STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

A Caring Haven Adult Family Home LLC
A Caring Haven Adult Family Home Two LLC
7223 NE 150TH ST
KENMORE, WA 98028

RE: A Caring Haven Adult Family Home Two LLC License # 754452

Dear Provider:

This letter addresses Compliance Determination(s) 81202 (Completion Date 07/28/2026) and 75898 (Completion Date 06/01/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/28/2026 and found that you have corrected the violations listed in the Complaint report dated 06/01/2026. Your home is back in compliance as of 06/18/2026 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 388-76-10795-1-d, WAC 388-76-10390-1-b, WAC 388-76-10390-2-a, WAC 388-76-10390-2-b

The Department staff who did the on-site verification:
Nylay Quist, AFH Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 04/15/2026 and 05/21/2026 of:

A Caring Haven Adult Family Home Two LLC
7223 NE 150TH ST
KENMORE, WA 98028

This document references the following complaint number(s): 220370, 219370, 220468, 223807, 224754

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

The department staff that investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

06/04/2026
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)

04/8/2026
Date

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have at least one window in 1 of 6 residents room (Resident 1) free from obstructions. This failure resulted in the window being inaccessible for emergency escape or rescue and placed Resident 1 at risk for potential harm.

Finding included...

Review of Resident 1 record showed Resident 1 was admitted to the AFH on [redacted] 2025 with multiple diagnoses that included [redacted] and Resident 1 required assistive device with ambulation and required assistance with evacuation.

Observation on 04/15/2026 at 2:32PM showed Resident 1's bedroom door only opened halfway due to a step stool and a cane stored behind the bedroom door. Resident 1's room had clothing hanging on doorknobs, and a pile of clothing mounted on a recliner. Resident 1's closet was not accessible due to a pile of clothing and a shoe rack in front of the closet. Resident 1 was observed getting off their bed, walking sideways, and Resident 1 had to step over clothing on the floor to get to the window. Resident 1 had to

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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 _____

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(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have at least one window in 1 of 6 residents room (Resident 1) free from obstructions. This failure resulted in the window being inaccessible for emergency escape or rescue and placed Resident 1 at risk for potential harm.

Finding included…

Review of Resident 1 record showed, Resident 1 was admitted to the AFH on [redacted]/2025 with multiple diagnoses that included [redacted]. Resident 1 required assistive device with ambulation and required assistance with evacuation.

Observation on 04/15/2026 at 2:32PM showed Resident 1's bedroom door only opened halfway due to a step stool and a cane stored behind the bedroom door. Resident 1's room had clothing hanging on doorknobs, and a pile of clothing mounted on a recliner. Resident 1's closet was not accessible due to a pile of clothing and a shoe rack in front of the closet. Resident 1 was observed getting off their bed, walking sideways, and Resident 1 had to step over clothing on the floor to get to the window. Resident 1 had to

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lean and reach to access the window because they could not step over two-utensil storage trays that were stored on the floor under the window. There was a mini fridge stored on top of a dresser close to the window and another dresser close to the bed that has 24 full cups of plants starter with young plants growing in the cup. There was an [redacted], air purifier machine, manual cigarette roller with lighter, and dog bowl in the room. Resident 1's room had a strong cigarette odor.

In an interview on 04/15/2026 at 1:30PM, Staff A, Provider, stated that Resident 1 would refuse to have the AFH staff clean their (Resident 1) room and Resident 1 refused to have anything moved from their room. Staff A stated that Resident 1's room was a hazard and a safety concern, but Resident 1 did not allow AFH staff into their room much.

In an interview on 04/15/2026 at 2:31PM, Resident 1 stated that Staff E, Caregiver, helped clean their bedroom. Resident 1 stated that their bedroom was messy and cluttered. Resident 1 stated that they needed to move some stuff from under the window to get close enough to open their window. Resident 1 stated that they would allow the AFH staff to clean their room.

Observation on 05/21/2026 at 1:47PM showed Resident 1's room was still cluttered with clothing piled on recliner, a basket full of unfold laundry, a cigarette rolling tray with lighter, and dog bowl on the floor. Resident 1's bedroom door only opened partially due to a cane and a step stool behind Resident 1's bedroom door. The walkway from the bedroom door to the window was small and had clothing on floor. Resident 1 was observed walking over the clothing on the floor toward the window. Resident 1 had to bend down to move two utensil storage trays that were stored with clothing on top of a box before they could access the window.

In an interview on 05/21/2026 at 2:40PM, Staff A stated that Resident 1 refused to allow the AFH staff to help clean their (Resident 1) room. Staff A stated that they were not sure what else to do because they (AFH staff) must respect Resident 1's privacy.

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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, A Caring Haven Adult Family Home Two LLC is or will be in compliance with this law and / or regulation on (Date) 06 - 18 - 2026

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

Provider (or Representative) — Date: 06-18-2026

WAC 388-76-10390 Admission and continuation of services. The adult family home must only admit or continue to provide services to a person when:

(1) The home can safely and appropriately meet the assessed needs and preferences of the person:

(b) Through reasonable accommodation.

(2) Admitting the resident does not negatively affect the ability of the home to:

(a) Meet the needs and does not endanger the safety of other residents; or

(b) Safely evacuate all people in the home during an emergency.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure the AFH could maintain the safety of 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) when Resident 1 did not allow AFH staff to declutter their bedroom and move [redacted] to a safe storage area. This failure resulted in Resident 1, 2, 3, 4, 5 and 6 living in an environment with a preventable fire hazard and placed Resident 1 at risk of harm in an emergency.

Findings included...

Observation showed the AFH taking care of six residents. Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6 required assistive devices for ambulation and required assistance with evacuation. Resident 2 ambulated with standby assist and required assistance with evacuation.

Review of Resident 1 record showed Resident 1 was admitted to the AFH on [redacted]/2025 with multiple diagnoses that included [redacted]

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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, A Caring Haven Adult Family Home Two 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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(b) Safely evacuate all people in the home during an emergency.

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Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure the AFH could maintain the safety of 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) when Resident 1 did not allow AFH staff to declutter their bedroom and move [redacted] to a safe storage area. This failure resulted in Resident 1, 2, 3, 4, 5 and 6 living in an environment with a preventable fire hazard and placed Resident 1 at risk of harm in an emergency.

Findings included…

Observation showed the AFH taking care of six residents. Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6 required assistive devices for ambulation and required assistance with evacuation. Resident 2 ambulated with standby assist and required assistance with evacuation.

Review of Resident 1 record showed Resident 1 was admitted to the AFH on [redacted]/2025 with multiple diagnoses that included [redacted]

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[redacted] and [redacted].

<[redacted]>
In an interview on 04/15/2026 at 2:31PM, Resident 1 stated that stated that there were three [redacted] stored in the closet for emergencies. Resident 1 stated that they cannot access the [redacted] or their stuff inside their closet for a long while because of all the stuff stored in front of their closet. Resident 1 stated that Staff E, Caregiver, helped them clean their bedroom. Resident 1 stated that their bedroom was messy and cluttered. Resident 1 stated that they needed bigger space to store all their stuff. Resident 1 stated that they would allow the AFH staff to clean their room.

< Bedroom environment>
Observation on 04/15/2026 at 2:32PM showed Resident 1's bedroom door only opened halfway due to a step stool and a cane stored behind the bedroom door. Resident 1's room had clothing hanging on doorknobs, and a pile of clothing mounted on a recliner. Resident 1's closet was not accessible due to a pile of clothing and a shoe rack in front of the closet. Resident 1 was observed getting off their bed, walking sideways, and Resident 1 had to step over clothing on the floor to get to the window. Resident 1 had to lean and reach to access the window because they could not step over two-utensil storage trays that were stored on the floor under the window. There was a mini fridge stored on top of a dresser close to the window and another dresser close to the bed that has 24 full cups of plants starter with young plants growing in the cup. There was an [redacted], air purifier machine, manual cigarette roller with lighter, and dog bowl in the room. Resident 1's service dog was in the crate at the end of the bed. Resident 1's room had a strong cigarette odor.

An additional observation on 05/21/2026 at 1:46PM showed Resident 1's room continued to be cluttered with clothing piled on recliner, a basket full of unfold laundry, a cigarette rolling tray with lighter, and dog bowl on the floor. Resident 1's bedroom door only opened partially due to cane and a step stool behind Resident 1's bedroom door. The walkway from the bedroom door to the window was small and had clothing on floor. Resident 1 was observed walking over the clothing on the floor toward the window. Resident 1 had to bend down to move two utensil storage trays that were stored with clothing on top of a box before they could access the window.

In an interview on 04/15/2026 at 1:30PM, Staff A, Provider, stated that the AFH staff checked and offer to clean all resident's room regularly. Staff A stated that Resident 1 would refuse to have the AFH staff clean their (Resident 1) room and refused to have anything moved. Staff A stated that Resident 1's room is a hazard and safety concern, but Resident 1 does not allow AFH staff into their room much.

In an interview on 05/21/2026 at 2:40PM, Staff A stated that Resident 1 refused to allow the AFH staff to help clean their (Resident 1) room. Staff A stated that they were not sure what else to do because they (AFH staff) must respect Resident 1's privacy.

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

Observation on 05/21/2026 at 4:15PM showed Staff C talked with Resident 1 and Resident 1 agreed to have caregivers clean their (Resident 1) bedroom. Staff C wore gloves and went into Resident 1's room for cleaning.

Observation on 05/21/2026 at 4:17PM showed Resident 1 was swearing and yelling at the AFH staff as they (AFH staff) attempted to help clean their (Resident 1) bedroom. Resident 1 yelled at the AFH staff stating that they (Resident 1) do not want anything to be moved from their room.

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, A Caring Haven Adult Family Home Two LLC is or will be in compliance with this law and / or regulation on (Date) 6-18-2026

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

Provider (or Representative) — Date 06/18/2026

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Observation on 05/21/2026 at 4:15PM showed Staff C talked with Resident 1 and Resident 1 agreed to have caregivers clean their (Resident 1) bedroom. Staff C wore gloves and went into Resident 1's room for cleaning.

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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, A Caring Haven Adult Family Home Two 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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PLAN OF CORRECTION

Provider Response to Statement of Deficiencies

Licensee: A Caring Haven Adult Family Home LLC
Facility: A Caring Haven Adult Family Home Two LLC
Address: 7223 NE 150th St, Kenmore, WA 98028
License #: 754452
Compliance Determination #: 75898
Last Date of Data Collection: 06/01/2026
Investigation Dates: 04/15/2026 and 05/21/2026
Submitted to: Renee Bourque, Field Manager, Residential Care Services, Region 2, Unit I on 6/20/26

This Plan of Correction is submitted in response to the deficiencies cited in the above Statement of Deficiencies. For each cited deficiency, this document describes the corrective action taken, the date of correction, and the system the home will use to ensure continued compliance.

Background: Reasonable Accommodation Efforts (Resident 1)

Resident 1 has the right to refuse care and to decline having staff enter or alter her room, and she repeatedly exercised that right. Rather than accepting the resulting hazard, the home made repeated, good-faith attempts at reasonable accommodation over time, including the following:

1. Staff checked and offered to clean and declutter Resident 1's room on a regular basis.
2. Resident 1 repeatedly agreed to allow cleaning and then did not follow through, stating each time that she would do it "tomorrow" or "next week."
3. Resident 1 wished to handle the decluttering herself, including renting a U-Haul to move belongings out, and declined staff assistance.
4. Staff repeatedly offered to help while Resident 1 was present in the room, and those offers were refused.
5. The home engaged the Behavioral Support Team to help us address the situation and learn how to respond to her.
6. The home followed Residential Care Services' referral to behavioral health support and consulted with them. Behavioral health support reviewed the home's efforts and advised that the home was doing everything right in addressing the situation while respecting Resident 1's rights.
7. The home reached out to the Adult Family Home Council for guidance on how to address the clutter while respecting Resident 1's residency rights.
8. Resolution was reached when Resident 1's Social Worker came to the home and, with the Social Worker present supervising and Resident 1 present within her POA, and participating, staff were able to fully declutter and clear the room.

Deficiency 1 WAC 388-76-10795(1)(d): Windows / Emergency Egress

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

Cited deficiency: At least one window in Resident 1's bedroom was not free from obstructions, leaving the window inaccessible for emergency escape or rescue and placing Resident 1 at risk of potential harm.

Corrective action taken

Resident 1 initially declined to allow staff to move items, which left the bedroom window, the floor pathway, and the bedroom door obstructed. After the repeated accommodation efforts described above, the home arranged for Resident 1's Social Worker to be present. With the Social Worker present and Resident 1, POA presentand participating, staff cleared the floor pathway, removed the items stored under and around the window, and relocated the step stool and cane that had been stored behind the bedroom door. The bedroom door now opens fully, and the window and egress path are free of obstructions and accessible for emergency escape or rescue.

System to ensure continued compliance

- Staff will conduct safety checks of all resident bedrooms at least weekly, specifically verifying that each bedroom door opens fully and that windows and egress paths are clear of obstructions.
- When a resident declines, staff will document the refusal and engage the Social Worker,
- Staff will be re-trained that respecting a resident's privacy and autonomy does not relieve the home of its duty to maintain safe emergency egress, and that refusals must be escalated.

Date corrected: 06/18/2026

Provider (or Representative) signature: _____

Date: 6/18/2026

Deficiency 2 — WAC 388-76-10390: Admission and Continuation of Services (Safe Environment / Oxygen & Fire Hazard)

Cited deficiency: The home failed to ensure it could maintain the safety of all 6 residents when Resident 1 did not allow staff to declutter the bedroom and move [redacted] to a safe storage area, resulting in a preventable fire hazard and placing Resident 1 at risk of harm in an emergency.

Corrective action taken

The home identified that the clutter, combined with [redacted] stored in the closet, created a fire and emergency-egress risk affecting all residents. After Resident 1 repeatedly refused and after the home pursued the accommodation efforts described above, resolution was achieved with the Social Worker present and Resident 1 participating with POA. The room was decluttered and organized; the closet and the emergency [redacted] were made accessible and stored in a safe, reachable location; As of 06/18/2026, the room is organized, decluttered, and free of the cited hazards, and the home is able to safely meet the needs of all residents and evacuate all persons in an emergency.

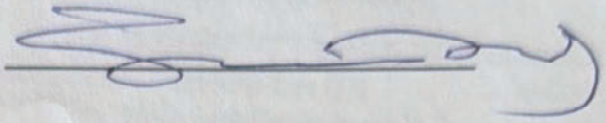
System to ensure continued compliance

- Staff will perform regular safety rounds for all six residents, confirming that [redacted] is stored safely and accessibly and that no fire or egress hazards are present in any resident room or common area.

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

- Any resident refusal that creates a safety concern will be documented and escalated to, the Resident's Social Worker.
- Staff will be re-trained that respecting a resident's privacy does not override the home's obligation to keep the environment safe for everyone, and that safety hazards must be escalated through these channels rather than accepted.

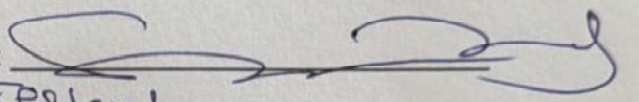
Date corrected: 06/18/2026

Provider (or Representative) signature: 

Date: 6-18-2026

Certification

I hereby certify that I have reviewed the Statement of Deficiencies and have taken or will take active measures to correct each cited deficiency. By taking these actions, A Caring Haven Adult Family Home Two LLC is or will be in compliance with the cited laws and regulations. In addition, I will implement a system to monitor and ensure continued compliance with these requirements.

Provider (or Representative) signature: 

Printed name: Sinait Testay

Date: 6-18-2026

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