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

Next Level Senior Care LLC

Next Level Senior Care LLC
5908 183rd St SW
Lynnwood, WA 98037

RE: Next Level Senior Care LLC License # 756625

Dear Provider:

This letter addresses Compliance Determination(s) 83631 (Completion Date 09/14/2026) and 81161 (Completion Date 07/31/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/14/2026 and found that you have corrected the violations listed in the Full report dated 07/31/2026. Your home is back in compliance as of 09/13/2026 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 388-76-10015-1, WAC 388-76-10201-1, WAC 388-76-10320-8, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320-12, WAC 388-76-10460-1, WAC 388-76-10460-1-a, WAC 388-76-10460-1-b, WAC 388-76-10475-1, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-3-a, WAC 388-76-10480-3, WAC 388-76-10480-4, WAC 388-76-10480-4-a, WAC 388-76-10480-4-b, WAC 388-76-10480-4-c, WAC 388-76-10480-4-d, WAC 388-76-10485-1, WAC 388-76-10485-2, WAC 388-76-10750-6-c, WAC 388-76-10750-7, WAC 388-76-10895-1, WAC 388-76-10895-1-a, WAC 388-76-10895-1-b, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10198-3, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (425)599-5235.

Sincerely,
Jab Korzilius

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

Jeb Korzilius, Regional Administrator
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 07/28/2026 of:

Next Level Senior Care LLC
5908 183rd St SW
Lynnwood, WA 98037

The following sample was selected for review during the unannounced on-site visit: 1 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

06/05/2026
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.

MARIABEBE
Provider (or Representative)

8/13/26
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood sugar testing and monitoring) as required for 2 of 3 residents (Residents 1 and 3). This failure placed Residents 1 and 3 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

<Resident 1>
Review of resident records showed the AFH admitted Resident 1 on [redacted]2026 with multiple diagnoses including [redacted].
Review of Resident 1's assessment, dated 04/10/2026, showed AFH staff would assist Resident 1 to monitor and check the blood sugar.

<Resident 3>
Review of resident records showed the AFH admitted Resident 3 on [redacted]/2026 with multiple diagnoses including [redacted]. Review of Resident 3's assessment, dated 01/23/2026, showed AFH staff would assist Resident 3 to monitor and check the blood sugar.

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

CamScanner

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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood sugar testing and monitoring) as required for 2 of 3 residents (Residents 1 and 3). This failure placed Residents 1 and 3 at risk for receiving medical tests without the required certificate of waiver.

Findings included…

<Resident 1>
Review of resident records showed the AFH admitted Resident 1 on [redacted]/2026 with multiple diagnoses including [redacted]. Review of Resident 1's assessment, dated 04/10/2026, showed AFH staff would assist Resident 1 to monitor and check the blood sugar.

<Resident 3>
Review of resident records showed the AFH admitted Resident 3 on [redacted]/2026 with multiple diagnoses including [redacted]. Review of Resident 3's assessment, dated 01/23/2026, showed AFH staff would assist Resident 3 to monitor and check the blood sugar.

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

In an interview, on 07/29/2026 at 10:20 AM, Staff A, Entity Representative, stated that they check Resident 1's blood sugar at bedtime and Resident 3's blood sugar in the morning. Staff A stated that they did not have an MTSW license. Staff A stated that they were unaware of requirements.

Review of facility records showed no record of the MTSW license available.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 9/13/26.
Application submitted on 7/28/26. License pending.

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

MARYA BEBE
Provider (or Representative)

8/13/26
Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home.

Findings included...

Review of facility records showed the AFH did not have a written Succession Plan.

In an interview, on 07/29/2026 at 1:00 PM, Staff A, Entity Representative, stated that they did not have a written succession plan. Staff A stated that they were working on it.

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

CamScanner

In an interview, on 07/28/2026 at 10:20 AM, Staff A, Entity Representative, stated that they check Resident 1's blood sugar at bedtime and Resident 3's blood sugar in the morning. Staff A stated that they did not have an MTSW license. Staff A stated that they were unaware of requirements.

Review of facility records showed no record of the MTSW license available.

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, Next Level Senior Care 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home.

Findings included…

Review of facility records showed the AFH did not have a written Succession Plan.

In an interview, on 07/28/2026 at 1:00 PM, Staff A, Entity Representative, stated that they did not have a written succession plan. Staff A stated that they were working on it.

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

Review of documents received by the Department on 07/29/2026, showed a copy of the AFH Succession Plan.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 7|29|26 .

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

MARIABEBE
Provider (or Representative)

8|13|26
Date

(8) The resident's Social Security number;

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

(a) The resident, and

(b) The adult family home.

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

(12) The residency agreement for residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Residents 1, 2 and 3) had their Social Security number in their resident record. The AFH failed to have a current, signed, and dated Personal Belongings Inventory (PBI) form for 1 of 3 residents (Resident 2). Additionally, the AFH failed to have a signed and dated Residency Agreement for 2 of 3 [redacted] residents (Residents 2 and 3). These failures placed Residents 1, 2 and 3 at risk of not being fully aware of their rights, misidentification and risk of lost, stolen, or misplaced personal property.

Findings included...

Observation, on 07/28/2026 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

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

CamScanner

Review of documents received by the Department on 07/29/2026, showed a copy of the AFH Succession Plan.

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, Next Level Senior Care 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

(8) The resident's Social Security number;

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

(a) The resident; and

(b) The adult family home.

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

(12) The residency agreement for residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 residents (Residents 1, 2 and 3) had their Social Security number in their resident record. The AFH failed to have a current, signed, and dated Personal Belongings Inventory (PBI) form for 1 of 3 residents (Resident 2). Additionally, the AFH failed to have a signed and dated Residency Agreement for 2 of 3 [redacted] residents (Residents 2 and 3). These failures placed Residents 1, 2 and 3 at risk of not being fully aware of their rights, misidentification and risk of lost, stolen, or misplaced personal property.

Findings included…

Observation, on 07/28/2026 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

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

<Resident 1>
Review of resident records showed the AFH admitted Resident 1 on [redacted]/2026 with multiple diagnoses. Review of Resident 1's record showed that Resident 1's Social Security number was not available in their record.

<Resident 2>
Review of resident records showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses. Review of Resident 2's record showed that Resident 2's Social Security number was not available in their record. Review of Resident 2's records showed there was no completed, signed and dated personal belonging inventory on file. Further review of Resident 2's records showed they were [redacted] payees and they did not have a Residency Agreement as required.

<Resident 3>
Review of resident records showed the AFH admitted Resident 3 on [redacted]2026 with multiple diagnoses. Review of Resident 3's record showed that Resident 3's Social Security number was not available in their record. Further review of Resident 3's records showed they were [redacted] payees and they did not have Residency Agreement as required.

In an interview and observation, on 07/28/2026 at 12:00 PM, Staff A, Entity Representative, stated that they were unaware of having residents' social security numbers in their records and a new Residency Agreement requirement. Staff A stated that they would complete, sign/date Resident 2's PBI. Observation showed Staff D, Caregiver, updated Residents 1, 2 and 3's records with their social security numbers.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 7|28|26 .

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

MARIABEBE
Provider (or Representative)

8|13|26
Date

WAC 388-76-10460 Medication Negotiated care plan. The adult family home must ensure that each resident's negotiated care plan addresses:

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

CamScanner

<Resident 1>
Review of resident records showed the AFH admitted Resident 1 on [redacted]/2026 with multiple diagnoses. Review of Resident 1's record showed that Resident 1's Social Security number was not available in their record.

<Resident 2>
Review of resident records showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses. Review of Resident 2's record showed that Resident 2's Social Security number was not available in their record. Review of Resident 2's records showed there was no completed, signed and dated personal belonging inventory on file. Further review of Resident 2's records showed they were [redacted] payees and they did not have a Residency Agreement as required.

<Resident 3>
Review of resident records showed the AFH admitted Resident 3 on [redacted]/2026 with multiple diagnoses. Review of Resident 3's record showed that Resident 3's Social Security number was not available in their record. Further review of Resident 3's records showed they were [redacted] payees and they did not have Residency Agreement as required.

In an interview and observation, on 07/28/2026 at 12:00 PM, Staff A, Entity Representative, stated that they were unaware of having residents' social security numbers in their records and a new Residency Agreement requirement. Staff A stated that they would complete, sign/date Resident 2's PBI. Observation showed Staff D, Caregiver, updated Residents 1, 2 and 3's records with their social security numbers.

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, Next Level Senior Care 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 388-76-10460 Medication Negotiated care plan. The adult family home must ensure that each resident's negotiated care plan addresses:

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

(1) The amount of medication assistance needed by each resident, including but not limited to:

(a) The reasons why a resident needs that amount of medication assistance; and

(b) When there is a need for the resident to have more than one type of medication assistance.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) addressed the amount of medication assistance required for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk of unmet care.

Finding included…

Observation, on 07/28/2026 at 9:30 AM, showed Resident 2 lived in and received care from the AFH. Observation showed Resident 2 ambulated with a assistive device independently in the AFH.

Review of Resident 2's records showed the AFH admitted Resident 2 on [redacted]/2024 with multiple medical diagnosis. Review of Resident 2's assessment, dated 05/22/2026, under medication management indicated "provide assistance at client's request, document medication taken, hand medication in cup or bowl, put medications in lockbox, open containers, place medication in client's hand, remind client to take medications and re-order medications." Review of Resident 2's NCP, dated 11/25/2025, showed there was no information about the amount of medication assistance and how AFH staff would assist Resident 2 with their medications.

In an interview, on 07/28/2026 at 11:40 AM, Staff A, Entity Representative, stated that they did not add the amount of medication assistance in Resident 2's NCP. Staff A stated that they were unaware of the requirements and they would update Resident 2's NCP.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 9/13/26.

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

MARIABEBE
Provider (or Representative)

8/13/26
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure the Medication Log (ML) was accurate and initialed by the caregiver who administered the medication for 3 of 3 residents (Residents 1, 2 and 3). Additionally, the AFH failed to ensure the ML included all the medications, the medication dosages and the approximate time the resident must take each medication for 2 of 3 residents (Residents 1 and 2). These failures placed Residents 1, 2 and 3 at risk of medication errors and declined conditions from unmet medication needs.

Findings included...

Observation, on 07/28/2026 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

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

CamScanner

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, Next Level Senior Care 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 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure the Medication Log (ML) was accurate and initialed by the caregiver who administered the medication for 3 of 3 residents (Residents 1, 2 and 3). Additionally, the AFH failed to ensure the ML included all the medications, the medication dosages and the approximate time the resident must take each medication for 2 of 3 residents (Residents 1 and 2). These failures placed Residents 1, 2 and 3 at risk of medication errors and declined conditions from unmet medication needs.

Findings included…

Observation, on 07/28/2026 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

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

In an interview, on 07/28/2026 at 10:25 AM, Staff A, Entity Representative, stated that staff managed Residents 1 and 3's medications. Staff A stated that Resident 2 self-administered their medications independently and staff supervised Resident 2 and helped at the resident request.

<Resident 1>
Review of Resident 1's records showed the AFH admitted Resident 1 on [redacted]/2026 with multiple diagnosis. Review of Resident 1's July 2026 ML showed there were no staff initials to indicate all Resident 1's medications were given on 07/27/2027. Further review showed Resident 1's July 2026 ML was not initialed on 07/28/2026 in the morning. Review of Resident 1's July 2026 ML showed the medications scheduled to administered at 8:00 and 20:00.

Observation, on 07/28/2026 at 10:55 AM, showed Staff B, Caregiver, put Resident 1's medications in a small blue bowl, added apple sauce and handed the bowl to Resident 2 to take them after their breakfast at the dining table.

In an interview, on 07/28/2026 at 10:58 AM, Staff A stated that staff gave Resident 1's medications and they might forget to initial the ML. Staff A stated that Resident 1 had a late breakfast and they gave Resident 1's morning medications later than 8:00. Staff A stated that they would make sure staff gave residents' medications around the approximate time indicated in the ML.

<Resident 2>
Review of Resident 2's records showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnosis. Review of Resident 2's assessment, dated 05/22/2026, indicated "document medication taken." Review of Resident 2's July 2026 ML showed AFH created a ML for Resident 2. Review of Resident 2's July 2026 ML showed there were no staff initials to indicate the Resident 2's medications were given on 07/27/2026. Review of Resident 2's July 2026 ML showed the medication dosages were not entered for all the medications. Further review of Residents 2's July 2026 ML showed the MLhad not included the list of all of Resident 2's over the counter (OTC) medications. Review of Resident 2's July 2026 ML had no entries for Tums (antiacid), probiotic tablet (supplement for gut health), Vitamin D3 (supplement for bone health) and Super C with D3 and Zinc (supplement for immunity).

In an interview, on 07/28/2026 at 12:22 PM, Staff A stated that Resident 2 was independent with medication administration. Staff A stated that Resident 2 brought their medications in the morning to the dining table and staff initialed the ML after Resident 2 took their medications. Staff A stated that they might forget to initial the ML yesterday. Staff A stated that they would make sure Resident 2's ML included all prescribed and OTC medications.

<Resident 3>
Review of Resident 3's records showed the AFH admitted Resident 3 on [redacted]/2026 with

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

multiple diagnosis. Review of Resident 3's July 2026 ML showed there were no staff initials to indicate the Resident 3's medications were given on 07/27/2026. Further reviews showed Resident 3's July 2026 ML was not initialed on 07/28/2026 in the morning. Review of Resident 3's July 2026 ML showed the medications were scheduled to be administer at 8:00 AM.

In an interview, on 07/29/2026 at 12:25 PM, Staff A stated that staff gave resident 3's medications and they might forget to initial the ML. Staff A stated that they would make sure staff initial resident's ML when medications were given.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 9/13/26.

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

MARIABEBE
Provider (or Representative)

8/13/26
Date

WAC 388-76-10460 Medication organizers. The adult family home must ensure:

(3) Each resident and anyone giving care to a resident can readily identify medications in the medication organizer;

(4) Medication organizer labels clearly show the following:

(a) The name of the resident;

(b) A list of all prescribed and over-the-counter medications;

(c) The dosage of each medication;

(d) The frequency which the medications are given.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the medication organizer for Resident 2 was properly labeled with details of the medications. This failure placed Resident 2 at risk for complications of not taking medications as prescribed.

Findings included...

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

CamScanner

multiple diagnosis. Review of Resident 3's July 2026 ML showed there were no staff initials to indicate the Resident 3's medications were given on 07/27/2026. Further reviews showed Resident 3's July 2026 ML was not initialed on 07/28/2026 in the morning. Review of Resident 3's July 2026 ML showed the medications were scheduled to be administer at 8:00 AM.

In an interview, on 07/28/2026 at 12:25 PM, Staff A stated that staff gave resident 3's medications and they might forget to initial the ML. Staff A stated that they would make sure staff initial resident's ML when medications were given.

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, Next Level Senior Care 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 388-76-10480 Medication organizers. The adult family home must ensure:

(3) Each resident and anyone giving care to a resident can readily identify medications in the medication organizer;

(4) Medication organizer labels clearly show the following:

(a) The name of the resident;

(b) A list of all prescribed and over-the-counter medications;

(c) The dosage of each medication;

(d) The frequency which the medications are given.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the medication organizer for Resident 2 was properly labeled with details of the medications. This failure placed Resident 2 at risk for complications of not taking medications as prescribed.

Findings included…

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

Record review showed that the AFH admitted Resident 2 on [redacted] 2024 with multiple diagnosis. Review of Resident 2's assessment, dated 05/22/2026, under the medication management documented, "Self-direct medication assistance or admin, client ability fluctuates and poor coordination." Under the caregiver instruction documented "provide assistance at client's request, document medication taken, hand medication in cup or bowl, put medications in lockbox, open containers, place medication in client's hand, remind client to take medications, Re-order medications. In addition, documented AFH CG provided oral medications to client to take. Client directed CG with topical pain relief gel application. To minimize resident anxiety and obsessive thoughts re: medications, client and AFH staff have an agreement of keeping resident medications in a lockbox within their room, as client refuses to have their medications kept in the AFH locked med closet."

Observation of Resident 2's medications, on 07/28/2026 at 12:20 PM, showed a clear plastic weekly mediset (daily medication organizer container). Observation of Resident 2's Mediset showed unknown caplets and tablets. Observation of Resident 2's Mediset showed there was no label on the mediset to identify the name/list of the medications, the dosage and frequency of each medication.

In an interview, on 07/28/2026 at 12:23 PM, Staff A, Entity Representative, stated that Resident 2 was independent with managing their medications. Staff A stated that Resident 2 filled their Mediset. Staff A stated that they would create a label for Resident 2's Mediset.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 9/13/26 .

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

MARIABEBE
Provider (or Representative)

8/13/26
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;

(2) In the original container with legible and original labels; and

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

CamScanner

Record review showed that the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnosis. Review of Resident 2's assessment, dated 05/22/2026, under the medication management documented, "Self-direct medication assistance or admin, client ability fluctuates and poor coordination." Under the caregiver instruction documented "provide assistance at client's request, document medication taken, hand medication in cup or bowl, put medications in lockbox, open containers, place medication in client's hand, remind client to take medications, Re-order medications. In addition, documented AFH CG provided oral medications to client to take. Client directed CG with topical pain relief gel application. To minimize resident anxiety and obsessive thoughts re: medications, client and AFH staff have an agreement of keeping resident medications in a lockbox within their room, as client refuses to have their medications kept in the AFH locked med closet."

Observation of Resident 2's medications, on 07/28/2026 at 12:20 PM, showed a clear plastic weekly mediset (daily medication organizer container). Observation of Resident 2's Mediset showed unknown caplets and tablets. Observation of Resident 2's Mediset showed there was no label on the mediset to identify the name/list of the medications, the dosage and frequency of each medication.

In an interview, on 07/28/2026 at 12:23 PM, Staff A, Entity Representative, stated that Resident 2 was independent with managing their medications. Staff A stated that Resident 2 filled their Mediset. Staff A stated that they would create a label for Resident 2's Mediset.

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, Next Level Senior Care 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;

(2) In the original container with legible and original labels; and

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. Additionally, the AFH failed to keep Resident 2's medications in the original container. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of harm or injury if they accessed and inappropriately took unlocked/ unsecured medications and medications error.

Findings included…

Observation, on 07/28/2026 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH. Observation showed Residents 1, 2 and 3 ambulated with assistive devices independently in the AFH.

<Bedrooms [redacted]>
Observation of bedroom [redacted], on 07/28/2026 at 11:10 AM showed Resident 1 resided in bedroom [redacted] and had no roommate. Observation showed Resident 1's was in the dining room. Observation of bedroom [redacted] showed the recessed wall shelves next to room [redacted] window. Observation of the top shelf showed a tube of Remedy line protect paste (used for skin irritation), two single dose packets of triple antibiotic ointment (used for infection), a single dose packet of vitamin A+D ointment (used for skin irritation) and an unopened box of epinephrine pens (used for emergency allergic reactions).

In an interview and observation, on 07/28/2026 at 11:13 AM, Staff A, Entity Representative, stated that they used the medications for Resident 1, and they forgot to lock the medications. Staff A was observed to remove unlocked medications from Resident 1's room.

Review of Resident 2's records showed AFH admitted Resident 2 on [redacted]/2024 with multiple medical diagnosis. Review of Resident 2's assessment, dated 05/22/2026, under medication management documented,AFH CG provided oral medications to client to take. Client directed CG with topical pain relief gel application. To minimize resident anxiety and obsessive thoughts re: medications, client and AFH staff have an agreement of keeping resident medications in a lockbox within their room, as client refuses to have their medications kept in the AFH locked med closet."

<Bedrooms [redacted]>
Observation of bedroom F, on 07/28/2026 at 11:15 AM showed Resident 2 resided in bedroom [redacted] and had no roommate. Observation showed the door was open and Resident 2 was in the bathroom (located in the hallway). Observation showed a wooden drawer by Resident 2's closet. Observation of the drawers showed the drawers had unlocked locks and they were open. Observation of the two top drawers showed two bottles of Tylenol tablets (used for pain), a bottle of Vitamin D3 (supplement for bones), a bottle of Calcium (supplement for bone), a bottle of Vitamin C with Zinc (supplement for immune system), two tubes of Diclofenac gel (used for pain), and a bottle of Atorvastatin tablet (used for cholesterol). Observation further showed a wooden

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

nightstand with unlocked locks next to Resident 2's bed. Observation showed the nightstands were open. Observation showed a bottle of Tums tablet (antiacid) on the floor in front of the nightstand and the Systane eye drop (for dry eyes) on the nightstand. Observation showed a bottle of probiotic supplements (for gut health) on the floor in front of the chair.

In an interview, on 07/29/2026 at 11:20 AM, Staff A stated that Resident 2 was independent and they managed their medications. Staff A stated that they provided the locked storage for Resident 2 to keep their medications locked.

<Medication container>
Observation of Resident 2's medication bin, on 07/28/2025 at 12:10 PM, showed unknown oval white caplets stored in a metal Altoids box. Observation showed a medication vial that contained white oval shape caplets. Observation of the pharmacy generated label showed Aspirin 81 milligram (mg) (used for pain). Review of the pharmacy label showed a handwritten letter C on the pharmacy label. Observation showed a second pharmacy vial that contained unknown red oval capsules. Observation of the pharmacy generated label showed Aspirin 81 mg was crossed out and showed a handwritten "ARED".

In an interview, on 07/29/2026 at 12:15 PM, Staff A stated that Resident 2 was managing their medications and staff supervised them. Staff A further stated that Resident 2 bought over the counter (OTC) medications in bulk sizes and they used old medication vials to store their OTC medications.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 9/13/26 .

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

MARIABEBE
Provider (or Representative)

8/13/26
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:

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

CamScanner

nightstand with unlocked locks next to Resident 2's bed. Observation showed the nightstands were open. Observation showed a bottle of Tums tablet (antiacid) on the floor in front of the nightstand and the Systane eye drop (for dry eyes) on the nightstand. Observation showed a bottle of probiotic supplements (for gut health) on the floor in front of the chair.

In an interview, on 07/28/2026 at 11:20 AM, Staff A stated that Resident 2 was independent and they managed their medications. Staff A stated that they provided the locked storage for Resident 2 to keep their medications locked.

<Medication container>
Observation of Resident 2's medication bin, on 07/28/2025 at 12:10 PM, showed unknown oval white caplets stored in a metal Altoids box. Observation showed a medication vial that contained white oval shape caplets. Observation of the pharmacy generated label showed Aspirin 81 milligram (mg) (used for pain). Review of the pharmacy label showed a handwritten letter C on the pharmacy label. Observation showed a second pharmacy vial that contained unknown red oval capsules. Observation of the pharmacy generated label showed Aspirin 81 mg was crossed out and showed a handwritten "ARED".

In an interview, on 07/28/2026 at 12:15 PM, Staff A stated that Resident 2 was managing their medications and staff supervised them. Staff A further stated that Resident 2 bought over the counter (OTC) medications in bulk sizes and they used old medication vials to store their OTC medications.

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, Next Level Senior Care 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:

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

(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 the water temperature in a common area bathroom did not exceed 120 degrees Fahrenheit. Additionally, the AFH failed to ensure all toxic substances and hazardous materials were stored in locked storage. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of harm from exposure to toxic and hazardous materials and at risk from hot water burns.

Findings included…

Observation, on 07/28/2026 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH. Observation showed Residents 1, 2 and 3 ambulated with assistive devices independently in the AFH.

<Water temperature>
Observation, on 07/28/2026 at 10:46 AM, showed the water temperature in the sink of the main bathroom (located in the hallway), used by residents was 74.1 degrees Fahrenheit.

In an interview and observation, on 07/28/2026 at 10:48 AM, Staff A, Entity Representative, stated that they checked the water temperature recently and it was under 120 degrees Fahrenheit. Staff A stated that they would adjust the water temperature. Observation showed the AFH staff attempted to adjust the water temperature.

Observation, on 07/28/2026 at 1:02 PM, showed the water temperature in the sink of the main bathroom was 126.1 degrees Fahrenheit.

In an interview, on 07/28/2026 at 1:05 PM, Staff A stated that they would again adjust the water temperature.

<Chemicals>
Observation, on 07/28/2026 at 10:50 AM, showed a cabinet underneath the kitchen sink had plastic childproof strap locks. Observation of the cabinet underneath the kitchen sink showed the AFH stored chemicals and cleaner supplies underneath the kitchen sink. Observation of a laundry room (located in the hallway)showed the door was open. Observation of a laundry room showed a bug killer next to the washer and dryer. Observation further showed a storage closet across from the AFH office. Observation of

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

the storage closet showed the closet was open and had no locks. Observation of the storage closet showed the AFH stored chemicals/cleaner supplies

In an interview and observation, on 07/28/2026 at 10:55 AM, Staff A stated that they would remove the chemicals and replaced the child proof locks with keys and locks. Staff A were observed moving the chemicals and cleaner supplies from the storage closet and a laundry room. Staff A were observed to replace the child proof lock underneath the kitchen sink with a lock that required a key.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 7|28|26 .

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

MARIABEBE
Provider (or Representative)

8|13|26
Date

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

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(b) A partial evacuation is evacuation to the designated emergency exit.

(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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure partial evacuation drills were completed every 60 days. Additionally, the AFH failed to ensure a full emergency evacuation drill was conducted each year. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury in the event of an emergency requiring evacuation from the home.

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

CamScanner

the storage closet showed the closet was open and had no locks. Observation of the storage closet showed the AFH stored chemicals/cleaner supplies.

In an interview and observation, on 07/28/2026 at 10:55 AM, Staff A stated that they would remove the chemicals and replaced the child proof locks with keys and locks. Staff A were observed moving the chemicals and cleaner supplies from the storage closet and a laundry room. Staff A were observed to replace the child proof lock underneath the kitchen sink with a lock that required a key.

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, Next Level Senior Care 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(b) A partial evacuation is evacuation to the designated emergency exit.

(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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure partial evacuation drills were completed every 60 days. Additionally, the AFH failed to ensure a full emergency evacuation drill was conducted each year. These failures placed 3 of 3 residents (Residents 1, 2 and 3) at risk of injury in the event of an emergency requiring evacuation from the home.

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

Findings included...

Observation of residents on 07/28 at 9:30 AM showed Residents 1, 2 and 3 ambulated with assistive devices independently in the AFH.

In an interview, on 07/28/2026 at 10:38 AM, Staff A, Entity Representative, stated that Residents 1 and 3 used wheelchairs for evacuation and needed assistance with evacuation. Staff A stated that Resident 2 was independent and needed verbal cues with evacuation.

Review of the AFH's records showed there were no records of documented partial and full evacuation drill logs on file.

In an interview, on 07/28/2026 at 1:10 PM, Staff A stated that they did fire drill two times and they did not document the fire drill on the fire drill log. Staff A stated that they would conduct partial and full drills.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 9/13/26.

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

MARYABBE
Provider (or Representative)

8/13/26
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

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

CamScanner

Findings included...

Observation of residents on 07/28 at 9:30 AM showed Residents 1, 2 and 3 ambulated with assistive devices independently in the AFH.

In an interview, on 07/28/2026 at 10:38 AM, Staff A, Entity Representative, stated that Residents 1 and 3 used wheelchairs for evacuation and needed assistance with evacuation. Staff A stated that Resident 2 was independent and needed verbal cues with evacuation.

Review of the AFH's records showed there were no records of documented partial and full evacuation drill logs on file.

In an interview, on 07/28/2026 at 1:10 PM, Staff A stated that they did fire drill two times and they did not document the fire drill on the fire drill log. Staff A stated that they would conduct partial and full drills.

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, Next Level Senior Care 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

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

Based on record review and interview, the Adult Family Home (AFH) failed to have the personnel records for 2 of 4 staff (Staff A, Entity Representative, and Staff B, Caregiver) readily available for review. This failure placed Residents 1, 2, and 3 at risk of being cared for by staff who were not fully qualified

Findings included...

Review of personnel records showed Staff A was missing following documents, Washington State Name and Date of Birth Background Check (WNOB BGC), Fingerprint-based check (FBC) and Tuberculosis (TB) test results.

Review of personnel records showed the AFH hired Staff B on 08/12/2024. Review of Staff B's record showed Staff B did not have WNOB BGC on file.

In an interview, on 07/28/2026 at 1:08 PM, Staff A stated that they would send missing records to the department on the next business day (07/29/2026) by 4:00 PM.

Review of documents received by the Department on 07/29/2026, showed a copy of scheduled fingerprint appointment in August and Staff A's first step TB test done on 07/29/2026.

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, Next Level Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 9|13|26 .

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

MARYABEBE
Provider (or Representative)

8|13|26
Date

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

CamScanner

Based on record review and interview, the Adult Family Home (AFH) failed to have the personnel records for 2 of 4 staff (Staff A, Entity Representative, and Staff B, Caregiver) readily available for review. This failure placed Residents 1, 2, and 3 at risk of being cared for by staff who were not fully qualified.

Findings included…

Review of personnel records showed Staff A was missing following documents, Washington State Name and Date of Birth Background Check (WNOB BGC), Fingerprint-based check (FBC) and Tuberculosis (TB) test results.

Review of personnel records showed the AFH hired Staff B on 08/12/2024. Review of Staff B's record showed Staff B did not have WNOB BGC on file.

In an interview, on 07/28/2026 at 1:08 PM, Staff A stated that they would send missing records to the department on the next business day (07/29/2026) by 4:00 PM.

Review of documents received by the Department on 07/29/2026, showed a copy of scheduled fingerprint appointment in August and Staff A's first step TB test done on 07/29/2026.

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, Next Level Senior Care 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

08/05/2026

Next Level Senior Care LLC
Next Level Senior Care LLC
5908 183rd St SW
Lynnwood, WA 98037

RE: Next Level Senior Care LLC # 756625

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/31/2026 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 (07/31/2026), no later than 09/14/2026 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 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

Review of Adult family Home (AFH) personnel records showed Staff C, Caregiver, had no Washington State Food Worker Card on file. The AFH staff renewed Staff C's food workers during the visit.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

Review of Resident 2's records showed there was no copy of the Disclosure of Charges (DOC) form in their file. This deficiency was corrected during the visit by Staff A, Entity Representative, who put a copy of signed disclosure of charges in Resident 2's records.

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:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather;

(c) Outdoor areas not commonly used by residents; and

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

The Adult Family Home (AFH) failed to ensure video monitoring was focused only on the exit doorways and was not used in the backyard areas where 3 of 3 residents (Resident 1, 2 and 3) possibly gathered. This deficiency was corrected during the visit by Staff D, Caregiver, who pointed the camera in the backyard away from the gathering area and toward the exit.

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

The Adult Family Home (AFH) failed to ensure the bedroom window of 1 of 3 residents (Resident 1) was free from obstruction. This deficiency was corrected during the visit by Staff A, Entity Representative. Staff A moved the TV and the table.

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

Plan
(Plan of Correction)

You Must:

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

The Adult Family Home (AFH) failed to ensure video monitoring was focused only on the exit doorways and was not used in the backyard areas where 3 of 3 residents (Resident 1, 2 and 3) possibly gathered. This deficiency was corrected during the visit by Staff D, Caregiver, who pointed the camera in the backyard away from the gathering area and toward the exit.

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

The Adult Family Home (AFH) failed to ensure the bedroom window of 1 of 3 residents (Resident 1) was free from obstruction. This deficiency was corrected during the visit by Staff A, Entity Representative. Staff A moved the TV and the table.

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, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

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

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

---

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

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

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