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

Rana Alderwood Homecare LLC
RANA ALDERWOOD HOMECARE LLC
19330 24th Ave W
Lynnwood, WA 98036

RE: RANA ALDERWOOD HOMECARE LLC License # 757179

Dear Provider:

This letter addresses Compliance Determination(s) 80619 (Completion Date 07/16/2026) and 77725 (Completion Date 06/03/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/16/2026 and found that you have corrected the violations listed in the Full report dated 06/03/2026. Your home is back in compliance as of 05/21/2026 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 388-76-10355-3, WAC 388-76-10355-7-b, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10805-2-a, WAC 388-76-10850-3, WAC 388-76-10230-3, WAC 388-76-10506, WAC 388-76-10506-2, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-2-c, WAC 388-76-10506-4, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10320-8, WAC 388-76-10221-1, WAC 388-76-10221-1-a, WAC 388-76-10221-1-b

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager

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

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 05/20/2026 of:
RANA ALDERWOOD HOMECARE LLC
19330 24th Ave W
Lynnwood, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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.

Residential Care Services — 06/03/2026 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) — 06/9/2026 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided.

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) that included interventions to decrease tension, agitation and problem behaviors for 2 of 2 residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk of unmet care needs.

Findings included...

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted]2024 with multiple diagnoses including [redacted]

Resident 1's assessment, dated 11/13/2025, listed the following current behaviors: Combative during care, delusions, extreme and rapid mood swings, hallucinations, repeated physical movements, resistance to care and unrealistic fears and suspicions.

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

06/08/2026
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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) that included interventions to decrease tension, agitation and problem behaviors for 2 of 2 residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk of unmet care needs.

Findings included...

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted] 2024 with multiple diagnoses including [redacted].

Resident 1's assessment, dated 11/13/2025, listed the following current behaviors: Combative during care, delusions, extreme and rapid mood swings, hallucinations, repeated physical movements, resistance to care and unrealistic fears and suspicions.

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The NCP, dated 12/25/2025, for Resident 1 listed the following interventions for the caregivers to assist Resident 1 to reduce tension and agitation:

Listed under "Resident strengths/What Resident prefers to do independently: "Speak slowly and clearly, ask clear and simple questions. Give simple one step directions. Reduce noise and activity. Simplify environment. Give gentle verbal reminders. Resident is easily redirected. Resident requires physical assistance from caregiver to accomplish care, medication redirect behaviors. Requires physical assistance from 1 or more caregivers to accomplish care, medication or redirect behavior."

Listed under Who/When/What and How care is provided for behaviors: "Redirection, assurance of feelings. Observe client for any new or increased symptoms of depression related to general pandemic isolation from loved ones (wt. loss, change in appetite, mood swings, sleeplessness, loss of interest in usual activities or socializing) or suicidal ideation and report to MD. "

Listed as behaviors in the current NCP with no caregiver interventions included:
Easily irritable/agitated requiring intervention.
Extreme/rapid mood swings.
Inappropriate verbal noises causing distress to others.
Intimidating/threatening (no physical contact).
Resistive to care with words/gestures(does not include informed choice).

Assessed behaviors not listed in the current NCP included:
Delusions
Hallucinations
Unrealistic fears and suspicions
Combative during care
Repeated physical movements

RESIDENT 2:
Record review showed Resident 2 was admitted on [redacted]2024 with multiple diagnoses including [redacted].

Resident 2's assessment, dated 10/02/2025, listed the following current behaviors: Accuses others of stealing, delusions, easily irritated, hiding items, hoarding, resistive to care, uses offensive language and verbally abusive.

The NCP, dated 11/17/2025, for Resident 2 listed the following interventions for the caregivers to assist Resident 2 to reduce tension and agitation:

Listed under "Resident strengths/What Resident prefers to do independently: "New behavioral difficulties. Resident is not easily redirected. Resident requires physical

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assistance from caregiver to accomplish care. Resident is accusatory of caregivers stealing belongings. Refuse care, refuse medications, exit seeking, hoarding, use of abusive language, smear (illegible), yelling and screaming if they do not get what they want, hallucinations, night disturbance (banging on doors). Requires physical assistance from 1 caregiver to accomplish care, medication or redirect behavior".

Listed under "Who/When/What and How care is provided for behaviors: Redirection, assurance of feelings. Observe client for any new or increased symptoms of depression related to general pandemic isolation from loved ones (wt. loss, change in appetite, mood swings, sleeplessness, loss of interest in usual activities or socializing) or suicidal ideation and report to MD."

Listed as behaviors in the current NCP with no caregiver interventions included:
Resident is accusatory of caregivers stealing belongings.
Refusing care
Refusing medications
Exit seeking
Hoarding
Night disturbance (banging on doors)
Using abusive language
Smearing (illegible)
Yelling and screaming

Assessed behaviors not listed in the current NCP included:
Delusions
Easily irritated
Hiding items
Resistant to care

In an interview, on 05/20/2026 at 1:45 PM, Staff A (Provider) stated that they would review the behavior care needs for Resident 1 and Resident 2 and document the required interventions.

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 5/21/2026

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

Provider (or Representative) 06/09/2026 Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place to meet the medication needs for 2 of 3 residents (Resident 1 and Resident 2) including the medication logs (ML) being kept current and all medications being received as required. This failure placed Resident 1 and Resident 2 at risk of medication administration errors.

Findings included...

RESIDENT 1
Record review showed Resident 1 was admitted on [redacted] 2024 with multiple diagnoses including [redacted].

Observation, on 05/20/2026 at 12:30 PM, showed the following medications were not available in Resident 1's medication bin but were listed as current medication orders on Residents 1's May 2026 ML:
Promethazine (a medication for nausea) 25 milligram tablet. Take 1 tablet every six

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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, RANA ALDERWOOD HOMECARE 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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure a medication system was in place to meet the medication needs for 2 of 3 residents (Resident 1 and Resident 2) including the medication logs (ML) being kept current and all medications being received as required. This failure placed Resident 1 and Resident 2 at risk of medication administration errors.

Findings included...

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted]2024 with multiple diagnoses including [redacted].

Observation, on 05/20/2026 at 12:30 PM, showed the following medications were not available in Resident 1's medication bin but were listed as current medication orders on Residents 1's May 2026 ML:
Promethazine (a medication for nausea) 25 milligram tablet. Take 1 tablet every six

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hours as needed.
Lidocaine (a pain relief medication) 4 % patch. Apply to affected area for 12 hours on and 12 hours off.
Bisacodyl (a medication for constipation) 10 milligrams suppository. Use one a day as needed
Calmoseptine ointment (a medication for skin irritation) apply 3 times a day as needed
Guaifenesin Cough Syrup (a medication for coughing) take 10 milliliters every four hours as needed.

RESIDENT 2
Record review showed Resident 2 was admitted on [redacted]2024 with multiple diagnoses including [redacted]

Observation, on 05/20/2026 at 12:45 PM, showed the following medications were not available in Resident 1's medication bin but were listed as current medication orders on Residents 2's May 2026 ML:

Lidocaine 5% Patch apply 1 patch a day for 12 hours on and 12 hours off
Celecoxib (a pain relief medication) 200 milligrams take 1 capsule a day as needed.
Zubsolv (a medication that reduces opioid withdrawal symptoms) 1.4 milligrams take 1 tablet every 12 hours.

In an interview, on 05/20/2026 at 2:00 PM, Staff A (Provider) stated that they would clarify the current ML orders with Resident 1 and Resident 2's doctors and update the resident ML's

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026

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

Provider (or Representative) 06/09/2026 Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

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

hours as needed.
Lidocaine (a pain relief medication) 4 % patch. Apply to affected area for 12 hours on and 12 hours off.
Bisacodyl (a medication for constipation) 10 milligrams suppository. Use one a day as needed.
Calmoseptine ointment (a medication for skin irritation) apply 3 times a day as needed.
Guaifenesin Cough Syrup (a medication for coughing) take 10 milliliters every four hours as needed.

RESIDENT 2:
Record review showed Resident 2 was admitted on [redacted]2024 with multiple diagnoses including [redacted].

Observation, on 05/20/2026 at 12:45 PM, showed the following medications were not available in Resident 1's medication bin but were listed as current medication orders on Residents 2's May 2026 ML:

Lidocaine 5% Patch apply 1 patch a day for 12 hours on and 12 hours off.
Celecoxib (a pain relief medication) 200 milligrams take 1 capsule a day as needed.
Zubsolv (a medication that reduces opioid withdrawal symptoms) 1.4 milligrams take 1 tablet every 12 hours.

In an interview, on 05/20/2026 at 2:00 PM, Staff A (Provider) stated that they would clarify the current ML orders with Resident 1 and Resident 2's doctors and update the resident ML's.

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, RANA ALDERWOOD HOMECARE 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 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 resident bedrooms (Bedroom [redacted]) had an automatic smoke alarm installed in the bedroom. This failure placed 1 of 3 residents (Resident 1) at risk of injury in an emergency.

Findings included...

Observation, on 05/20/2026 at 11:15 AM, of Bedroom [redacted] showed an empty automatic smoke alarm bracket on the ceiling.

In an interview, on 05/20/2026 at 11:15 AM, Staff A (Provider) stated that they did not know why the automatic smoke alarm had been removed and that the alarm would be replaced.

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026.

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

[signature] 06/09/2021
Provider (or Representative) Date

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a first aid manual was available in an emergency. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of unmet care needs.

Findings included...

Observation, on 05/20/2026 at 11:05 AM, of the AFH first aid kit showed there was no first aid manual available for review.

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 resident bedrooms (Bedroom [redacted]) had an automatic smoke alarm installed in the bedroom. This failure placed 1 of 3 residents (Resident 1) at risk of injury in an emergency.

Findings included...

Observation, on 05/20/2026 at 11:15 AM, of Bedroom [redacted] showed an empty automatic smoke alarm bracket on the ceiling.

In an interview, on 05/20/2026 at 11:15 AM, Staff A (Provider) stated that they did not know why the automatic smoke alarm had been removed and that the alarm would be replaced.

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, RANA ALDERWOOD HOMECARE 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 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a first aid manual was available in an emergency. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of unmet care needs.

Findings included...

Observation, on 05/20/2026 at 11:05 AM, of the AFH first aid kit showed there was no first aid manual available for review.

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

In an interview, on 05/20/2026 at 11:05 AM, Staff A (Provider) stated that they would supply a first aid manual for reference.

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026 .

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

Provider (or Representative) — Date: 06/09/2026

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 pet in the AFH had a current rabies vaccination. This failure placed 3 of 3 residents (Resident 1, 2 and 3) at risk of exposure to rabies.

Findings included:

Record review of the only pet in the AFH showed a Rabies Vaccination Certificate which had expired on 10/29/2025.

In an interview, on 05/20/2026 at 1:30 PM, Staff A (Provider) stated that the owner of the pet, Resident 2, did not remember if the pet had received a current rabies vaccine. Staff A stated they would find out if the pet required a new rabies vaccination and send the documentation to the department.

On 05/21/2026, the department received a Rabies Vaccination Certificate, dated 05/21/2026, from Staff A.

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

In an interview, on 05/20/2026 at 11:05 AM, Staff A (Provider) stated that they would supply a first aid manual for reference.

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, RANA ALDERWOOD HOMECARE 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 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 pet in the AFH had a current rabies vaccination. This failure placed 3 of 3 residents (Resident 1, 2 and 3) at risk of exposure to rabies.

Findings included:

Record review of the only pet in the AFH showed a Rabies Vaccination Certificate which had expired on 10/29/2025.

In an interview, on 05/20/2026 at 1:30 PM, Staff A (Provider) stated that the owner of the pet, Resident 2, did not remember if the pet had received a current rabies vaccine. Staff A stated they would find out if the pet required a new rabies vaccination and send the documentation to the department.

On 05/21/2026, the department received a Rabies Vaccination Certificate, dated 05/21/2026, from Staff A.

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026

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

Provider (or Representative) 06/09/2021 Date

WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 3 residents (Resident 1 and Resident 2) had the required Residency Agreement available in their record. This failure placed Resident 1 and Resident 2 at risk of not having the necessary knowledge of their rights related to a discharge.

Findings included:

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted on [redacted] 2024 and had [redacted] as a payment source.

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, RANA ALDERWOOD HOMECARE 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 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 3 residents (Resident 1 and Resident 2) had the required Residency Agreement available in their record. This failure placed Resident 1 and Resident 2 at risk of not having the necessary knowledge of their rights related to a discharge.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted on [redacted] 2024 and had [redacted] as a payment source.

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

Review of Resident 1's record showed there was no Residency Agreement available in their record.

RESIDENT 2
Review of Resident 2's record showed Resident 2 was admitted [redacted] 2024 and had [redacted] as a payment source.

Review of Resident 2's record showed there was no Residency Agreement available in their record.

In an interview, on 05/20/2026 at 2:05 PM, Staff A (Provider) reported the Residency Agreements would be written, signed and dated and placed in the Resident records.

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026.

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

Provider (or Representative) — Date: 06/09/2026

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

(8) The resident's Social Security number.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 residents (Resident 1 and Resident 2) had their Social Security numbers listed in their resident records. This failure placed Resident 1 and Resident 2 at risk of mis-identification.

Findings included:

Review of Resident records showed Resident 1 was admitted on [redacted] 2024 and

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

Review of Resident 1's record showed there was no Residency Agreement available in their record.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted [redacted] 2024 and had [redacted] as a payment source.

Review of Resident 2's record showed there was no Residency Agreement available in their record.

In an interview, on 05/20/2026 at 2:05 PM, Staff A (Provider) reported the Residency Agreements would be written, signed and dated and placed in the Resident records.

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

(8) The resident's Social Security number;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 residents (Resident 1 and Resident 2) had their Social Security numbers listed in their resident records. This failure placed Resident 1 and Resident 2 at risk of mis-identification.

Findings included...

Review of Resident records showed Resident 1 was admitted on [redacted] 2024 and

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

Resident 2 was admitted on [redacted] 2024. Resident 1 and Resident 2's records did not contain their Social Security numbers.

In an interview, on 05/20/2026 at 2:00 PM, Staff A (Provider) stated that they would include the required Social Security numbers in the resident records.

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026.

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

Provider (or Representative) — Date: 06/09/2026

WAC 388-76-10221 Resident roster Requirements.

(1) The adult family home must create, maintain, and regularly update a resident roster. The roster must include:

(a) The list of current resident names; and

(b) Room identifier assigned to each resident.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a current resident roster was available to review. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of mis-identification in an emergency.

Findings included:

Review of the AFH records showed there was no current resident roster to review.

In an interview, on 05/20/2026 at 2:05 PM, Staff A (Provider) stated that a resident roster would be completed.

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

Resident 2 was admitted on [redacted]2024. Resident 1 and Resident 2's records did not contain their Social Security numbers.

In an interview, on 05/20/2026 at 2:00 PM, Staff A (Provider) stated that they would include the required Social Security numbers in the resident records.

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, RANA ALDERWOOD HOMECARE 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 388-76-10221 Resident roster Requirements.

(1) The adult family home must create, maintain, and regularly update a resident roster. The roster must include:

(a) The list of current resident names; and

(b) Room identifier assigned to each resident.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a current resident roster was available to review. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of mis-identification in an emergency.

Findings included...

Review of the AFH records showed there was no current resident roster to review.

In an interview, on 05/20/2026 at 2:05 PM, Staff A (Provider) stated that a resident roster would be completed.

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, RANA ALDERWOOD HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026

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

Provider (or Representative) — Date: 06/09/2022

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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, RANA ALDERWOOD HOMECARE 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.