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

AFH FOR SENIORS LLC
AFH For Seniors LLC
14413 113th Place NE
Kirkland, WA 98034

RE: AFH For Seniors LLC License # 754145

Dear Provider:

This letter addresses Compliance Determination(s) 82445 (Completion Date 08/18/2026) and 79284 (Completion Date 06/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/18/2026 and found that you have corrected the violations listed in the Full report dated 06/26/2026. Your home is back in compliance as of 07/06/2026 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 388-76-10031-4, WAC 388-76-10165-1-b, WAC 388-76-10165-1-a, WAC 388-76-10176-2, WAC 388-76-10198-4, WAC 388-76-10380-1, WAC 388-76-10420-7-b, WAC 388-76-10485-1, WAC 388-76-10506-2-c, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10506-5, WAC 388-76-10530-1-h, WAC 388-76-10530-2, WAC 388-76-10750-6-c

The Department staff who did the on-site verification:
Linda Dunn, Nursing Consultant Institutional
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (425)599-5235.

Sincerely,

Jeb Korzilius, Regional Administrator

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

Region 2, Unit G
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

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 06/18/2026 of:

AFH For Seniors LLC
14413 113th Place NE
Kirkland, WA 98034

The following sample was selected for review during the unannounced on-site visit: 1 of 8 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Linda Dunn, Nursing Consultant Institutional
Staci Dilg, IDR Program Manager

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.

Staci Dilg
Residential Care Services

July 27, 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.

P. Estrada
Provider (or Representative)

7/28/26
Date

WAC 388-76-10031 License requirements Seven or eight bed adult family homes Licensure.

(4) An adult family home licensed for seven or eight beds that does not have an automatic sprinkler system must not serve residents that require assistance during evacuation as defined by WAC 388-76-10870 and will have a limit placed on their license by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to comply with the Department's limit placed on the AFH license when they admitted and/or retained 6 of 8 residents (Residents 1, 2, 4, 5, 6, and 7). assessed as needing evacuation assistance. This failure placed residents 1, 2, 4, 5, 6, and 7 at risk of undue delay and subsequent injury in the event of a need to evacuate the AFH in an emergency.

Findings included...

Record review of the Department's Secure Tracking and Reporting System showed the Department issued a formal notice of limits on the AFH license on 07/23/2023. The notice showed the AFH was limited to admitting and retaining residents who had been assessed as independent only with evacuation. The notice further showed the limit was in effect on 07/26/2023 and remained in effect until lifted by the Department.

During a visit on 06/18/2026 at 10:12 AM, observation showed Residents 1, 2, 4, 5, 6 and 7 lived in and received care from the AFH. Further observation of the entry area of the AFH showed a framed sign that stated all residents were independently able to evacuate the building.

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.

Stasi Oilg
Residential Care Services

July 27, 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)

Date

WAC 388-76-10031 License requirements Seven or eight bed adult family homes Licensure.

(4) An adult family home licensed for seven or eight beds that does not have an automatic sprinkler system must not serve residents that require assistance during evacuation as defined by WAC 388-76-10870 and will have a limit placed on their license by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to comply with the Department's limit placed on the AFH license when they admitted and/or retained 6 of 8 residents (Residents 1, 2, 4, 5, 6, and 7). assessed as needing evacuation assistance. This failure placed residents 1, 2, 4, 5, 6, and 7 at risk of undue delay and subsequent injury in the event of a need to evacuate the AFH in an emergency.

Findings included...

Record review of the Department's Secure Tracking and Reporting System showed the Department issued a formal notice of limits on the AFH license on 07/23/2023. The notice showed the AFH was limited to admitting and retaining residents who had been assessed as independent only with evacuation. The notice further showed the limit was in effect on 07/26/2023 and remained in effect until lifted by the Department.

During a visit on 06/18/2026 at 10:12 AM, observation showed Residents 1, 2, 4, 5, 6 and 7 lived in and received care from the AFH. Further observation of the entry area of the AFH showed a framed sign that stated all residents were independently able to evacuate the building.

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

Record review of the Department's Comprehensive Assessment Reporting & Evaluation (CARE) system on 06/22/2026, showed individual assessments for Residents' 1, 2, 4, 5, 6, and 7 completed by Home and Community Services (HCS) Case Managers (CM).

<Assessments>

Resident 1
A review of Resident 1's undated Negotiated Care Plan (NCP) face sheet showed Resident 1 was admitted to the AFH on [redacted]/2019. A review of the CARE system showed Resident 1 was assessed by the HCS CM on [redacted]/2025. The assessment showed Resident 1 had diagnoses of both [redacted] and [redacted] issues. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

Resident 2
A review of Resident 2's undated NCP face sheet showed Resident 2 was admitted to the AFH on [redacted]/2021. A review of the CARE system showed Resident 2 was assessed by the HCS CM on 02/18/2026. The assessment showed Resident 2 had diagnoses of both [redacted] and [redacted] issues. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

Resident 4
A review of Resident 4's undated NCP face sheet showed Resident 4 was admitted to the AFH on [redacted]/2023. A review of the CARE system showed Resident 4 was assessed by the HCS CM on 07/10/2025. The assessment showed Resident 4 had diagnoses of both [redacted] and [redacted]. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

Resident 5
A review of Resident 5's undated NCP face sheet showed Resident 5 was admitted to the AFH on [redacted]/2024. A review of the CARE system showed Resident 5 was assessed by the HCS CM on 02/12/2026. The assessment showed Resident 5 had diagnoses of both [redacted] and [redacted]. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

Resident 6
A review of Resident 6's undated NCP face sheet showed Resident 6 was admitted to the AFH on [redacted]/2020. A review of the CARE system showed Resident 6 was assessed by the HCS CM on 01/20/2026. The assessment showed Resident 6 had diagnoses of both [redacted] and [redacted]. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

Resident 7
A review of Resident 7's undated NCP face sheet showed Resident 7 was admitted to the AFH on [redacted]/2024. A review of the CARE system showed Resident 7 was assessed by the HCS CM on 07/30/2025. The assessment showed Resident 7 had diagnoses of

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both [redacted] and [redacted]. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Representative/Resident Manager, stated that the HCS CMs' assessments were incorrect. Staff A stated that all residents living in the home were able to independently evacuate during an emergency. Staff A stated that they were aware the AFH was limited to residents who had been assessed as independent only with evacuation.

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, AFH For Seniors LLC is or will be in compliance with this law and / or regulation on (Date)_____.

We did comply with licence Requirement

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

W. Estrada 7/28/26

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

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington state name and date of birth Background Inquiry (BGI) for 1 of 3 Caregivers (Staff C, Caregiver). This failure placed residents 1, 2, 3, 4, 5, 6, 7 and 8 at risk of harm from staff with an unknown current criminal background.

Findings included...

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both [redacted] and [redacted]. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Representative/Resident Manager, stated that the HCS CMs' assessments were incorrect. Staff A stated that all residents living in the home were able to independently evacuate during an emergency. Staff A stated that they were aware the AFH was limited to residents who had been assessed as independent only with evacuation.

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, AFH For Seniors 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 _____

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

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington state name and date of birth Background Inquiry (BGI) for 1 of 3 Caregivers (Staff C, Caregiver). This failure placed residents 1, 2, 3, 4, 5, 6, 7 and 8 at risk of harm from staff with an unknown current criminal background.

Findings included...

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

During a visit on 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care at the AFH.

During a visit on 06/18/2026, a review of Staff C's personnel records showed no hire date or evidence of a current BGI.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Entity Representative/Resident manager, stated that they had been unable to obtain copies of BGIs' from the Department's Background Check Central Unit (BCCU) after multiple requests made to the BCCU. Department Staff (DS) requested Staff A to provide the hire date and a copy of Staff C's BCCU BGI.

On 06/23/2026 at 5:19 PM, record review of an email sent to the DS by Staff A, showed Staff C was hired by the AFH on 09/08/2018. An email attachment showed a copy of a BCCU BGI for Staff C with a completion date of 11/21/2020.

On 06/24/2026 at 9:58 AM, DS made formal inquiry via email to the BCCU with request for dates of Staff C's most recent and completed BGI.

On 06/24/2026 at 11:56 AM, record review of an email sent by the BCCU to DS showed the BCCU's last record of a BGI for Staff C was 11/16/2023.

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, AFH For Seniors LLC is or will be in compliance with this law and / or regulation on (Date) 7/2/26.

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

P Estrada
Provider (or Representative)

7/28/26
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:

(2) The results of the national fingerprint background check are pending.

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

During a visit on 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care at the AFH.

During a visit on 06/18/2026, a review of Staff C's personnel records showed no hire date or evidence of a current BGI.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Entity Representative/Resident manager, stated that they had been unable to obtain copies of BGIs' from the Department's Background Check Central Unit (BCCU) after multiple requests made to the BCCU. Department Staff (DS) requested Staff A to provide the hire date and a copy of Staff C's BCCU BGI.

On 06/23/2026 at 5:19 PM, record review of an email sent to the DS by Staff A, showed Staff C was hired by the AFH on 09/08/2018. An email attachment showed a copy of a BCCU BGI for Staff C with a completion date of 11/21/2020.

On 06/24/2026 at 9:58 AM, DS made formal inquiry via email to the BCCU with request for dates of Staff C's most recent and completed BGI.

On 06/24/2026 at 11:56 AM, record review of an email sent by the BCCU to DS showed the BCCU's last record of a BGI for Staff C was 11/16/2023.

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, AFH For Seniors 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

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:

(2) The results of the national fingerprint background check are pending.

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to obtain a national fingerprint background check within one hundred twenty days of employment for 1 of 1 staff (Staff B, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, 6, 7 and 8 at risk of harm from staff with an unknown current criminal background.

Findings included...

During a visit on 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care at the AFH. Staff B was observed in the AFH providing care to residents.

During a visit on 06/18/2026, a review of Staff B's personnel records showed no hire date or evidence of a national fingerprint background check.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Entity Representative, stated that they had been unable to obtain copies of BGIs and national fingerprint background checks from the Department's Background Check Central Unit (BCCU) after multiple requests made to the BCCU. Department Staff (DS) requested Staff A to provide the hire dates and copies of Staff B's BCCU national fingerprint background check.

On 06/23/2026 at 5:19 PM, record review of an email sent to the DS by Staff A, showed Staff B was hired by the AFH on 01/13/2026 and had been working in the AFH for 156 days.

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, AFH For Seniors LLC is or will be in compliance with this law and / or regulation on (Date)

All caregivers done FINGERPRINTS before 120 days From day of hire.

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

P. Estrada

Provider (or Representative)

7/28/26

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:

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to obtain a national fingerprint background check within one hundred twenty days of employment for 1 of 1 staff (Staff B, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, 6, 7 and 8 at risk of harm from staff with an unknown current criminal background.

Findings included...

During a visit on 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care at the AFH. Staff B was observed in the AFH providing care to residents.

During a visit on 06/18/2026, a review of Staff B's personnel records showed no hire date or evidence of a national fingerprint background check.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Entity Representative, stated that they had been unable to obtain copies of BGIs and national fingerprint background checks from the Department's Background Check Central Unit (BCCU) after multiple requests made to the BCCU. Department Staff (DS) requested Staff A to provide the hire dates and copies of Staff B's BCCU national fingerprint background check.

On 06/23/2026 at 5:19 PM, record review of an email sent to the DS by Staff A, showed Staff B was hired by the AFH on 01/13/2026 and had been working in the AFH for 156 days.

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, AFH For Seniors 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

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:

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to maintain and make available personnel records containing copies of Washington state name and date of birth Background Inquiries (BGI) and national fingerprint background checks (FBC) for 3 of 3 staff (Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, 6, 7 and 8 at risk of harm from staff whose current criminal backgrounds could not be verified.

During a visit on 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care at the AFH. Staff B and Staff D were observed in the AFH and provided care to residents.

During a visit on 06/18/2026, a review of Staff B, Staff C, and Staff D's personnel records showed no copies of current Background Inquiries (BGIs), or copies of FBCs' from the Department's Background Check Central Unit (BCCU).

In an interview on 06/22/2026 at 2:15 PM, Staff A, Entity Representative/Resident manager, stated that they had been unable to obtain copies of BGIs and FBCs' from the Department's BCCU after multiple requests to BCCU.

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, AFH For Seniors LLC is or will be in compliance with this law and / or regulation on (Date) 7/2/26 .

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

V. Estrada 7/28/26

Provider (or Representative) 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:

(1) After an assessment for a significant change in the resident's physical or mental condition;

This requirement was not met as evidenced by:

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

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to maintain and make available personnel records containing copies of Washington state name and date of birth Background Inquiries (BGI) and national fingerprint background checks (FBC) for 3 of 3 staff (Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, 6, 7 and 8 at risk of harm from staff whose current criminal backgrounds could not be verified.

During a visit on 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care at the AFH. Staff B and Staff D were observed in the AFH and provided care to residents.

During a visit on 06/18/2026, a review of Staff B, Staff C, and Staff D's personnel records showed no copies of current Background Inquiries (BGIs), or copies of FBCs' from the Department's Background Check Central Unit (BCCU).

In an interview on 06/22/2026 at 2:15 PM, Staff A, Entity Representative/Resident manager, stated that they had been unable to obtain copies of BGIs and FBCs' from the Department's BCCU after multiple requests to BCCU.

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, AFH For Seniors 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 _____

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:

(1) After an assessment for a significant change in the resident's physical or mental condition;

This requirement was not met as evidenced by:

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents' (Resident 2 and Resident 6) Negotiated Care Plan (NCP) were revised and accurately reflected the residents' most recent assessments. This failure placed Resident 2 and Resident 6 at risk of unmet care needs.

Findings included...

During a visit on 06/18/2026 at 10:13 AM, observation showed Resident 2 and Resident 6 lived in and received care from the AFH.

Resident 2
Record review of the Department's Comprehensive Assessment Reporting & Evaluation (CARE) system on 06/22/2026, showed Resident 2 was assessed by a Home and Community Services (HCS) Case Manager (CM) on 02/18/2026. The assessment showed Resident 2 had diagnoses of both [redacted] and [redacted]. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

A review of Resident 2's Negotiated Care Plan (NCP) dated 02/26/2026, showed Resident 2 was admitted to the AFH on [redacted]/2021. Further review of the NCP showed "Safety: Independent (to) evacuate home during fire drill testing."

Resident 6
Record review of the CARE system on 06/22/2026, showed Resident 6 was assessed by an HCS CM on 01/20/2026. The assessment showed Resident 6 had diagnoses of both [redacted] and [redacted]. Under the assessment heading of Safety and AFH Evacuation Level, the assessment showed Assistance Required.

A review of Resident 6's NCP dated 01/18/2026, showed Resident 6 was admitted to the AFH on [redacted]/2020. Further review of the NCP showed a check box and the words Level 1: Able to get out of the house independently under the heading Emergency Evacuation Needs. A second column beside the same heading showed Resident 6 was independent for evacuation.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Representative/Resident Manager, stated that the HCS CM's assessments were incorrect. Staff A stated that all residents living in the home were able to independently evacuate during an emergency.

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, AFH For Seniors LLC is or will be in compliance with this law and / or regulation on (Date)_____
Our Residents NCP was accurate, Nothing To be corrected.
In addition, I will implement a system to monitor and ensure continued compliance with this requirement. Case Manager corrected error in our Residents assessments.

P. Gerhardt — 7/28/
Provider (or Representative) — Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure proper food handling procedures were followed by 1 of 3 staff (Staff D, Caregiver) when they prepared lunch for 8 of 8 residents (Residents 1, 2, 3, 4, 5, 6, 7, and 8). This failure placed all residents at risk of food borne illness.

Findings included...

A review of the website for the "Washington State Food Worker Manual" (www.foodworkercard.wa.gov/en-us/manual) on 06/22/2026, showed under the heading, "Handwashing", germs on your hands can get into food when hands are not washed correctly. Further review of the manual showed under the heading, "Gloves", when using gloves to protect food from germs, hands should be washed before putting gloves on, gloves should be changed if contaminated, and never wash or reuse gloves.

On 06/18/2026 at 11:27 AM, observation showed Staff D in the kitchen of the AFH. Staff D was wearing gloves and prepared to make lunch for the residents. Further observation showed Staff D retrieved a package of prepackaged meat, bread, and raw vegetables from the refrigerator. Observation showed Staff D touched the refrigerator handle and counter surfaces with the same gloved hands. Staff D then opened a package of bread and placed slices of bread on plates and slices of precooked meat on the bread. Further observation showed Staff D began to slice a head of raw lettuce and an uncooked tomato without changing gloves or washing their hands and placed the raw vegetables on the bread slices.

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, AFH For Seniors 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

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure proper food handling procedures were followed by 1 of 3 staff (Staff D, Caregiver) when they prepared lunch for 8 of 8 residents (Residents 1, 2, 3, 4, 5, 6, 7, and 8). This failure placed all residents at risk of food borne illness.

Findings included...

A review of the website for the "Washington State Food Worker Manual" (www.foodworkercard.wa.gov/en-us/manual) on 06/22/2026, showed under the heading, "Handwashing", germs on your hands can get into food when hands are not washed correctly. Further review of the manual showed under the heading, "Gloves", when using gloves to protect food from germs, hands should be washed before putting gloves on, gloves should be changed if contaminated, and never wash or reuse gloves.

On 06/18/2026 at 11:27 AM, observation showed Staff D in the kitchen of the AFH. Staff D was wearing gloves and prepared to make lunch for the residents. Further observation showed Staff D retrieved a package of prepackaged meat, bread, and raw vegetables from the refrigerator. Observation showed Staff D touched the refrigerator handle and counter surfaces with the same gloved hands. Staff D then opened a package of bread and placed slices of bread on plates and slices of precooked meat on the bread. Further observation showed Staff D began to slice a head of raw lettuce and an uncooked tomato without changing gloves or washing their hands and placed the raw vegetables on the bread slices.

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

In an interview on 06/18/2026 at 11:29 AM, Department Staff (DS) asked Staff D to stop the meal prep process to wash their hands and change gloves due to glove contamination from touching multiple surfaces before touching fresh foods. Staff D stated, "Oh, OK."

On 06/18/2026 at 11:30 AM, observation showed Staff D washed their gloved hands under running water and returned to slice the tomato and lettuce.

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, AFH For Seniors LLC is or will be in compliance with this law and / or regulation on (Date) 6/18/26.

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

V. Estrada
Provider (or Representative)

7/28/26
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 residents' (Resident 6) medications were kept in locked storage. Additionally, the AFH failed to secure an unlabeled container of over-the-counter medication in 1 0f 1 bathrooms (Bathroom 2). This failure placed all ambulatory residents (Residents 1, 2, 3, 4, 5, 6, 7, and 8) at risk of accessing and taking medication not prescribed for their use.

Findings included...

On 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care in the AFH. Resident 4 was observed ambulating down a set of stairs to a shower room. Residents 1, 2, 3, 5, 6, 7 and 8 were observed in their bedrooms or walking about the AFH with access to all rooms.

During an environmental tour of the AFH on 06/18/2026 at 11:19 AM with Staff B, Caregiver, observation showed a container in Bathroom 2 marked Kirkland Signature Minoxidil 5 percent hair growth treatment for men (Minoxidil is a medication used to

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In an interview on 06/18/2026 at 11:29 AM, Department Staff (DS) asked Staff D to stop the meal prep process to wash their hands and change gloves due to glove contamination from touching multiple surfaces before touching fresh foods. Staff D stated, "Oh, OK."

On 06/18/2026 at 11:30 AM, observation showed Staff D washed their gloved hands under running water and returned to slice the tomato and lettuce.

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

Provider (or Representative) _____ Date _____

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 residents' (Resident 6) medications were kept in locked storage. Additionally, the AFH failed to secure an unlabeled container of over-the-counter medication in 1 0f 1 bathrooms (Bathroom 2). This failure placed all ambulatory residents (Residents 1, 2, 3, 4, 5, 6, 7, and 8) at risk of accessing and taking medication not prescribed for their use.

Findings included...

On 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care in the AFH. Resident 4 was observed ambulating down a set of stairs to a shower room. Residents 1, 2, 3, 5, 6, 7 and 8 were observed in their bedrooms or walking about the AFH with access to all rooms.

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increase blood flow to hair follicles which helps prevent hair loss and promotes growth of new hair). Observation showed the container was marked by the manufacturer with Keep out of the reach of children. The container had no prescription label or identification who used the medication.

In an interview on 06/18/2026 at 11:20 AM, Staff B stated that the staff should not have left the medication in the bathroom.

Observation on 06/18/2026 at 11:41 AM, showed Resident 6 had multiple over-the-counter medications in their bedroom on a dresser stand. The medications included two containers of Metamucil (a medication used to treat constipation and other digestive issues), an opened box of Nicotine patches (a medication used to treat smoking cessation), and a bottle of Miralax (a medication used to treat constipation). Observation showed none of the containers had prescription labeling or identification who used the medication.

In a telephone interview on 06/18/2026 at 3:28 PM, Staff A, Representative/Resident Manager, stated that Resident 6's family brought the medications to Resident 6 and the AFH was unaware the medications were in Resident 6's bedroom.

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

B. Estrada — Provider (or Representative)

7/28/26 — Date

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

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

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

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increase blood flow to hair follicles which helps prevent hair loss and promotes growth of new hair). Observation showed the container was marked by the manufacturer with Keep out of the reach of children. The container had no prescription label or identification who used the medication.

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In a telephone interview on 06/18/2026 at 3:28 PM, Staff A, Representative/Resident Manager, stated that Resident 6's family brought the medications to Resident 6 and the AFH was unaware the medications were in Resident 6's bedroom.

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, AFH For Seniors 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

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(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

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(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at (888) 437-0017.

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date]. [Statutory Authority: RCW 18.20.090 , 70.97.230 , and 70.128.040 . WSR 26-08-074, s 388-76-10506, filed 3/30/26, effective 4/30/26. Statutory Authority: RCW 18.20.090 , 70.97.230 , 70.128.040 , 74.09.520 (2), 74.39A.007 , 42 C.F.R. 441.530 (a)(1)(vi)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-76-10506, filed 8/25/25, effective 1/1/26.]

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 1 of 1 resident (Resident 6) a Residency Agreement for residents with [redacted] as a payor that included the AFH's agreement to comply with RCW 70.129/transfer and discharge requirements and the resident's right to legal counsel when receiving a notice of transfer or discharge. This failure placed Resident 6 at risk of not understanding their rights and protections for possible transfer, discharge, or eviction.

Findings included...

Record review of the Department's Dear Provider Letters (DPL) showed DPL #2025-049 was issued to AFH providers 12/12/2025 that notified providers of new rule requirements for residency agreements for residents with [redacted] as a payor. The letter showed the rules would be effective on January 1, 2026.

On 06/18/2026 at 10:13 AM, observation showed Resident 6 lived in and received services at the AFH.

Record review of Resident 6's Negotiated Care Plan (NCP) dated 01/18/2026, showed Resident 6 moved into the AFH on [redacted]/2020.

Record review of Resident 6's undated AFH Resident Admission Agreement ([redacted]) showed Resident 6 signed the agreement on 04/21/2020. The 21-page document did not contain an agreement that the AFH would comply with the long-term care resident's rights statute. Further review of the document showed no language regarding Resident 6's right to legal counsel at public expense upon notice of transfer or discharge.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Entity Representative/Resident Manager, stated they were unaware the AFH was required to provide a Residency

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Agreement to Resident 6 regarding their right to free legal counsel in the event of a transfer or discharge or language the AFH would comply with RCW 70.129.

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, AFH For Seniors LLC is or will be in compliance with this law and / or regulation on (Date) 7/6/26 .

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

P. Estrada
Provider (or Representative)

7/28/26
Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to update their Notice of Rights and Services and notify 1 of 1 resident (Resident 6) of potential discharge in the event of a change in their status when the Department placed a limit on the AFH in 07/2023 that restricted admission and retention of residents assessed as independent only with evacuation. In addition, the AFH failed to review and the AFH Notice of Rights and obtain signatures from 1 of 1 resident (Resident 6) at least every 24 months. These failures placed Resident 6 at risk of being unaware of circumstances that might result in discharge and not understanding their rights.

Findings included...

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Agreement to Resident 6 regarding their right to free legal counsel in the event of a transfer or discharge or language the AFH would comply with RCW 70.129.

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, AFH For Seniors LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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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 update their Notice of Rights and Services and notify 1 of 1 resident (Resident 6) of potential discharge in the event of a change in their status when the Department placed a limit on the AFH in 07/2023 that restricted admission and retention of residents assessed as independent only with evacuation. In addition, the AFH failed to review and the AFH Notice of Rights and obtain signatures from 1 of 1 resident (Resident 6) at least every 24 months. These failures placed Resident 6 at risk of being unaware of circumstances that might result in discharge and not understanding their rights.

Findings included...

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On 06/18/2026 at 10:13 AM, observation showed Resident 6 lived in and received services at the AFH.

Record review of Resident 6's Negotiated Care Plan (NCP) dated 01/18/2026, showed Resident 6 moved into the AFH on [redacted]/2020. The NCP showed Resident 6 was diagnosed with a [redacted] and [redacted].

Record review of Resident 6's undated AFH Resident Admission Agreement ([redacted]) – Notice of Rights and Services, showed Resident 6 signed the agreement on 04/21/2020. Further review of the document page 3 under the heading Exhibit 3/Resident's Rights, showed the document would be provided to the resident on admission and reviewed at least every 24 months in writing with Resident 6 or their representative. The 21-page document did not contain any notice that the AFH would be required to discharge Resident 6 if Resident 6's ability to evacuate the AFH required assistance.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Representative/Resident Manager, stated that they were unaware the AFH was required to review the Notice of Rights and Services with Resident 6 and obtain signatures from the resident at least every 24 months after admission.

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

V. Estrada

Provider (or Representative)

7/28/26

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain a water temperature that did not exceed 120 degrees in 3 of 3 bathroom sinks (Bathroom

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On 06/18/2026 at 10:13 AM, observation showed Resident 6 lived in and received services at the AFH.

Record review of Resident 6's Negotiated Care Plan (NCP) dated 01/18/2026, showed Resident 6 moved into the AFH on [redacted]/2020. The NCP showed Resident 6 was diagnosed with a [redacted] and [redacted] diagnoses.

Record review of Resident 6's undated AFH Resident Admission Agreement ([redacted]) – Notice of Rights and Services, showed Resident 6 signed the agreement on 04/21/2020. Further review of the document page 3 under the heading Exhibit 3/Resident's Rights, showed the document would be provided to the resident on admission and reviewed at least every 24 months in writing with Resident 6 or their representative. The 21-page document did not contain any notice that the AFH would be required to discharge Resident 6 if Resident 6's ability to evacuate the AFH required assistance.

In an interview on 06/22/2026 at 2:15 PM, Staff A, Representative/Resident Manager, stated that they were unaware the AFH was required to review the Notice of Rights and Services with Resident 6 and obtain signatures from the resident at least every 24 months after admission.

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Provider (or Representative) _____ Date _____

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain a water temperature that did not exceed 120 degrees in 3 of 3 bathroom sinks (Bathroom

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1, Bathroom 2, and Bathroom 3). This failure placed Residents 1, 2, 3, 4, 5, 6, 7 and 8 at risk of possible burns from hot water exposure.

Findings included...

During a visit on 06/18/2026 at 10:13 AM, observation showed Residents 1, 2, 3, 4, 5, 6, 7, and 8 lived in and received care from the AFH.

On 06/18/2026 at 11:13 AM during an environmental tour of the AFH with Staff B, Caregiver, observation of Bathroom 2 showed the water temperature at the sink was 127.4 degrees Fahrenheit (F). Subsequent water temperatures were observed:

11:21 AM Bathroom 1 - 127 degrees F
11:33 AM Bathroom 3 - 125.7 degrees F

In an interview on 06/18/2026 at 11:35 AM, Staff B stated that they did not know how to lower the water temperature of the AFH and would need to contact Staff A, Representative/Resident Manager.

In an interview on 06/18/2026 at 12:38 PM, Staff B stated they had reached Staff A by phone. Staff B stated they were instructed to turn down the hot water tank temperature to bring the water temperature into the required range.

On 06/18/2026 at 1:33 PM, observation showed the water temperature at the sink in Bathroom 2 was 125.8 degrees F.

In an interview on 06/18/2026 at 2:10 PM via telephone, Staff A stated that they had instructed Staff B how to adjust the water temperature on the AFH hot water tank. Department Staff (DS) advised Staff A the water temperature was required to be within regulation range before the DS could exit the AFH.

On 06/18/2026 at 2:21 PM, observation showed the water temperature at the sink in Bathroom 2 was 113.7 degrees F in Bathroom 2.

In an interview on 06/22/2026 at 4:37 PM, Staff A stated that they tested the AFH water temperature in May 2026 and stated that the water temperature in the AFH was 122 degrees F. Staff A stated, "My thermometer must be broken."

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License #: 754145
AFH For Seniors LLC
Licensee: AFH FOR SENIORS LLC

Compliance Determination # 79284
Completion Date
06/26/2026

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

P. Estrada

Provider (or Representative)

7/28/26

Date

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