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

Elsa LLC

Elsa LLC
6047 NE 203rd St
Kenmore, WA 98028

RE: Elsa LLC License # 757357

Dear Provider:

This letter addresses Compliance Determination(s) 80377 (Completion Date 07/13/2026) and 77885 (Completion Date 05/28/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/13/2026 and found that you have corrected the violations listed in the Full report dated 05/28/2026. Your home is back in compliance as of 07/01/2026 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 388-76-10355-5, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10355-7-b, WAC 388-76-10360, WAC 388-76-10375-1, WAC 388-76-10380-4, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10146-2-e, WAC 388-76-10900-5, WAC 388-76-10900-4, WAC 388-76-10900-2

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

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

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I

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

Residential Care Services

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

Statement of Deficiencies	License #: 757357	Compliance Determination # 77885
Plan of Correction	Elsa LLC	Completion Date
Page 1 of 10	Licensee: Elsa LLC	05/28/2026

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 05/22/2026 and 05/28/2026 of:
Elsa LLC
6047 NE 203rd St
Kenmore, WA 98028

The following sample was selected for review during the unannounced on-site visit: 1 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

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

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Statement of Deficiencies	License #: 757357	Compliance Determination # 77885
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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.

Renee' Bourque
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.

Elizabeth Tafesse
Provider (or Representative)

6/12/26
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;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(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 ensure the negotiated care plans (NCPs) included resident preferences and/or behavior interventions for 4 of 5 residents (Residents 1, 2, 3, and 4). These failures placed Residents 1, 2, 3, and 4 at risk of experiencing unmet care needs and decreased quality of life.

Findings included...

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

<Resident 1>

Record review showed the AFH admitted Resident 1 on [redacted] 2026. Review of Resident 1's NCP, dated 04/02/2026, showed no documentation of Resident 1's preferences.

In an interview, on 05/22/2026 at 10:40 AM, Staff A, Entity Representative and Resident Manager, stated that they were not aware NCPs must include resident preferences. Staff A stated that they would update Resident 1's NCP to include Resident 1's preferences.

<Resident 2>

Record review showed the AFH admitted Resident 2 on [redacted] 2024. Review of Resident 2's NCP, dated [redacted] 2024, showed Resident 2 experienced short-term memory impairment, long-term memory impairment, disorientation, wandering in the home, hallucinations, and delusions. Review of Resident 2's NCP showed no further description of these issues. Further review showed no description of behavioral or environmental interventions to address these issues.

Record review, of Resident 2's assessment, dated 06/23/2025, showed multiple current behaviors listed for Resident 2. These behaviors included the following: assaultive, disrupting the household at night, easily irritable or agitated, hoarding, non-health related repetitive anxious complaints and questions, pacing, resistive to care with words or gestures, used offensive language, verbal abuse, wanders, and yelling.

In an interview, on 05/22/2026 at 11:04 AM, Staff A stated that they were not aware the NCPs must include detailed information about a resident's behaviors. Staff A stated that they would work to update Resident 2's NCP.

<Resident 3>

Record review showed the AFH admitted Resident 3 on [redacted] 2026. Review of Resident 3's NCP, dated 03/22/2026, showed Resident 3 was listed as dependent on staff for the following care needs: mobility outside of the immediate environment, toileting, dressing, personal hygiene, and bathing. Further review showed no detailed instructions for caregivers regarding how to assist Resident 3 with these tasks.

In an interview, on 05/22/2026 at 11:20 AM, Staff A stated that they would need to input the care instructions into Resident 3's NCP. Staff A stated that they recently hired a consultant for the purpose of reviewing NCPs. Staff A stated that they planned to update the NCPs for each resident.

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Statement of Deficiencies	License #: 757357	Compliance Determination # 77885
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<Resident 4>

Record review showed the AFH admitted Resident 4 on [redacted]2024. Review of Resident 4's NCP, dated 08/22/2025, showed no documentation of Resident 4's preferences.

In an interview, on 05/22/2026 at 11:36 AM, Staff A stated that they would add Resident 4's preferences to Resident 4's NCP.

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, Elsa LLC is or will be in compliance with this law and / or regulation on (Date) 5/30/26.

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

Elizabeth Tafesse
Provider (or Representative)

6/12/26
Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a negotiated care plan (NCP) was created within 30 days of admission for 1 of 5 residents (Resident 5). This failure placed Resident 5 at risk of experiencing unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 5 on [redacted]2026. Review showed Resident 5 had an NCP in their binder, dated 05/04/2026. Further review, of Resident 5's NCP, showed it was not signed by Resident 5's representative.

In an interview, on 05/22/2026 at 11:55 AM, Staff A, Entity Representative and Resident Manager, stated that Resident 5's NCP was not signed by Resident 5's representative because Staff A had not yet completed Resident 5's NCP. Staff A stated that they would work to complete Resident 5's NCPs and obtain the required signature.

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Statement of Deficiencies	License #: 757357	Compliance Determination # 77885
Plan of Correction	Elsa LLC	Completion Date
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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, Elsa LLC is or will be in compliance with this law and / or regulation on (Date) 6/6/26 .

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

Elizabeth Tafesse
Provider (or Representative)

6/12/26
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) were signed by the resident or their representative for 3 of 5 residents (Residents 1, 2, and 3). This failure placed Residents 1, 2, and 3 at risk of experiencing unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted] 2026. Review showed Resident 1 was their own decision maker. Further review, of Resident 1's NCP, dated 04/02/2026, showed the NCP was not signed by Resident 1.

Record review showed the AFH admitted Resident 2 on [redacted] 2024. Review showed Resident 2 had a representative who signed on their behalf. Further review, of Resident 2's NCP, dated [redacted] 2024, showed the NCP was not signed by Resident 2's representative.

Record review showed the AFH admitted Resident 3 on [redacted] 2026. Review showed Resident 3 had a representative who signed on their behalf. Further review, of Resident 3's NCP, dated 03/22/2026, showed the NCP was not signed by Resident 3's representative.

In an interview, on 05/22/2026 at 10:40 AM, Staff A, Entity Representative and Resident Manager, stated that Resident 1 often prefers not to sign documents. Staff A stated that

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they believed Resident 2 and Resident 3's representatives did sign the NCPs. Staff A stated that they would work to obtain the necessary signatures on Resident 1, 2, and 3's NCPs.

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, Elsa LLC is or will be in compliance with this law and / or regulation on (Date) 6/6/26 .

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

Provider (or Representative) Elizabeth Talesse Date 6/12/26

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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) was updated at least every 12 months for 1 of 5 residents (Resident 2). This failure placed Resident 2 at risk of experiencing unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2024. Review showed Resident 2's NCP was dated 11/10/2024. Further review showed no documentation that Resident 2's NCP was updated by November 2025.

In an interview, on 05/22/2026 at 11:04 AM, Staff A, Entity Representative and Resident Manager, stated that they did not know why Resident 2's NCP was not updated. Staff A stated that they would work to update the NCP.

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

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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, Elsa LLC is or will be in compliance with this law and / or regulation on (Date) 6/1/26.

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

Elizabeth Tafesse
Provider (or Representative)

6/12/26
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:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing results were kept in the AFH's records and readily available for 1 of 2 sampled staff (Staff B, Caregiver). The AFH also failed to ensure all background check (BGC) records were readily available for Staff A, Entity Representative and Resident Manager. These failures delayed verification of personnel records and placed Residents 1, 2, 3, 4, and 5 at risk of having unsupervised access to someone with an unknown background and possible exposure to a communicable illness.

Findings included...

Record review showed the AFH hired Staff B on 11/24/2025. Review showed Staff B had a chest x-ray completed on 10/06/2025 with a negative result. Further review showed no additional TB testing results in Staff B's records.

In an interview, on 05/22/2026 at 12:32 PM, Staff A stated that Staff B completed the chest x-ray before they were hired by the AFH. Staff A stated that Staff B did not provide any additional TB testing records including proof of a positive TB test.

Record review, of Staff A's records, showed no documentation of a national fingerprint BGC.

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In an interview, on 05/22/2026 at 12:49 PM, Staff A stated that they did complete a national fingerprint BGC. Staff A stated that they would contact the Background Check Central Unit (BCCU) to request a copy of Staff A's national fingerprint BGC.

In a telephone interview, on 05/27/2026 at 9:05 AM, Staff A stated that they requested a copy of their national fingerprint BGC from BCCU, however, Staff A had not yet received the record.

In an email, received by the Department on 05/27/2026 at 11:57 AM, Staff A provided a copy of Staff B's TB skin test result letter. Review of this letter showed Staff B had a TB skin test administered on 08/19/2024 and read on 08/22/2024 with a positive result.

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, Elsa LLC is or will be in compliance with this law and / or regulation on (Date) 5/29/26 .

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

Elizabeth Tafesse
Provider (or Representative)

6/12/26
Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff A, Entity Representative and Resident Manager) completed at least 12 hours of continuing education (CE) between their two most recent birthdays. This failure placed Residents 1, 2, 3, 4, and 5 at risk of receiving care from someone who did not complete the required continuing education.

Findings included...

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Record review showed Staff A had a birthday in August. Review showed three CE certificates occurring between August 2024 and August 2025. Review of these three CE certificates showed Staff A completed 5 hours of CE.

In an interview, on 05/22/2026 at 1:13 PM, Staff A stated that they likely had completed more CEs. Staff A stated that they would look for additional CE certificates and email them to the Department.

In an email, received by the Department on 05/27/2026 at 2:27 PM, Staff A provided three CE certificates. Review of these certificates showed they were duplicate copies of the CE certificates which were previously reviewed by the Department on the day of inspection.

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, Elsa LLC is or will be in compliance with this law and / or regulation on (Date) 7/1/26.

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

Elizabeth
Provider (or Representative)

6/12/26
Date

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(2) Name of the person conducting the drill;

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure all evacuation drill logs included the required documentation such as the type of drill, the length of the drill, and the name of the staff who conducted the drill. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm in the event of an emergency requiring evacuation.

Findings included...

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Statement of Deficiencies	License #: 757357	Compliance Determination # 77885
Plan of Correction	Elsa LLC	Completion Date
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Record review showed the AFH completed evacuation drills on 04/05/2026, 02/02/2026, 12/05/2025, 10/05/2025, 08/05/2025, and 07/05/2025. Review showed all six of the evacuation drill logs did not identify the staff member who conducted the drill. Review showed the evacuation drill logs, dated 04/05/2026 and 07/05/2025, did not show the total length of time it took to complete the drill. Further review showed the evacuation drill log, dated 12/05/2025, did not show whether the drill was a full or partial evacuation.

In an interview, on 05/22/2026 at 1:05 PM, Staff A, Entity Representative and Resident Manager, stated that some of the evacuation drill logs identified the name of the staff member who conducted the drill, however, it was written in the wrong section. Staff A stated that the missing type of drill and length of drills was forgotten on some of the evacuation drill logs. Staff A stated that they would work to ensure this information is included in evacuation drill logs moving forward.

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, Elsa LLC is or will be in compliance with this law and / or regulation on (Date) 6/5/26 .

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

Elizabeth Talesse
Provider (or Representative)

6/12/26
Date

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

06/03/2026

Elsa LLC
Elsa LLC
6047 NE 203rd St
Kenmore, WA 98028

RE: Elsa LLC # 757357

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/28/2026 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 (05/28/2026), no later than 07/12/2026 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 388-76-10506 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;

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

(a) Kept in the resident record; and

The Adult Family Home (AFH) failed to ensure a signed and dated residency agreement was kept in Resident 1 and Resident 5's records. This deficiency was corrected over the course of inspection by Staff A, Entity Representative and Resident Manager. Staff A had Resident 1 sign their residency agreement. Staff A created a new residency agreement for Resident 5.

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

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

(a) The resident; and

(b) The adult family home.

The Adult Family Home (AFH) failed to ensure Resident 1's Inventory of Personal Belongings (IPB) form was signed by the AFH and the resident or their representative. The AFH also failed to ensure Resident 2's IPB form was signed by the AFH. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative and Resident Manager, who obtained the necessary signatures on Resident 1 and Resident 3's IPB forms.

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

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.

The Adult Family Home (AFH) failed to ensure a signed Disclosure of Charges (DOC) was kept in Resident 1's records. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative and Resident Manager, who had Resident 1 sign a new DOC.

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:
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

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

• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

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

Send your supporting documents to:

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

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