



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

"Groove View" Adult Family Home LLC  
"Groove View" Adult Family Home  
9332 64th Ave NE  
Marysville, WA 98270

RE: "Groove View" Adult Family Home License # 755843

Dear Provider:

This letter addresses Compliance Determination(s) 47822 (Completion Date 10/21/2024) and 44010 (Completion Date 08/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/21/2024 and found that you have corrected the violations listed in the Complaint report dated 08/16/2024. Your home is back in compliance as of 07/08/2024 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 388-76-10673-1, WAC 388-76-10673-1-a, WAC 388-76-10673-1-b, WAC 388-76-10673-2, WAC 388-76-10673-2-a, WAC 388-76-10673-2-b

The Department staff who did the on-site verification:  
Jeanette Boushey

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown, Field Manager  
Region 2, Unit B  
Residential Care Services

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



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Statement of Deficiencies	License #: 755843	Compliance Determination # 44010
Plan of Correction	"Groove View" Adult Family Home	Completion Date
Page 1 of 3	Licensee: "Groove View" Adult Family Home LLC	08/16/2024

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 07/10/2024 and 07/10/2024 of:

"Groove View" Adult Family Home  
 9319 64th Ave NE  
 Marysville, WA 98270

This document references the following complaint number(s): 137781

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jeanette Boushey

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

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

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.

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

Provider (or Representative) Date

**WAC 388-76-10673 Abuse and neglect reporting Mandated reporting to department Required.**

(1) In accordance with chapter 74.34 RCW, all providers, entity representatives, resident managers, owners, caregivers, staff, and students that provide care and services to residents, are mandated reporters and must immediately report to the department when there is:

(a) A reasonable cause to believe that abandonment, abuse, exploitation, financial exploitation, or neglect of a vulnerable adult has occurred; or

(b) A reason to suspect that sexual assault of a vulnerable adult has occurred.

(2) Reports must be made to:

(a) The centralized toll free telephone number provided by the department; and

(b) The appropriate law enforcement agencies, as required under chapter 74.34 RCW.

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

Based on interview and record review, the Adult Family Home (AFH) failed to immediately report an allegation of sexual abuse to the Department's centralized toll-free telephone number and local law enforcement for 1 of 5 residents (Resident 1). This failure contributed to a delay in the investigation of an allegation of abuse and resulted in the risk of further abuse to AFH residents.

Findings included...

Record review of the AFH's undated policy related to abuse showed that AFH staff were directed to notify The Department and the law enforcement agency immediately of any instance of suspected physical or sexual abuse/assault.

Per WAC 388-76-10000, "Sexual abuse" means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment."

Record review showed the AFH admitted Resident 1 on [REDACTED]/2022 with multiple diagnoses that included [REDACTED] ([REDACTED]) and [REDACTED] ([REDACTED]). Review of Resident 1's assessment, dated 04/03/2024, showed that Resident 1 had impaired memory and required caregiver

assistance with activities of daily living.

Record review of Staff A's (Entity Representative) documentation titled, "Progress Report," dated 07/08/2024, showed that Resident 1's medical provider notified the AFH caregiver, after a home visit scheduled on 07/08/2024 at 10:40 AM, that Resident 1 alleged that another resident inappropriately touched Resident 1. Staff A documented the allegation on the incident log and completed an investigation on 07/08/2024.

Review of the Department's electronic Secure Tracking and Reporting System showed that the AFH submitted a report to the Department on 07/09/2024 at 1:23 PM, more than 24 hours after the AFH was notified of the allegation.

In an interview, on 07/10/2024 at 11:31 AM, Staff A stated that they did not immediately notify the Department of Resident 1's allegation that another resident sexually abused Resident 1 because Staff A investigated and did not believe that it occurred.

In an interview, on 08/14/2024 at 2:58 PM, Staff A stated that they did not notify law enforcement. They stated that the police had already been there on 07/09/2024.

Review of police reports, dated 07/09/2024, showed that law enforcement made their first visit on 07/09/2024 at 10:43 AM and a second visit at 7:20 PM.

<b>Attestation Statement</b>	
<p>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, "Groove View" Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

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