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

HARMONY GARDEN AFH INC

HARMONY GARDEN AFH INC
24520 112TH AVE SE
KENT, WA 98030

RE: HARMONY GARDEN AFH INC License # 751791

Dear Provider:

This letter addresses Compliance Determination(s) 71477 (Completion Date 02/02/2026) and 68180 (Completion Date 11/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/02/2026 and found that you have corrected the violations listed in the Full report dated 11/19/2025. Your home is back in compliance as of 01/09/2026 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 388-76-10805-4, WAC 388-76-10890, WAC 388-76-10890-1, WAC 388-76-10890-2, WAC 388-76-10525-3, WAC 388-76-10135-7, WAC 388-76-10198-2-a, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10165-1-a, WAC 388-76-10175-1, WAC 388-76-10175-2, WAC 388-76-10176-1, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit E
Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 11/03/2025 of:
HARMONY GARDEN AFH INC
24520 112TH AVE SE
KENT, WA 98030

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 5 resident bedrooms (Bedroom [redacted] occupied by Future Residents 5 and 6 and Bedroom [redacted], occupied by Resident 3) and 2 of 2 hallways (Hallway 1, in proximity to Bedrooms [redacted] [occupied by Resident 4] and [redacted] and Hallway 2, in proximity to Bedrooms [redacted] [occupied by Resident 2], Bedroom [redacted] [occupied by Resident 1], and Bedroom [redacted]), and 1 of 3 dining rooms' smoke detectors were kept in working condition. In addition, The smoke detector in Bedroom [redacted] was not audible. This placed the residents at risk for injuries in case of a fire and the smoke detector did not work.

Review of the home's main level posted emergency floor plan showed the home had five licensed resident bedrooms, kitchen, formal dining room, living room, family room, "Dining 1" room, and "Dining 2" room.

On 11/03/2025 at 12:45 PM environmental tour with Staff C, Caregiver, observation showed Bedroom [redacted] smoke detector had no audible sound when it was tested, Bedroom [redacted], Bedroom [redacted], Hallway 1, Hallway 2, and "Dining 1" ceiling smoke detectors' housing attached in the ceiling had white and red electrical wires protruding in the middle of it but did not have smoke detectors attached to them.

On 11/03/2025 at 12:50 PM interview, Staff C said that on 10/31/2025 at 8:00 AM, the smoke detector in Bedroom [redacted] made intermittent noise that affected the other smoke

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detectors in the home. Staff C said that the residents were in a “Panic mode” due to the noise. Staff C said that they changed the battery of the smoke detector in Bedroom [redacted], but it was still making noise that Resident 1, 2, 3, and 4 complained. Staff C said that they removed the noisy smoke detectors and at 9:00 AM, they called Staff A using the home’s landline phone to report the smoke detectors issue.

On 11/03/2025 at 2:17 PM in the kitchen, observation showed Staff C verbally notified Staff A about the missing and nonworking smoke detectors in the home. Staff A said that he’ll replace the batteries and smoke detectors, “today”. Staff A said that the smoke detectors were old, and they could not find the same brand replacement online.

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, HARMONY GARDEN AFH INC 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 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interview, Adult Family Home (AFH) failed to display an emergency evacuation floor plan on 1 of 2 floor levels (Upper Level) where caregivers sleep when on duty. This placed all residents at risk of harm in the event of an emergency evacuation when staff sleeping in the upper level of the AFH did not have a visual knowledge of the emergency route and meeting place.

Findings included…

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On 11/03/2025 at 12:35 PM environmental tour, observation showed a stairwell between the living room and behind Bathroom 2 that led to the upper level of the AFH. The Upper Level had three bedrooms and a bathroom. There was no visible emergency route floor plan anywhere in the Upper Level area or on walls beside the stairs leading to the Upper Level.

On 11/03/2025 at 12:45 PM interview, Staff C, Caregiver, said that they could not find any evacuation floor plan posted anywhere in the Upper Level of the home.

On 11/03/2025 at 2:35 PM interview, Staff A, Entity Representative, said that they did not know what happened to the evacuation floor plan. Staff A said that they would look for it or create one as soon as possible and post it on a wall by the stairs.

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, HARMONY GARDEN AFH INC 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 388-76-10525 Resident rights Postings. The adult family home must post the following in a common use area where they can be easily viewed by anyone in the home, including residents, resident representatives, the department, and visitors:

(3) The poster from the agency designated as the protection and advocacy system for residents with disabilities.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 of the Disability Rights Washington ([DRW], a non-profit organization that provides free advocacy services to people with disabilities) poster were placed in a visible location. This failure placed residents at risk of their disability rights being violated.

Findings included…

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On 11/3/2025 at 12:35 PM environmental tour with Staff C, Caregiver, observation showed there was no DRW posted in any bulletin board or wall anywhere in the AFH. Staff C said that they have not seen the poster.

On 11/03/2025 at 2:30 PM interview, Staff A, Entity Representative said that they did not know what happened to the DRW poster. Staff A said that it must have been taken down when the AFH repainted the walls recently. Staff A said that they would look for and post it as soon as possible.

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, HARMONY GARDEN AFH INC 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 1 of 6 staff (Staff B, Former Resident Manager/Caregiver) had a valid cardiopulmonary resuscitation (CPR, an emergency life-saving technique to keep blood flowing when a person's heart has stopped beating) and first-aid (medical attention administered to an injured person until professional medical help arrives) card or certificate as required. This failure placed residents at risk of harm and unmet needs in the event CPR first aid was needed.

Findings included…

According to WAC 388-112A-0710 What is CPR/first-aid training?
CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee

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partners.

According to WAC 388-112A-0720 What are the CPR and first-aid training requirement
(1) Adult family homes. (c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:
(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

On 11/03/2025 at 3:32 PM interview, Staff A, Entity Representative, said that Staff B worked part-time as needed caregiver and RM in the AFH.

Review of Staff B's home orientation record dated 02/02/2022 showed the AFH hired them on the same day. Review of Staff B's combined CPR and first aid card dated 08/30/2023 showed it expired on 08/30/2025. There was no other CPR first aid card to review for Staff B. Staff B's CPR first aid card due for renewal on 08/30/2025 was 64 days overdue.

On 11/19/2025 at 3:00 PM phone interview, Staff A said that they were not aware Staff B's CPR first aid expired. Staff A said that they would contact Staff B and send them to an in-person CPR first aid class as soon as possible.

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, HARMONY GARDEN AFH INC 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 388-76-10198 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:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff

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person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 6 staff (Staff A, Entity representative, Staff B, Caregiver/Former Resident Manager [RM], and Staff C, Caregiver) had complete set of staff records readily available for the Department Staff to review. This failure resulted the delay in determining if current staff were qualified to care for the residents in the home.

Findings included…

According to WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?
(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described in this section.
(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:
(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010; and
(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050.

On 11/03/2025 at 3:32 PM interview, Staff A said that they and Staff B were as needed back up caregivers, while Staff C was one of the full-time caregivers in the home.

Staff A
Review of Secure Tracking and Reporting System (STARS-the department's database and electronic system for record keeping) on 11/17/2025 showed Staff A as the Entity Representative since 05/27/2010 and the RM from 03/02/2025 up to present. Review of Staff A's Continuing Education (CE) records between dates 05/10/2023 through 05/10/2024 (2023 CEs) showed four hours and eight hours of 2023 CEs were not available to review. Further review of their file did not show a current food safety training, and previous Washington Name and Date of Birth (WNDOB) background check record submitted in 2021.

Staff B
On 11/03/2025 during administrative record review showed there was no record to review for Staff B. On 11/17/2025 at 4:56 PM, the AFH sent via email, Staff B's file that

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showed the AFH hired them on 02/02/20222 according to the home orientation record dated 02/02/2022. Staff B's file did not show high school or college diploma, Caregiving Experience Attestation forms, and 12 hours of 2024 CE certificates from dates 12/22/2023 through 12/22/2024. Staff B's file showed only five hours of CEs from 12/22/2022 through 12/22/2023 (2023 CEs). Staff B's file showed a positive Tuberculosis (TB) skin test record dated 02/07/2022 and a negative for TB chest radiography (a medical imaging test that uses a small amount of radiation to create black-and-white images of lungs, airways, and ribs) record dated 02/03/2022 but did not show that a TB sign and symptoms questionnaire was completed within three days of their hire date.

Staff C
Review of Staff C's home orientation record dated 03/12/2025 showed the AFH hired them on 03/12/2025. Staff C's file showed a TB sign and symptoms questionnaire dated 01/22/2025, a positive TB laboratory test result dated 02/17/2025, but there was no chest radiography record to review. It was not determined if Staff C had a chest radiography within seven days of the positive TB test. Staff B's file showed a "No Record" fingerprint-based background check record dated 11/11/2025 but did not show WNDOB background check record.

On 11/03/2025 at 5:10 PM interview, Staff A said that they would organize their staff records and send to the department the unavailable records as soon as possible.

As of 11/18/2025 at 5:00 PM the AFH did not send any of the unavailable records.

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, HARMONY GARDEN AFH INC 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's

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background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (WNDOB) background check was available and completed every two years for 2 of 3 staff (Staff A, Entity Representative and Staff L, Former Caregiver) and a new background authorization form was submitted to the background check unit. This placed all residents at risk of harm from caregivers with unknown criminal background.

Findings included…

According to WAC 388-76-10161 Background Checks—Who Is Required to Have.
(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks: (a) A Washington state name and date of birth background check; and

Staff A
Review of Secure Tracking and Reporting System (STARS-the department's database and electronic system for record keeping) on 11/17/2025 showed Staff A as the Entity Representative since 05/27/2010 and the RM from 03/02/2025 up to present. Review of Staff A's WNDOB background check record dated 11/17/2025, 04/11/2024, and 03/26/2023, showed "No Record" result.

Review of email communication dated 11/17/2025 from the background check central unit (BCCU-uses a centralized database to conduct background checks and fingerprint-based checks for Department of Social and Health Services programs) showed the AFH submitted a WNDOB background check for Staff A on 09/12/2019 and 03/26/2023.

Review of Staff A's WNDOB background check dated in 2021 showed no record to review.

Staff A's background check record failed to show that a WNDOB background check was conducted every 24 months between 2019 and 2023.

Staff L
Review of Staff L's home orientation dated 10/07/2017 showed the AFH hired them on 10/07/2017. Review of the home's "Employee Contact Information" undated record showed Staff L's employment date of departure on 04/30/2024. Review of WNDOB background check record dated 06/07/2024, 06/07/2021, and 10/05/2019 showed "No Record" result. Review of WNDOB background check dated in 2023 showed no record to

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review.

Review of email communication dated 11/17/2025 from the BCCU showed they could not find any record the AFH submitted a WNDOB background check for Staff L in 2023.

Staff L's background check record failed to show that a WNDOB background check was conducted every 24 months between 2021 and 2024.

On 11/19/2025 at 3:00 PM phone interview, Staff A, Entity Representative, said that not submitting a WNDOB background check every 24 months for Staff A and Staff L was an oversight. Staff A said that they would review their policy to ensure background checks were conducted as required timely.

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, HARMONY GARDEN AFH INC 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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (WNDOB) background check was submitted for 2 of 6 staff (Staff C, Caregiver and Staff G, Caregiver) as required. In addition, no

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criminal history disclosure statement was found for Staff C and G. This placed residents at risk of potential harm from staff with an unknown criminal background.

Findings included…

On 11/03/2025 at 3:32 PM interview, Staff A, Entity Representative, said that Staff C was a full-time caregiver while Staff G was a part-time as needed caregiver and the successor (a qualified staff member assigned to continue to provide resident care, services, and AFH operations in the event the provider was unable to fulfill their duties in the home).

Staff C
Review of Staff C's home orientation record dated 03/12/2025 showed the AFH hired them on 03/12/2025. Staff C's file for WNDOB background check record and criminal history disclosure statement were not available to review. On 11/18/2025, The AFH sent to the department Staff C's fingerprint-based background check result record dated 11/05/2025. It was not determined if the AFH submitted a WNDOB background check to the background check central unit (BCCU-uses a centralized database to conduct background checks and fingerprint-based checks for Department of Social and Health Services programs) within one day of hiring them.

Staff G
Review of Staff G's home orientation record dated 03/15/2024 showed the AFH hired them on 03/15/2024. Review of WNDOB background check record dated 09/08/2021 and 04/11/2024 showed "No Record" result. Staff G's WNDOB background check was submitted 26 days after hiring them.

Review of email communication from the BCCU dated 11/17/2025 showed The AFH submitted an FBC background check completed on 11/05/2025 but there was no WNDOB background check conducted for Staff C.

On 11/19/2025 at 3:00 PM phone interview, Staff A, Entity Representative, said that not submitting a WNDOB background check for Staff C and G was an oversight. Staff A said that they would review their hiring system policy to ensure background checks are conducted as required timely.

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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, HARMONY GARDEN AFH INC 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 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 7 staff (Staff C, Caregiver and Staff F, Caregiver) and 2 of 5 former staff (Staff I, Former Caregiver and Staff K, Former Caregiver) hired after January 1, 2021, had the required national fingerprint-based background check (FBC). This placed the residents at risk of harm from a caregiver with unknown national criminal history.

Findings included…

According to WAC 388-76-10161 Background Checks—Who Is Required to Have.
(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:
(b) A national fingerprint background check.

On 11/03/2025 at 3:32 PM interview, Staff A, Entity Representative, said that Staff C was a full-time caregiver, Staff F was part-time, and Staff I and K were former part-time caregivers in the home.

Staff C
Review of Staff C's home orientation dated 03/12/2025 showed the AFH hired them on 03/12/2025.
Review of FBC record dated 11/05/2025 showed the FBC was completed

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seven months (2100 days) after their date of hire.

Staff F
Review of Staff F's home orientation record dated 03/18/2024 showed the AFH hired them on 03/18/2024. Review of FBC record dated 10/08/2024 showed the FBC was completed six months (1800 days) after their date of hire.

Staff I and Staff K

Review of Staff I's home orientation record dated 08/06/2024 showed the AFH hired them on the same day, and Staff K's home orientation record dated 11/14/2022 showed the AFH hired them also on the same date. Review of the AFH staff roster showed Staff I's employment date of departure was 01/20/2025, while Staff K's employment date of departure was 03/13/2024. Review of Staff I and Staff K's files for FBC records showed no records to review. Staff I was employed in the AFH for five months and two weeks (164 days) without the required FBC result while Staff K was employed for 16 months (485 days) without the required FBC result.

On 11/19/2025 at 3:00 PM phone interview, Staff A, Entity Representative, said that not sending Staff C, F, I, and K for fingerprinting appointment within 120 days of hiring them was an oversight.

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, HARMONY GARDEN AFH INC 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:

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure the home's fixtures were in working condition and free of potential hazards affecting 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4). This failure placed the residents at risk for potential harm and diminished quality of life while residing at the AFH.

Findings included…

On 11/03/2025 at 10:51 AM, observation in the foyer outside Bedroom [redacted] (occupied by Resident 4) showed Resident 1 sitting in a chair watching television. At 12:35 PM environmental tour observation showed across Bedroom [redacted] was a door that opened to the formal living room. The wooden door had a missing doorknob. The three inches hole had rough edges. At 12:50 PM on a wall by "Dining 1" room was a rectangular manual thermostat with a round dial and outside Bathroom 2 to the left of the door on a wall was the same rectangular manual thermostat with one inch metal protruding in the center had missing round dial or its covering.

On 11/03/2025 at 2:35 PM outside the main door rainy environment, observation showed the roof's gutter outside Bedroom [redacted] and Bedroom [redacted] (occupied by potential Resident 5 and 6) windows were detached from the roof. Raindrops were observed through the gaping hole.

On 11/03/2025 at 5:15 PM interview, Staff A, Entity Representative, said that the manual thermostat was not operational and not used anymore since the home changed its heating system. Staff A said that they would have someone replace or cover the door hole and a maintenance person repair the gutter as soon as possible.

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, HARMONY GARDEN AFH INC 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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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

11/19/2025

HARMONY GARDEN AFH INC
HARMONY GARDEN AFH INC
24520 112TH AVE SE
KENT, WA 98030

RE: HARMONY GARDEN AFH INC # 751791

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/19/2025 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:

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eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

According to WAC 246-338-020 Licensure—Types of medical test site licenses.
After July 1, 1990, any person advertising, operating, managing, owning, conducting, opening, or maintaining a medical test site must first obtain a license from the department. License types are described in Table 020-1. (1) Certificate of waiver. Applicable if the medical test site performs only the tests classified as waived.

The Adult Family Home (AFH) failed to have a Medical Test Site Waiver ([MTSW] allows an AFH to perform simple laboratory tests on-site like blood glucose checks [measuring the amount of sugar in the blood]) prior to performing a blood glucose (BG) check affecting 2 of 2 residents (Resident 1 and Resident 3) who had medical history of diabetes mellitus (a group of diseases characterized by high blood sugar levels, caused by either the body not producing enough insulin or not responding to insulin properly) requiring blood glucose monitoring. The AFH submitted their MTSW application to the Department of Health one day after the department’s visit.

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.

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

If You Have Any Questions:
• Please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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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 **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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