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

APEX ADULT FAMILY HOMES AND REHAB LLC
Edmonds Villa High Acuity AFH
19331 63rd PL NE
Kenmore, WA 98028

RE: Edmonds Villa High Acuity AFH License # 758617

Dear Provider:

This letter addresses Compliance Determination(s) 82453 (Completion Date 08/18/2026) and 79019 (Completion Date 06/29/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/18/2026 and found that you have corrected the violations listed in the Complaint report dated 06/29/2026. Your home is back in compliance as of 08/13/2026 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 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Meazawork Tekie, Complaint Investigator

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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Statement of Deficiencies	License #: 758617	Compliance Determination # 79019
Plan of Correction	Edmonds Villa High Acuity AFH	Completion Date
Page 1 of 4	Licensee: APEX ADULT FAMILY HOMES AND REHAB LLC	06/29/2026

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 an unannounced on-site complaint investigation on 06/15/2026 of:

Edmonds Villa High Acuity AFH
5119 144TH ST SW
EDMONDS, WA 98026

This document references the following complaint number(s): 227475

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, Complaint Investigator

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

07/08/2026
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)

7/13/2026
Date

WAC 388-76-10430 Medication system.

(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 interview and record review, the Adult Family Home (AFH) failed to have a safe and accurate medication administration system in place for 1 of 4 residents (Residents 1). This failure placed Resident 1 at risk for health emergencies due to medication administration errors.

Findings included...

Record review of Resident 1's Negotiated Care Plan (NCP) dated 12/17/2025, showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses. Resident 1's NCP showed Resident 1 required assistance with medication administration and instructed AFH staff to administer medication to Resident 1 as ordered, and document administered medications in Resident 1's medication log (ML).

Record review of Residents 1's May 2026 ML, showed Resident 1 was to receive Tamsulosin (used to treat signs and symptoms of difficulties with urination) capsule 0.4 Milligram (MG), take two capsules daily at bedtime, ordered on 12/08/2025. Resident 1's ML did not show Tamsulosin 0.4 MG, two capsules had been administered from 05/21/2026-05/23/2023 and from 05/27/2026-05/30/2026.

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Record review of Residents 1's May 2026 ML. showed Resident 1 was to receive Sulfamethoxaz-ole-Tmp Double Strength (DS) tablet (used to treat infections), take one table by mouth twice a day for seven days from 05/15/2026-05/23/2026. Resident 1's ML did not show Sulfamethoxaz-ole-Tmp DS tablet had been administered on 05/16/2026.

Record review of Residents 1's May 2026 ML, showed Resident 1 was to receive Sulfamethoxaz-ole- tablet (used to treat infections), take one table by mouth twice a day for seven days, started on 06/03/2026. Resident 1's ML did not show Sulfamethoxaz-ole- tablet had been administered on 06/09/2026 at 8:00PM.

Record review of Residents 1's June 2026 ML, showed Resident 1 was to receive Sulfamethoxaz-ole- tablet (used to treat infections), take one table by mouth twice a day for seven days, started on 06/03/2026. Resident 1's ML did not show Sulfamethoxaz-ole- tablet had been discontinued after seven days of administration, 06/10/2026 8:00 AM dose. Resident 1's ML showed Resident 1 had received Sulfamethoxaz-ole- tablet on 06/10/2026 at 08:00 PM, 06/11/2026 at 8:00 AM, and 8:00PM without a physician's order.

Record review of Residents 1's June 2026 ML, showed Resident 1 was to receive Eliquis 5 MG (used as blood thinner) twice a day at 8:00 AM and at 8:00 PM, ordered 12/08/2025. Resident 1's ML did not show Eliquis 5 MG had been administered to Resident 1 on 06/02/2026 at 8:00 PM and 06/09/2026 at 8:00 PM.
In an interview, on 06/29/2026 at 10:04 AM, Staff A (Provider) stated that they would review May 2026 and June 2026 MLs and contact the Department Representative.

In an email communication, on 06/29/2026 at 05:36 PM, Staff A acknowledged that the AFH caregivers had failed to properly document on Resident 1's ML.

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Page 4 of 4	Licensee: APEX ADULT FAMILY HOMES AND REHAB LLC	06/29/2026

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, Edmonds Villa High Acuity AFH is or will be in compliance with this law and / or regulation on (Date) 8/13/2026 .

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

Provider (or Representative) — Date: 7/13/2026

Statement: As of 7/13/2026, we have had the caregiver staff review and correct all MARs for all residents through May, June and July.

In addition we have updated our caregiver handoff as follows: when the nightime caregiver comes in, they will review that day's MAR with one of the outgoing daytime caregivers. Any errors or missing records will be immediately corrected. Both staff must sign off to certify they have completed the dual review process. Provider will review the MARs weekly to ensure the handoffs are being done and the records are complete and accurate.

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