STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Glorious Adult Family Home LLC

Glorious Adult Family Home LLC
3028 Stafford Way
Bothell, WA 98012

RE: Glorious Adult Family Home LLC License # 756086

Dear Provider:

This letter addresses Compliance Determination(s) 63672 (Completion Date 08/07/2025) and 60975 (Completion Date 06/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/07/2025 and found that you have corrected the violations listed in the Complaint report dated 06/11/2025. Your home is back in compliance as of 06/30/2025 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 388-76-10400-3-a

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 06/11/2025 of:

Glorious Adult Family Home LLC
3028 Stafford Way
Bothell, WA 98012

This document references the following complaint number(s): 181595

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:

Meazawork Tekie, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 756086	Compliance Determination # 60975
Plan of Correction	Glorious Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Glorious Adult Family Home LLC	06/11/2025

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

06/25/2025
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.

Irina Chobii
Provider (or Representative)

06/30/2025
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 1) received the necessary toenail care. This failure placed Resident 1 at risk of skin breakdown due to lack of toenail care, unmet care needs, and decreased quality of life.

Findings included...

Observation of Resident 1's toenails, on 06/11/2025 at 10:00 AM, showed all ten toenails were overgrown, some had sharp edges, and had rubbed against Resident 1's skin. Observation showed Resident 1 had limited lower body mobility and had not been able to rich their toenails.

Record review of Resident 1's Negotiated Care Plan (NCP), dated 03/24/2025, showed the AFH admitted Resident 1 on [redacted]/2022 with multiple diagnoses that included [redacted] and [redacted].

Record review of Resident 1's assessment, dated 05/28/2025, showed Resident 1 had

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.

Provider (or Representative) _____ Date _____

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(3) The care and services in a manner and in an environment that:

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This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 1) received the necessary toenail care. This failure placed Resident 1 at risk of skin breakdown due to lack of toenail care, unmet care needs, and decreased quality of life.

Findings included…

Observation of Resident 1's toenails, on 06/11/2025 at 10:00 AM, showed all ten toenails were overgrown, some had sharp edges, and had rubbed against Resident 1's skin. Observation showed Resident 1 had limited lower body mobility and had not been able to rich their toenails.

Record review of Resident 1's Negotiated Care Plan (NCP), dated 03/24/2025, showed the AFH admitted Resident 1 on [redacted]/2022 with multiple diagnoses that included [redacted], and [redacted].

Record review of Resident 1's assessment, dated 05/28/2025, showed Resident 1 had

poor balance, tremors (shaking), unsteady gait, and weak grip. Resident 1's assessment also showed 'Resident 1 had not received assistance with trimming toenails in the last 90 days'.

In an interview, on 10/12/2025 at 10:00 AM, Resident 1 stated that they had not received toenail care since they were admitted to AFH 3 years ago. Resident 1 stated the grown toenails at times had caused discomfort during mobility. Resident 1 stated that they (Resident 1) had not trimmed their toenails independently due to difficulty reaching their toes.

In an interview, on 10/11/2025 at 10:53 AM, Staff B (Caregiver) stated that they had been aware of Resident 1's overgrown toenails and had reported this to the Provider.

In an interview, on 10/11/2025 at 12:55 PM, Staff A (Provider) stated that they had not assisted Resident 1 with toenail care needs. Staff A stated that Resident 1 had been independent with most self-care tasks and had assumed Resident 1 had trimmed their own toenails.

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, Glorious Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 06/30/2025.

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

Provider (or Representative) Lucy Chebii Date 06/30/2025

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In an interview, on 10/11/2025 at 12:55 PM, Staff A (Provider) stated that they had not assisted Resident 1 with toenail care needs. Staff A stated that Resident 1 had been independent with most self-care tasks and had assumed Resident 1 had trimmed their own toenails.

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, Glorious Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date