



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 752785	Completion Date
Plan of Correction	A Good Life Adult Family Home	January 21, 2016
Page 1 of 2	Licensee: A Good Life Services LLC	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of: 1/21/2016

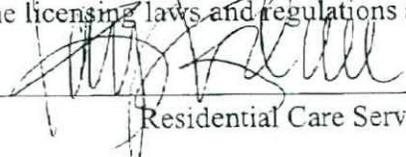
A Good Life Adult Family Home  
18124 44th Ave W  
Lynnwood, WA 98037

The department staff that inspected the adult family home:  
Shannon Smick, BS, M.Ed, Licensor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit B  
3906-172nd St NE, Suite #100  
Arlington, WA 98223  
(360)651-6872

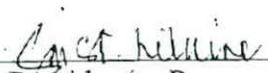
RECEIVED  
MAR 28 2016  
ADSA/RCS  
Smokey Point

As a result of the on-site full inspection 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

2/16/16  
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)

3/25/16  
Date

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**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;

**This requirement was not met as evidenced by:**

Based on observation and interview, the provider failed to have a system in place to ensure the home was kept in internally good repair free from hazards. This failed practice placed 1 of 6 residents (Resident 1) at risk for potential harm.

**Findings include:**

During a full inspection of the home on 1.21.16 a environmental tour was conducted. Caregiver A and the licensior entered the bedroom of Resident [redacted]. The resident spent the majority seated at [redacted] desk watching television and using the computer. The desk was placed near the only window in the bedroom. The window had a large crack from a rock that was propelled by a lawn mover. The provider was aware the window was cracked and had not replaced the window. The provider stated he would fix the window so the resident's view would not be obstructed.

**Attestation Statement**

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, A Good Life Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/11/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]  
Provider (or Representative)

3/25/16  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**3906-172nd St NE, Suite #100, Arlington, WA 98223**

May 18, 2016

A Good Life Services LLC  
A Good Life Adult Family Home  
18124 44th Ave W  
Lynnwood, WA 98037

RE: A Good Life Adult Family Home License #752785

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 10, 2016 for the deficiency or deficiencies cited in the report/s dated January 21, 2016 and found no deficiencies.

The Department staff who did the inspection:  
Jolene Smith, Adult Family Home Licensors

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

A handwritten signature in black ink, appearing to read "Kay Randall".

Kay Randall, Field Manager  
Region 2, Unit B  
Residential Care Services