STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Special Care Adult Family Home in Bonney Lake LLC

Special Care Adult Family Home in Bonney Lake LLC
10404 176th Ave E
Bonney Lake, WA 98391

RE: Special Care Adult Family Home in Bonney Lake LLC License # 756893

Dear Provider:

This letter addresses Compliance Determination(s) 68675 (Completion Date 11/13/2025) and 66555 (Completion Date 10/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/13/2025 and found that you have corrected the violations listed in the Full report dated 10/03/2025. Your home is back in compliance as of 10/28/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10015, WAC 388-76-10015-1

The Department staff who did the off-site verification:
Hung Bui, Adult Family Home RN Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit A
Residential Care Services

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AGING AND LONG-TERM SUPPORT ADMINISTRATION
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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 10/01/2025 of:
Special Care Adult Family Home in Bonney Lake LLC
10404 176th Ave E
Bonney Lake, WA 98391

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hung Bui, Adult Family Home RN Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services _____ Date _____

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) _____ Date _____

WAC 388-76-10015 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 interview and record reviews, the adult family home (AFH) failed to ensure that they had a medical test site waiver (MTSW) before caregivers performed blood glucose testing, interpreted and acted on the test results for 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk of health complications if caregivers acted on inaccurate test results.

Findings included...

On 10/01/2025 at 10:15 AM in an interview, Caregiver A (CGA) stated that Resident 1 (R1) has his blood sugar taken four times a day.

On 10/01/2025 at 12:35 PM in an interview, the covering Provider stated that the Provider had sent in the MTSW application a couple of weeks prior and is currently pending certification.

On 10/1/2025, record reviews showed no documentation to support the AFH having an MTSW to complete blood sugar testing. Resident 1 record showed an admission date of [redacted] 2024 into the AFH.

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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, Special Care Adult Family Home in Bonney Lake LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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Special Care Adult Family Home in Bonney Lake LLC
Special Care Adult Family Home in Bonney Lake LLC
10404 176th Ave E
Bonney Lake, WA 98391

RE: Special Care Adult Family Home in Bonney Lake LLC # 756893

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/03/2025 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:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10795 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.

On 10/01/2025, observation showed that the exit window in Bedroom D was blocked by a large cabinet console with a television sitting on top. By the end of the inspection, the Provider had relocated the cabinet console with the television away from the window to correct the issue.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

On 10/01/2025, chart review showed that the Negotiated Care Plans (NCP) for Resident 1 (R1) and Resident 2 (R2) were last completed on February 9, 2024 (20 months prior) and April 1, 2024 (18 months prior) respectively. The covering Provider reported no significant changes to either residents since the last NCPs were completed. On 10/2/2025, the covering Provider emailed signed copies of the revised NCPs for R1 and R2 to correct the issue.

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

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• 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 (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days

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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 find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

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

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