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

Dignity LLC

Dignity LLC
8525 224th St SW
Edmonds, WA 98026

RE: Dignity LLC License # 757148

Dear Provider:

This letter addresses Compliance Determination(s) 78627 (Completion Date 06/08/2026) and 77482 (Completion Date 05/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/08/2026 and found that you have corrected the violations listed in the Full report dated 05/15/2026. Your home is back in compliance as of 06/05/2026 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-b, WAC 388-76-10650-2-c, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Hang Lu, 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
[Address, City, State Zip]

Statement of Deficiencies

Dignity LLC	License #757148	Compliance Determination #77482 Completion Date: 05/15/2026

Plan of Correction

You are required to remain in compliance with all licensing laws and regulations to maintain your Adult Family Home license.

The Department conducted an unannounced on-site full inspection on 05/15/2026 at:

Dignity LLC
19303 52nd Ave W
Lynnwood, WA 98036

During the inspection, the following sample was reviewed:
- **1 of 2** current residents
- **0** former residents

Department staff who conducted the inspection:

Hang Lu, Community Licensor
Region 2, Unit I
DSHS, Home and Community Living Administration
Residential Care Services
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the Department found that you are not compliant with licensing laws and regulations, as identified in the enclosed Statement of Deficiencies.

Renee' Bourgue
Residential Care Services Signature

05/19/2026
Date Signed

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

Statement of Deficiencies	License #757148	Compliance Determination #77482
Plan of Correction	Dignity LLC Licensee: Dignity LLC	Completion Date: 05/15/2026

Acknowledgment
I understand that to maintain an Adult Family Home license, I must remain in compliance with all licensing laws and regulations.

Colin Hall — Provider (or Representative) Signature

6/3/26 — Date Signed

Deficiency 1

WAC 388-76-10650 – Bed rail use without informed consent, safety assessment, and care plan

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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the 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 shown by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 2 of 2 residents (Residents 1 & 2) to use a medical device ([redacted]). This failure placed the residents at risk for injury from improper use of the [redacted]

Findings included ...

Observation and interview, on 05/14/2026 at 10:28 AM, showed Resident 1 had two half-length [redacted] (one on each side of their bed). Both [redacted] were up. Observation showed Resident 2 had two 3/4-length [redacted] (one on each side of their bed). The [redacted] on the right side of Resident 2's bed was up (against the wall). The [redacted] on the left side was down. Staff B, Caregiver, reported that they used the [redacted] to prevent falls. Staff B stated that Resident 1 could hold onto the [redacted] during personal care.

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

Record review showed the AFH admitted Resident 1 on [redacted]/2025. Record review showed Resident 1 had a Resident Representative (RR) who signed for them. Review of Resident 1's record showed there was no documentation to indicate Staff A, Entity Representative, had provided Resident 1's RR with information regarding the safety risks associated with [redacted] use.

Record review showed Resident 2 moved into the AFH on [redacted]/2023. When the change of ownership took place on 03/27/2024, Resident 2 continued to live in the home. Record review showed Resident 2 had an RR who signed for them. Review of Resident 2's record showed there was no documentation to indicate Staff A had provided Resident 2's RR with information regarding the safety risks, obtained an assessment from a qualified assessor (to determine Resident 2's need and ability to use the [redacted] safely), and addressed the use of the [redacted] in Resident 2's NCP, dated 02/22/2026.

In an interview, on 05/14/2026 at 11:12 AM, Staff A reported that they (Staff A), Resident 1's RR, and doctor had talked about the use of the [redacted]. Staff A stated that they did not have any documentation to show they had given Resident 1's RR information about the safety risks to consent to use the [redacted]. Staff A reported that they had talked to Resident 2's RR about [redacted]. Staff A acknowledged they did not have any of the required documentation (informed consent, safety assessment, and care plan) for Resident 2 to use the [redacted].

In a phone interview, on 05/15/2026 at 10:18 AM, Staff A reported that they had found the Guide to Bed Safety pamphlet to give the residents' RRs to review the safety risks. Staff A stated that they had made an appointment with the physical therapist to come to the AFH to do the [redacted] assessment for Resident 2. Staff A stated that they would document in Resident 2's NCP regarding the use of the [redacted] as well.

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

Statement of Deficiencies	License #757148	Compliance Determination #77482
Plan of Correction	Dignity LLC Licensee: Dignity LLC	Completion Date: 05/15/2026

ATTESTATION STATEMENT

I certify that I have reviewed this report and have taken, or will take, action to correct and maintain correction of this deficiency. By doing so, Frasco & Sarausad LFP INC. is, or will be, in compliance with the applicable law and/or regulation by (date) June 5, 2026

Provider (or Representative) Signature — Date Signed 5/26/26

Deficiency 2

WAC 388-76-10265 – TB testing within 3 days of hire.

Tuberculosis—Testing—Required

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met, as shown by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff B) obtained Tuberculosis (TB) testing within three days of hire. This failure placed residents at risk for potential exposure to a communicable disease.

Findings included...

Review of staff records showed the AFH hired Staff B, Caregiver, on 10/27/2025. Review of Staff B's record showed Staff B had documentation of a negative TB blood test, dated 09/22/2025. Record review showed Staff B did not have any TB testing done within three days of hire.

In a phone interview, on 05/15/2026 at 10:20 AM, Staff A, Entity Representative, stated that they would ask Staff B to get another TB test as soon as possible.

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

Statement of Deficiencies	License 757148	Compliance Determination #77482
Plan of Correction	Dignity LLC Licensee: Dignity LLC	Completion Date: 05/15/2026

In a phone interview, on 05/15/2026 at 11:55 AM, Staff B stated that they had thought their TB test in September 2025 was sufficient. Staff B stated that they would obtain a TB test the following week.

ATTESTATION STATEMENT

I certify that I have reviewed this report and have taken, or will take, action to correct and maintain correction of this deficiency. By doing so, Frasco & Sarausad LFP INC. is, or will be, in compliance with the applicable law and/or regulation by date June 5, 2026

Provider (or Representative) Signature

5/26/26
Date Signed

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