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

FATMA ABDALLA
SWEET HEART AFH
8742 46th Pl W
Mukilteo, WA 98275

RE: SWEET HEART AFH License # 750399

Dear Provider:

This letter addresses Compliance Determination(s) 71682 (Completion Date 01/21/2026) and 70376 (Completion Date 12/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/21/2026 and found that you have corrected the violations listed in the Full report dated 12/18/2025. Your home is back in compliance as of 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 388-76-10810-2-b, WAC 388-76-10750-1, WAC 388-76-10201-1

The Department staff who did the on-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 the unannounced on-site full inspection on 12/18/2025 of:
SWEET HEART AFH
2701 RIVERVIEW BLVD
EVERETT, WA 98203

The following sample was selected for review during the unannounced on-site visit: 1 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator

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

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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.

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

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 fire extinguishers in the AFH were inspected and serviced annually, as required. This failure placed the residents, staff, and visitors at risk for potential harm should a fire occur.

Findings included…

Observation, on 12/18/2025 at 9:46 AM, showed Staff C, D, and E (Caregivers) providing care to residents. Staff D stated that the AFH had five residents.

Observation, on 12/18/2025 at 9:59 AM, showed the upstairs fire extinguisher was in the AFH dining room with a tag dated November 2024.

Observation, on 12/18/2025 at 10:11 AM, showed the downstairs fire extinguisher was located by the patio sliding door with a tag dated November 2024.
In an interview, on 12/18/2025 at 12:40 PM, Staff A (Provider) stated that they forgot to ensure the fire extinguishers were inspected and serviced in November.

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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, SWEET HEART AFH 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

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, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the downstairs sliding door was maintained in good repair and closed flush against the door jam. This failure caused 5 of 5 residents (Resident 1, 2, 3, 4, and 5) to have a sliding door that did not close completely and have a living space that had a draft from the sliding door.

Findings included…

Observation, on 12/18/2025 at 9:46 AM, showed Staff C, D, and E (Caregivers) providing care to residents. Staff D stated that the AFH had five residents.

Observation, on 12/18/2025 at 10:11 AM, showed the downstairs sliding door that led to the back patio did not close flush against the sliding door jam.

Observation at 10:12 AM showed Resident 2 having difficulty closing the sliding door completely and Resident 5 in the downstairs family room on the couch covered in several blankets.

In an interview, on 12/18/2025 at 12:40 PM, Staff A (Provider) stated that they were not aware the downstairs sliding door did not close completely, and they would get it fixed right away.

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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, SWEET HEART AFH 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

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a written plan if Staff A (Entity Representative) was unable to fulfill their duties at the AFH. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 & 5) at risk for harm in an event where Staff A is unable to meet the care and services the AFH provides.

Findings included…

Observation, on 12/18/2025 at 9:46 AM, showed Staff C, D, and E (Caregivers) providing care to residents. Staff D stated that the AFH had five residents.

Record review of the AFH's administration binder showed no written succession plan.

In an interview, on 12/18/2025 at 12:40 PM, Staff A stated that Staff B (Caregiver and Staff A's spouse) would continue to provide the care and services in the AFH for the residents if Staff A were not able to fulfill their duties as the AFH Entity Representative. Staff A stated that they did not have a written succession plan.

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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, SWEET HEART AFH 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

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12/19/2025

FATMA ABDALLA
SWEET HEART AFH
8742 46th Pl W
Mukilteo, WA 98275

RE: SWEET HEART AFH # 750399

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/18/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jeb Korzilius, Regional Administrator
Residential Care Services
Region 2, Unit B
Preferred methods:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10505 Specialty care Admitting and retaining residents. The adult family home must not admit or keep a resident with specialty care needs, such as developmental disability, mental illness, or dementia as defined in WAC 388-76-10000 , if the provider, entity representative, resident manager and staff have not completed the specialty care training required by chapter 388-112A WAC.

Based on record review the Adult Family Home (AFH) was licensed to provide care and services for up to six residents with developmental disabilities, dementia, and mental health needs. Record review of the employee files for five current employees showed that Staff C, D, & E (Caregivers) did not have developmental disabilities specialty training. Observations showed the AFH had five current residents who did not require developmental disabilities specialty care.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (425)599-5235.

Sincerely,

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

Jeb Korzilius, Regional Administrator
Region 2, Unit B
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jeb Korzilius, Regional Administrator
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a

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Panel IDR, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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