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

Our Happy Home LLC
OUR HAPPY HOME 1
15205 32nd Ave W
Lynnwood, WA 98087

RE: OUR HAPPY HOME 1 License # 757996

Dear Provider:

This letter addresses Compliance Determination(s) 82133 (Completion Date 08/12/2026) and 80157 (Completion Date 07/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/12/2026 and found that you have corrected the violations listed in the Complaint report dated 07/08/2026. Your home is back in compliance as of 07/10/2026 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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.

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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 an unannounced on-site complaint investigation on 07/08/2026 of:

OUR HAPPY HOME 1
15205 32nd Ave W
Lynnwood, WA 98087

This document references the following complaint number(s): 227982

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

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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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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

07/10/2026
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)

7/10/2026
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B) submitted a Washington state name and date of birth background check every two years. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of being cared for and having unsupervised access by someone with an unknown and unverified background.

Findings included...

An observation on 07/08/2026 at 1:09 PM, showed three residents resided at the AFH.

Review of Staff B, Resident Manager's personnel file, showed that their most recent Washington state name and date of birth background check expired on 04/15/2026. Staff B's Washington state name and date of birth background check were passed due for two months and 24 days at the time of the inspection on 07/08/2026.

In an interview on 07/08/2026 at 2:02 PM, Staff A, Provider, stated that the AFH checks the staff's Washington state name and date of birth background check every two years.

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Staff A acknowledged that Staff B was due for their background check and Staff A could not provide a current Washington state name and date of birth background check for Staff B.

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, OUR HAPPY HOME 1 is or will be in compliance with this law and / or regulation on (Date) 7/10/2026.

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

Provider (or Representative) MMO Date 7/10/2026

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