.

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, Picnic Point Villa AFH 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

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

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

07/15/2026

Picnic Point Villa AFH LLC
Picnic Point Villa AFH LLC
4627 Picnic Point Rd
Edmonds, WA 98026

RE: Picnic Point Villa AFH LLC # 756570

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/14/2026 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 (07/14/2026), no later than 08/28/2026 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 388-76-10530 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 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 document was prepared by Residential Care Services for the Locator website.

The Adult Family Home (AFH) failed to ensure Resident 1's notice of rights and services (admission agreement) was updated at least once every 24 months. This deficiency was corrected over the course of the inspection by Staff A, Entity Representative and Resident Manager. Staff A had Resident 1's representative review and sign Resident 1's admission agreement.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home (AFH) failed to ensure the Inventory of Personal Belongings (IPB) form contained a current inventory of belongings for Resident 1 and Resident 4. The AFH failed to ensure Resident 1, Resident 2, Resident 3, and Resident 4's IPB forms were signed both by the AFH and the resident or their representative. This deficiency was corrected over the course of inspection by Staff A, Entity Representative and Resident Manager. Staff A completed the inventory of Resident 1 and Resident 4's personal belongings. Staff A signed Resident 2 and Resident 3's IPB form. Staff A had Resident 1's representative sign the IPB form. Staff A had Resident 4 sign their IPB form.

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 (206)914-5042.

Sincerely,

Renee' Bourque

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

Enclosure

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

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

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:

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

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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