STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Peaceful Haven Elder Care LLC

Peaceful Haven Elder Care LLC
14504 SE 15th St
Vancouver, WA 98683

RE: Peaceful Haven Elder Care LLC License # 754051

Dear Provider:

This letter addresses Compliance Determination(s) 76080 (Completion Date 04/17/2026) and 73878 (Completion Date 03/05/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/17/2026 and found that you have corrected the violations listed in the Full report dated 03/05/2026. Your home is back in compliance as of 04/10/2026 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 388-76-10345-1, WAC 388-76-10430-1, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 03/02/2026 of:

Peaceful Haven Elder Care LLC
14504 SE 15th St
Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Jennifer LeMaster
Residential Care Services

03/16/2026
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.

Provider (or Representative)

03/20/2026
Date

WAC 388-76-10345 Assessment Qualified assessor Required. The adult family home must ensure the person performing resident assessments is:

(1) A qualified assessor; or

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) was unable to verify a qualified assessor completed the admission assessment for one of two sampled residents Resident 4 (R4). This deficient practiced placed R4 at risk of not having needs and services assessed.

Findings included...

An unannounced inspection was initiated on 03/03/2026 at 09:55 AM. Resident 4 record review showed an admission date of [redacted]/2025. The assessment titled "Resident Assessment" in R4's file was dated 06/27/2025 and completed at R4's previous care setting (Assisted Living). The assessment did not identify who had completed the assessment.

The Provider stated on 03/03/2026 at 02:05 PM they would send an updated assessment from admission to the AFH. The Department received an assessment electronically on 03/06/2026 at 08:27 PM with an "Resident Assessment" dated 06/27/2025. The assessment was completed at R4's previous care facility (Assisted Living) and not signed by who had completed the assessment.

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, Peaceful Haven Elder Care LLC is or will be in compliance with this law and / or regulation on (Date) 04/10/2026.

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

Provider (or Representative) — Date: 03/20/2026

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to have a system in place to ensure safe, timely, and accurate documentation for medication and blood sugar levels. This deficient practice place six of six residents [Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), Resident 5 (R5), and (Resident 6 (R6)] at risk of medication errors.

Findings included...

An announced licensing inspection was initiated on 03/03/2026. The Provider stated on 03/03/2026 at 10:00 AM all six residents [(R1), (R2), (R3), (R4), (R5), and (R6)] needed assistance with their medications.

On 03/03/2026 at 10:42 AM the Provider stated they had not yet placed the March 2026 Medication Administration Records (MAR) in each of the residents' medication binders [(1), (2), (R3), (R4), (R5), and (R6)]. MAR record review revealed the following:

Resident 1 – R1 did not have March 2026 MARS in their file. February 2026 MARS were signed from 02/01 – 02/11/2026.

Resident 2 – The Provider hand wrote monthly MARS for R2. An unsigned MAR was found in R2's file. The MAR was not dated with a month or a year. A monthly handwritten and signed MAR was in R2's file. The signed MAR was not dated with the

month or the year.

Resident 3 – R3 did not have March 2026 MARS in their file. February 2026 MARS were signed from 02/01 – 02/11/2026.

Resident 4 – R4 did not have March 2026 MARS in their file. February 2026 MARS were signed from 02/01 – 02/06/2026. R4 had orders to monitor their blood sugars levels two times per day. On 03/03/2026 at 01:38 PM R4's February blood sugars were documented as done 03/01- 03/10/2026. The Provider stated they did not know why the blood sugars were marked through the tenth of March 2026. The Provider stated they had taken R4's blood sugar level on the morning of 03/03/2026 and thought the level was around 111. The blood sugar level documented on March 2026 for 03/03/2026 AM stated 131. The Provide then stated they marked the blood sugars in a notebook. The blood sugars for the AM testing for 03/03/2026 AM was documented at 129.

Resident 5 – R5 did not have March 2026 MARS in their file. February 2026 MARS were signed from 02/01 – 02/06/2026.

Resident 6 – R6 did not have March 2026 MARS in their file. February 2026 MARS were signed from 02/01 – 02/11/2026.

The Provider stated on 03/03/2026 at 10:42 AM the recently had eye surgery and were unable to read the MARs.

Observation at 02:00 PM on 03/03/2026 showed the Provider assisted R1 with their medications. The Provider did not document medications as given.

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, Peaceful Haven Elder Care LLC is or will be in compliance with this law and / or regulation on (Date) 04/10/2026 .

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

Provider (or Representative) — Date: 03/20/2026

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to have a system in place to ensure tuberculosis (a contagious bacterial infection spread through the air by coughing and sneezing) testing was initiated within three days of employment for one of two sampled Caregivers [Caregiver A (CG-A)]. This deficient practice caused six of six residents [Resident 1 (R1), Resident (R2), Resident (R3), Resident (R4), Resident 5(R5), and Resident 6 (R6)] to be at risk of possible exposure to tuberculosis.

Findings included...

An unannounced inspection was conducted on 03/03/2026. During employee record review with the Provider – Caregiver A (CG-A) did not have documentation of tuberculosis screening within three days of employment (09/26/2025). The Provider stated on 03/03/2026 at 02:25 PM the AFH would send the documentation electronically to the Department by 03/04/2026. The Department received an electronic message on 03/03/2026 at 08:27 PM with documentation CG-A had a tuberculosis first step test on 03/03/2026.

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, Peaceful Haven Elder Care LLC is or will be in compliance with this law and / or regulation on (Date) 04/10/2026.

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

Provider (or Representative)

03/20/2026
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Peaceful Haven Elder Care LLC
Peaceful Haven Elder Care LLC
14504 SE 15th St
Vancouver, WA 98683

RE: Peaceful Haven Elder Care LLC # 754051

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/05/2026 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:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (03/05/2026), no later than 04/19/2026 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

The Adult Family Home (AFH) staff performed blood glucose monitoring for Resident 4. The AFH did not have a Medical Test Stie Waiver (MTSW). The AFH is required to have a MTSW per Washington Administrative Code (WAC) 248-338-020 (1).

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.

The Adult Family Home (AFH) did not have a written succession plan addressing how the AFH would continue to meet the needs of the residents if the Provider is unable to fulfill their duties at the AFH.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

Residency agreements were not available for one of two sampled residents Resident 6). The Provider said they would have the residency agreements signed.

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

The Adult Family Home (AFH) did not complete personal belongings document for one of two sampled residents (Resident 6). Resident 6 was admitted to the AFH on [redacted]/2025.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
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:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** 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