STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

NJERI WAIHARO
COZIE ADULT FAMILY HOME
29218 45TH PL SOUTH
AUBURN, WA 98001

RE: COZIE ADULT FAMILY HOME License # 751078

Dear Provider:

This letter addresses Compliance Determination(s) 77418 (Completion Date 05/22/2026) and 74092 (Completion Date 04/01/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/22/2026 and found that you have corrected the violations listed in the Complaint report dated 04/01/2026. Your home is back in compliance as of 05/01/2026 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 388-76-10400, WAC 388-76-10400-3, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b, WAC 388-76-10135, WAC 388-76-10135-8, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10380, WAC 388-76-10380-4, WAC 388-76-10198, WAC 388-76-10198-2-b, WAC 388-76-10250-1, WAC 388-76-10250-1-a

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G

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

Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751078	Compliance Determination # 74092
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 1 of 12	Licensee: NJERI WAIHARO	04/01/2026

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 03/10/2026 of:

COZIE ADULT FAMILY HOME
4021 S 294TH STREET
AUBURN, WA 98001

This document references the following complaint number(s): 214097, 218914

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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 — 4-2-2026 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.

Njeri Waiharo

Provider (or Representative) — 4-8-2026 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;

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation, interview, and records review, the Adult Family Home (AFH) failed to perform effective Cardiopulmonary Resuscitation [(CPR) is an emergency life-saving procedure performed when someone's breathing or heartbeat has stopped] on 1 of 1 Former Resident (FR) when they became unresponsive in the AFH. Additionally, the AFH failed to develop and implement a written medical emergency policy and procedure that included prompt actions to ensure FR received adequate emergency services. These failures resulted in delayed lifesaving interventions for FR during emergency situation, compromising their health, safety, and wellbeing.

Findings included...

Refer to WAC 388-76-10250 Medical emergencies—Contacting emergency medical services—Required. (1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies: (a) Unless the caregiver, present at the time of the emergency, is a licensed physician or registered nurse acting within his or her scope of practice; (b) Whether or not: (i) Any order exists directing medical care for the resident; (ii) The resident has provided an advance directive for medical care; or (iii) The resident has expressed any wishes involving medical care.

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

On 03/10/2026 at 9:59 AM, observation showed Residents 1, 2, and 3 in the AFH with Staff D, Caregiver, Staff E, Caregiver, and Staff F, Caregiver. Observation showed Residents 1, 2, and 3 lived in and received care from the AFH. Staff C, Designated Entity Representative, arrived shortly after.

Review of AFH staff records showed that none of the AFH caregivers was a not registered nurses or licensed physician.

On 03/10/2026 at 10:05 AM, Staff D, stated that FR passed away on [redacted]/2026. Staff D stated that between 9:00-10:00 AM they noticed that FR had their head down resting on the arm rest. Staff D stated that they checked FR and noticed that they were weak and notified 911. Staff D added that they did not start CPR as FR was still breathing and had a pulse. Staff D stated that Emergency Medical Services (EMS) came to the AFH in about 5 minutes and placed FR on the floor and started CPR. Department Staff (DS) asked Staff D how they knew when to give CPR, Staff D stated that they did not know. DS asked Staff D where they looked to find what to do when there is an emergency, Staff D stated that did not know.

On 03/10/2025 at 10:20 AM, Staff C stated that they received a call on [redacted]/2026 around 9:00 AM from the caregiver that FR fainted (a sudden, brief loss of consciousness and posture caused by decreased blood flow to the brain). Staff C stated that EMS was on site and that they gave CPR to FR. DS staff asked Staff C if FR was still breathing, Staff C stated that that FR was on the sofa and was breathing. Staff C stated that the caregivers moved FR on the ground. Staff C stated that around EMS arrival, FR's breathing was shallow so EMS started CPR on FR. DS asked Staff C what FR's code status (a patient's instructions regarding the type of medical treatment they wish to receive in the event of a cardiac or respiratory emergency) was, they stated that FR did not have one. DS asked Staff C what do the caregivers do in case of emergency, Staff C stated that they call 911, answered their questions and notified the provider. DS asked Staff C how the caregivers know when to give CPR to residents, Staff C stated that the caregivers had CPR training.

Review of AFH staff records showed that Staff D had a valid CPR card through April 2027.

On 03/10/2026 a review of AFH records showed that the AFH did not have a written medical emergency policy and procedure in place for when to contact EMS.

On 03/10/2026 at 10:58 AM, DS asked Staff C if the AFH had an emergency medical policy and procedures in place for when to contact emergency services, Staff C said "No, I don't have one of those."

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

On 03/11/2026 a review of local fire department's incident report dated [redacted]/2026 showed that the EMS services were on site at 10:41 AM and observed FR laying on the floor face down, unconscious, unresponsive, not breathing and no pulse. The incident report showed that the EMS rolled FR on their back and started doing compressions. The incident report showed that after rolling FR, there was a brief agonal breath (a natural reflex that happens when your brain is not getting the oxygen it needs to survive). Additionally, the incident report showed that FR's lips were very purple and there was purple mottling (a pattern of irregular marks, spots, streaks, or patches of different colors or shades on a surface) to parts of the extremities and parts of the FR's body. FR's limbs were cold but the chest and covered areas were warm.

On 03/11/2026 at 1:23 PM, in a telephone interview, DS staff asked Staff C if the AFH had an emergency medical policy and procedures in place for when to contact emergency services, Staff C stated that they did not have one.

On 03/11/2026 at 1:33 PM, in a telephone interview, DS asked Staff A, Entity Representative, if the AFH had an emergency medical policy and procedure in place for when to contact emergency services, Staff A stated that they did not have one. DS asked how the caregivers know when to call 911, Staff A stated when resident were not feeling well, if they had a fever, or were throwing up. DS asked Staff A how the caregivers known when to give CPR to a resident, Staff A stated immediately when not responding or breathing, after they have called 911. DS asked Staff A what happened to FR on [redacted]/2026, Staff A stated that FR was found resting on the arm of the chair and caregivers called 911. DS asked Staff A did the caregiver place FR on the floor, Staff A stated that Staff D placed FR on the floor. DS asked Staff A did the caregiver place FR facing up or down, Staff A stated that they assumed they placed FR on their back. Staff A stated that they would find out what Staff D had done.

In an email received by DS on 03/11/2026 at 2:24 PM from Staff C stated, "I do not have an Emergency Procedures Plan."

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

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5-1-2026.

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

Njeri Waiharo — 4-8-2026

Provider (or Representative) — Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interviews and records review, the Adult Family Home (AFH) failed to ensure that 1 of 1 caregiver (Staff E) met the long-term caregiver's requirement for Cardiopulmonary Resuscitation card [(CPR) an emergency treatment that's done when someone's breathing or heartbeat has stopped]. This placed all residents at risk of delay in case of a medical emergency.

Findings included...

On 03/10/2026 at 9:59 AM, observation showed Residents 1, 2, and 3 in the AFH with Staff D, Caregiver, and Staff E, Caregiver. Observation showed Residents 1, 2, and 3 lived in and received care from the AFH. Staff C, Designated Entity Representative, arrived shortly after.

On 03/10/2026 a review of staff records showed that Staff E had no valid CPR certificate.

On 03/10/2026 at 10:55 AM, Department Staff (DS) asked Staff C why Staff E's CPR certificate was not in their records, Staff C stated that they have it and it was up to date but it was not filed.
In an email received by DS on 03/11/2026 at 2:24 PM from Staff C showed statement, "I do not have a CPR card for [Staff E]."

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

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5-1-2026.

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

Njeri Waiharo — Provider (or Representative)

4/8/2026 — Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that the resident or resident's representative signed and dated the Negotiated Care Plan (NCP) for one of three sample residents (Resident 3). This placed Resident 3 at risk of unmet care needs or received services they did not negotiate.

Findings included...

On 03/10/2026 at 9:59 AM, observation showed Residents 1, 2, and 3 in the AFH with Staff D, Caregiver, Staff E, Caregiver, and Staff F, Caregiver. Observation showed Residents 1, 2, and 3 lived in and received care from the AFH. Staff C, Designated Entity Representative, arrived shortly after.

A review of Resident 3's NCP dated 05/31/2025 showed that Resident 3 or resident representative had not signed the NCP.

On 03/10/2026 at 10:40 AM, in an interview, department staff (DS) presented to Staff C Resident 3's NCP signature page and informed them that the NCP was not signed by Resident 3 or their representative. DS asked Staff E why the NCP was not signed by Resident 3 or their representative, Staff E stated said "we have it, it was signed and on a desk at the office."

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

In an email received by DS on 03/10/2026 at 9:24 PM, from Staff C showed Resident 3's NCP dated 05/31/2025. The NCP showed that it was not signed by Resident 3 or their representative and AFH staff.

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5-1-2026.

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

Njeri Waiharo — Provider (or Representative)

4/8/2026 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 1 of 3 sample residents (Residents 1) at least every twelve months. This placed Resident 1 at risk of unmet care needs or received services they did not negotiate.

Findings included...

On 03/10/2026 at 9:59 AM, observation showed Residents 1, 2, and 3 in the AFH with Staff D, Caregiver, Staff E, Caregiver, and Staff F, Caregiver. Observation showed Residents 1, 2, and 3 lived in and received care from the AFH. Staff C, Designated Entity Representative, arrived shortly after.

A review of Resident 1's NCP dated 01/22/2024 showed that the AFH signed and dated the NCP on 01/30/2024 and Resident 1's representative signed and dated the NCP on 02/06/2024. Record review showed no other NCP that was reviewed at least every twelve months.

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

On 03/10/2026 at 10:38 AM, department staff (DS) asked Staff C how often the NCP was updated, Staff C said "every assessment we do it and when it needs a change". DS asked Staff C how often the assessment was completed, Staff C said "once a year". DS asked Staff C how often the NCP gets updated, Staff C said "once a year". DS staff presented Resident 1 NCP dated 01/22/2024 to Staff C and asked why Resident 1's NCP was not updated, Staff C said "it was my mismanagement."

On 03/12/2025 a review of email received by DS on 03/11/2026 at 5:34 PM from Staff C showed that "It looks like we have misplaced the NCP for [Resident 1] in 2025. We will have to redo it."

This is a recurrent repeat citation from visit dated 09/05/2024

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5-1-2026.

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

Njeri Waiharo — Provider (or Representative)

4/8/2026 — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(b) Cardiopulmonary resuscitation;

This requirement was not met as evidenced by:

Based on observation, interviews and records review, the Adult Family Home (AFH) failed to have personnel records readily accessible to Department Staff (DS) for 4 of 8 caregivers (Staff A, Entity Representative, Staff E, Caregiver, Staff F, Caregiver, and Staff G, Caregiver) at the AFH. This delayed DS's ability to determine if the AFH staff

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

met the qualifications to provide and meet residents' needs and care and placed all residents at risk of unmet needs.

Findings included...

On 03/10/2026 at 9:59 AM, observation showed Residents 1, 2, and 3 in the AFH with Staff D, Caregiver, Staff E, Caregiver, and Staff F, Caregiver. Observation showed Residents 1, 2, and 3 lived in and received care from the AFH. Staff C, Designated Entity Representative, arrived shortly after.

A review of AFH personnel records on 03/10/2026 showed Cardiopulmonary Resuscitation ((CPR) an emergency treatment that's done when someone's breathing or heartbeat has stopped] training certificates that expired for Staff A on January2025 and Staff G on August 2025. Additionally, no CPR training certificate was observed in personnel records for Staff E and Staff F.

On 03/10/2026 at 10:54 AM, DS presented Staff A's CPR certificate that expired on January2025. DS asked Staff C why Staff A's certificate was expired, Staff C said, "It's been renewed." DS asked Staff C why the records are not in the AFH, Staff C said, "it was my mismanagement."

On 03/10/2026 at 10:55 AM, DS presented Staff G's CPR certificate that expired on August 2025. DS asked Staff C why Staff G's certificate was expired, Staff C said, "I am sure there is a new one, but we have not put in into their file." DS asked Staff C where the CPR records for Staff E and Staff F were, Staff C stated that they had them and were up to date. Staff C was asked why the CPR records were not at the AFH, Staff C stated that it was their mismanagement.

On 03/11/2025 a review of email received by DS on 03/10/2026 at 8:43 PM, from Staff C showed a valid CPR certificates for Staff A, Staff F, and Staff G. No CPR certificate received for Staff E.
In an email received by DS on 03/11/2026 at 2:24 PM from Staff C showed that Staff E did not have CPR certificate.

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

Statement of Deficiencies	License #: 751078	Compliance Determination # 74092
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 10 of 12	Licensee: NJERI WAIHARO	04/01/2026

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5-1-2026.

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

Njeri Waiharo — Provider (or Representative)

4/8/2026 — Date

WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies:

(a) Unless the caregiver, present at the time of the emergency, is a licensed physician or registered nurse acting within his or her scope of practice;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop and implement a written medical emergency policy and procedure for 1 of 1 Former Resident (FR). This failure placed FR at risk of delayed and inadequate care during emergency situations, compromising their health, safety and wellbeing.

Findings included...

On 03/10/2026 at 9:59 AM, observation showed Residents 1, 2, and 3 in the AFH with Staff D, Caregiver, Staff E, Caregiver, and Staff F, Caregiver, Staff C, Designated Entity Representative, arrived shortly after.

Review of AFH staff records showed that none of the AFH caregivers were registered nurses or licensed physicians. Further review of AFH records showed the AFH did not have a written medical emergency policy and procedure in place for when to contact Emergency Medical Services (EMS).

On 03/10/2026 at 10:05 AM, Staff D, stated that FR passed away on [redacted]/2026. Staff D stated that between 9:00-10:00 AM they noticed that FR had their head down resting on the arm rest. Staff D stated that they checked FR and noticed that they were weak and notified 911. Staff D stated that they did not start Cardiopulmonary Resuscitation [(CPR)

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

an emergency treatment that's done when someone's breathing or heartbeat has stopped] as FR was still breathing and had a pulse. Staff D stated that EMS came to the AFH in about 5 minutes and placed FR on the floor and started CPR. Department Staff (DS) asked Staff D how they knew when to give CPR, Staff D stated that they did not know. DS asked Staff D where they looked to find what to do when there is an emergency, Staff D stated that did not know.

On 03/10/2025 at 10:20 AM, Staff C stated that they received a call on [redacted]/2026 around 9:00 AM from the caregiver that FR fainted (a sudden, brief loss of consciousness and posture caused by decreased blood flow to the brain). Staff C stated that EMS was on site and that they gave CPR to FR., Staff C added that FR was on the sofa and was still breathing. Staff C stated that the caregivers moved FR onto the ground. Staff C stated that around EMS arrival, FR's breathing was shallow so EMS started CPR on FR. DS asked Staff C what FR's code status (a patient's instructions regarding the type of medical treatment they wish to receive in the event of a cardiac or respiratory emergency) was, Staff C stated that FR did not have one Staff C stated that they call 911, answered their questions and notified the provider in case of an emergency Staff C stated that all caregivers had CPR training.

On 03/10/2026 at 10:58 AM, DS asked Staff C if the AFH had an emergency medical policy and procedures in place for when to contact emergency services, Staff C said "No, I don't have one of those."

On 03/11/2026 a review of local fire department's incident report dated [redacted]/2026 showed that the EMS services were on site at 10:41 AM and observed FR laying on the floor face down, unconscious, unresponsive, not breathing and no pulse. The incident report showed that the EMS rolled FR on their back and started doing compressions. The incident report showed that after rolling FR, there was a brief agonal breath (a natural reflex that happens when your brain is not getting the oxygen it needs to survive). Additionally, the incident report showed that FR's lips were very purple and there was purple mottling (a pattern of irregular marks, spots, streaks, or patches of different colors or shades on a surface) to parts of the extremities and parts of the FR's body. FR's limbs were cold but the chest and covered areas were warm.

On 03/11/2026 at 1:33 PM, in a telephone interview, DS asked Staff A, Entity Representative, if the AFH had an emergency medical policy and procedure in place for when to contact emergency services, Staff A stated that they did not have one. DS asked how the caregivers know when to call 911, Staff A stated when resident were not feeling well, if they had a fever, or were throwing up. DS asked Staff A how the caregivers known when to give CPR to a resident, Staff A stated immediately when not responding or breathing, after they called 911. DS asked Staff A what happened to FR on [redacted]/2026, Staff A stated that FR was found resting on the arm of the chair and caregivers called 911. DS asked Staff A did the caregiver placed FR on the floor, Staff A stated that Staff D placed FR on the floor. DS asked Staff A did the caregiver place FR facing up or down, Staff A stated that they assumed they placed FR on their back. Staff A stated that they would find out what Staff D handled the emergency.

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

Statement of Deficiencies	License #: 751078	Compliance Determination # 74092
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 12 of 12	Licensee: NJERI WAIHARO	04/01/2026

In an email received by DS on 03/11/2026 at 2:24 PM, Staff C had written, "I do not have an Emergency Procedures Plan."

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 5-1-2026.

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

Njeri Waiharo — Provider (or Representative)

4/8/2026 — Date

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