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

Abiezer Adult Family Home LLC
Abiezer Adult Family Home
22422 97TH AVE W
EDMONDS, WA 98020

RE: Abiezer Adult Family Home License # 754557

Dear Provider:

This letter addresses Compliance Determination(s) 80164 (Completion Date 07/08/2026) and 78051 (Completion Date 06/10/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/08/2026 and found that you have corrected the violations listed in the Complaint report dated 06/10/2026. Your home is back in compliance as of 06/30/2026 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 388-76-10870, WAC 388-76-10870-1, WAC 388-76-10870-2, WAC 388-76-10865-1, WAC 388-76-10895-2-a, WAC 388-76-10510-1

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

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

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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 05/27/2026 of:

Abiezer Adult Family Home
22422 97TH AVE W
EDMONDS, WA 98020

This document references the following complaint number(s): 225347, 226849

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

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

06/12/2026
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.

Daniel Bockretsion
Provider (or Representative)

06/23/2026
Date

WAC 388-76-10870 Resident evacuation capability levels Identification required. The adult family home must ensure that each resident's assessment, preliminary service plan, and negotiated care plan identifies and describes the resident's ability to evacuate the home according to the following descriptions:

(1) Independent: Resident is physically and mentally capable of independently evacuating the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one cue.

(2) Assistance required: Resident is not physically or mentally capable of evacuating the home without assistance from another individual, mobility aids, or multiple cues.

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure that the resident assessment indicated evacuation capability level for 1 of 4 Residents (Resident 4). This placed Resident 4 at risk of harm by not being able to get appropriate level of assistance to evacuate in case of an emergency.

Findings included...

Observation on 05/27/2026 at 9:10 AM showed that Resident 4 used wheelchair for their mobility. Review of Resident 4 's assessment, dated 03/03/2026, and demographic data showed that Resident 4 was admitted to AFH on [redacted]/2025 with multiple medical diagnoses including [redacted]

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<Resident 4's evacuation level>

Review showed that Resident 4's assessment and negotiated care plan (NCP) were combined. Review of Resident 4's assessment (page 1 through page 19), dated 03/03/2026, showed the assessment did not indicate the evacuation level for Resident 4

Review of Resident 4's NCP (page 20 through 30), dated 03/03/2026, showed that Resident 4 required assistance with evacuation. The NCP showed that Resident 4 needed to be removed from AFH with a mobility device.

In an interview, on 05/27/2026 at 10:13 AM, Staff A, Provider, stated that they did not notice that Resident 4's assessment did not include Resident 4's evacuation level and that they would contact their assessor immediately and request corrections to assessment.

In an interview, on 05/28/2026 at 3:48 PM, Staff A stated that they spoke to their assessor and the assessor had instructed them that the evacuation level was documented on Resident 4's NCP. Staff A stated that the assessment and NCP were done as one document and having it on NCP showed Resident 4's evacuation level.

Review of Resident 4' s NCP showed only signatures of Resident 4's representative and Staff A. The NCP did not show the assessor's signature.

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, Abiezer Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 06/30/2026 .

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

Daniel Bockretsion
Provider (or Representative)

06/23/2026
Date

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

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This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure they were able to evacuate 4 of 4 Residents (Resident 1, Resident 2, Resident 3 and Resident 4) from the home to a safe location outside of the home within five minutes or less as required due to insufficient staffing. This failure placed Resident 1, Resident 2, Resident 3 and Resident 4 at risk of harm or injury if fire or other emergency disaster required residents to be evacuated out of AFH.

Findings included...

Observations on 05/27/2026 at 9:10 AM showed that only Staff B, Caregiver, were in the AFH providing care and various services for four residents.

<Resident 1>

Observation on 06/04/2026 at 6:55 AM showed that Resident 1 was wheelchair bound.

Review of Resident 1's assessment, dated 07/09/2025, and demographic data showed that Resident 1 was admitted to AFH on [redacted]/2020 with multiple medical diagnoses including [redacted] and [redacted].

<Resident 1's evacuation level>

Review of Resident 1's assessment showed that Resident 1 required assistance for evacuation in case of an emergency.

<Resident 1's mobility and transfer level>

Review of Resident 1's assessment showed that Resident 1 required assistance for transfers of one person with use of [redacted]. Resident 1's assessment also showed that Resident 1 was wheelchair bound and used [redacted] for their mobility.

<Resident 2 >

Observation on 05/27/2026 at 9:10 AM and 06/04/2026 at 6:55 AM showed that

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Resident 2 used wheelchair for their mobility.

Review of Resident 2's assessment, dated 08/18/2025, and demographic data showed that Resident 2 was admitted to AFH on [redacted] 2020 with multiple medical diagnoses including [redacted].

<Resident 2's evacuation level>

Review of Resident 2's assessment showed that Resident 2 required assistance for evacuation in case of an emergency.

<Resident 2's mobility and transfer level>

Review of Resident 2's assessment showed that Resident 2 required assistance of one person with transfers and that Resident 2 used manual wheelchair for mobility.

<Resident 3 >

Observation on 05/27/2026 at 9:10 AM and 06/04/2026 at 6:55 AM showed that Resident 3 was wheelchair bound.

Review of Resident 3's assessment, dated 04/08/2026, and demographic data showed that Resident 3 was admitted to AFH on [redacted] 2020 with multiple medical diagnoses including [redacted] and [redacted].

<Resident 3's evacuation level>

Review of Resident 3's assessment showed that Resident 3 required assistance for evacuation in case of an emergency.

<Resident 3's mobility and transfer level>

Review of Resident 3's assessment showed that Resident 3 required assistance of one person with transfers and that Resident 3 was wheelchair bound.

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<Resident 4 >

Observation on 05/27/2026 at 9:10 AM and 06/04/2026 at 6:55 AM showed that Resident 4 used a wheelchair for their mobility.

Review of Resident 4's assessment, dated 03/03/2026, and demographic data showed that Resident 4 was admitted to AFH on [redacted] 2025 with multiple medical diagnoses including [redacted].

<Resident 4's evacuation level>

Review of Resident 4's assessment did not indicate evacuation level for Resident 4.

Review of Resident 4's negotiated care plan (NCP), dated 03/03/2026, showed that Resident 4 required assistance with evacuation. The NCP showed that Resident 4 needed to be removed from AFH with a mobility device.

<Resident 4's mobility and transfer level>

Review of Resident 4's assessment showed that Resident 4 could independently transfer from wheelchair to bed, chair and toilet. The assessment also showed that Resident 4 was "wheelchair dependent" and used furniture to hold onto when trying to ambulate.

<Emergency Evacuation Drills>

Review of AFH's "Emergency Evacuation Drills" dated 06/29/2025 through 12/26/2025 showed that two staff members were required to evacuate Resident 1, Resident 2, Resident 3 and Resident 4 from AFH within required time of five minutes. Review showed that the AFH documented 4 minutes were needed for evacuation of the Resident 1, Resident 2, Resident 3 and Resident 4 with Staff A, Provider, and Staff E (former caregiver).

Review of 2026 "Emergency Evacuation Drills" showed that AFH did not conduct any fire drills. Review showed there was no documentation of any 2026 evacuation drills.

In an interview, on 06/09/2026 at 9:33 AM, Staff A, stated that they did have evacuation drills every sixty days. Staff A stated that the last evacuation drill was in April 2026. Staff A stated that he had documented evacuation drills and a staff member might have not been able to locate it when Department's Staff was in the AFH.

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In an interview, on 06/04/2026 at 7:02 AM, Resident 1 reported that it had been long time since they practiced evacuation drills. Resident 1 reported that they did not have any fire drills this year (2026). Resident 1 reported that the second caregiver started working at the AFH three or four days ago and they were worried about Staff B, Caregiver, working by themselves in AFH for about two weeks. Resident 1 stated that Staff A, Provider, did not work or provide care for them. Resident 1 stated that Staff A did not provide care for them at night or early morning for the past two weeks. Resident 1 stated that Staff A did not live in the AFH. Resident 1 stated that Staff A only sometimes came to AFH in the evening to pick up some documentation. Resident 1 stated that Staff C, Caregiver, also did not provide care for them.

In an interview, on 06/04/2026 at 7:15 AM, Staff B reported that they did not have any evacuation drills since they started working in the AFH about a month ago. Staff B stated that it would have been difficult to evacuate Resident 1, Resident 2, Resident 3 and Resident 4 from AFH within five minutes with only one caregiver. Staff B stated they were working in the AFH by themselves and sometimes Staff A and Staff B came to help in the morning or in the evening. Staff B stated that Staff E stopped working in the AFH on 05/11/2026. Staff B stated that Staff A and C did not sleep or live in the AFH.

In an interview, on 06/09/2026 at 11:37 AM, Collateral Contact 1 (CC1), reported that they knew for the fact that one caregiver was working in the AFH twenty-four hours a day for under three weeks. CC1 reported that they were concerned that one caregiver would not be able to help all the residents in case of fire. CC1 wondered why Staff A did not get a second caregiver immediately.

Record review of AFH's orientation and training records for Staff D, Caregiver, showed that AFH hired Staff D, a second caregiver, on 06/04/2026 with initiation of training on 06/01/2026.

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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, Abiezer Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 06/30/2026 .

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

Daniel Bockretsion — Provider (or Representative)

06/23/2026 — Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure they conducted partial emergency evacuation drills during random staffing shifts at least every sixty days for 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4). This failure placed Resident 1, Resident 2, Resident 3 and Resident 4 at risk of harm and injury if fire or other emergency disaster required residents to be evacuated out of AFH.

Findings included...

Observations on 05/27/2026 at 9:10 AM showed that only Staff B, Caregiver, was in the AFH and provided care and various services for four residents.

Review of resident records showed Resident 1, Resident 2, Resident 3 and Resident 4 were wheelchair bound and required assistance for evacuation in case of an emergency. Review showed 4 of 4 Residents needed to be removed from AFH with mobility device and required assistance for evacuation in case of an emergency.

<Emergency Evacuation Drills>

Review of 2026 "Emergency Evacuation Drills" showed that AFH did not conduct any

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evacuation drills. Documentation of the evacuation drills for 2026 was not found in the binder with rest of the documented evacuation drills.

Review of AFH's "Emergency Evacuation Drills" dated 01/05/2024 through 12/26/2025 showed that AFH conducted their emergency evacuation drills in the afternoon hours of between 1:00 PM and 3:30PM except on 02/28/2025 at 08:00 AM. Review of emergency evacuation drills did not show any evacuation drills conducted at night or in hours of early morning.

In an interview, on 06/09/2026 at 9:33 AM, Staff A, Provider, stated that they did have evacuation drills every sixty days. Staff A stated that last evacuation drill was in April 2026. Staff A stated that they documented evacuation drills, but a Staff member might have not been able to locate it when Department's Staff was in the AFH.

In an interview, on 06/04/2026 at 7:02 AM, Resident 1 reported that it had been long time since they practiced evacuation drills. Resident 1 reported that they did not have any evacuation drills this year (2026).

In an interview, on 06/04/2026 at 7:15 AM, Staff B reported that they did not have any evacuation drills since they started working in the AFH about month ago. Staff B stated that they knew where the safe meeting place was, but they did not practice with residents how to evacuate from AFH. Staff B stated they had been working in the AFH by themselves since 05/11/2026 when Staff E, Former Caregiver, stopped working in the AFH. Staff B stated that sometimes Staff A and Staff C, Caregiver, came to help a bit in the morning or in the evening.

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, Abiezer Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 06/30/2026 .

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

Daniel Bockretsion
Provider (or Representative)

06/23/2026
Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(1) Receives appropriate necessary services, as identified in the assessment and

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negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to ensure they had enough available Staff to assist 2 of 4 residents (Resident 1 and Resident 3) with their toileting, personal and behavioral care per their assessment and exception to rule (ETR) that allowed funding for additional AFH Staffing. This failure placed Resident 1 and Resident 3 at risk for unmet care needs and decreased quality of life.

Findings included...

Observations on 05/27/2026 at 9:10 AM showed that only Staff B, Caregiver, were providing care and various services for four residents.

<Resident 1>

Review of Resident 1's assessment, dated 07/09/2025, and demographic data showed that Resident 1 was admitted to AFH on [redacted] 2020 with multiple medical diagnoses including [redacted] and [redacted] Assessment showed that AFH had been approved for extra funds through ETR to fund additional caregiver for nights and early morning to assist Resident 1.

In an email correspondence on 06/02/2026 at 3:59 PM, Collateral Contact 2 (CC2), reported that AFH reported that Resident 1's ETR was used to fund additional AFH staffing both day and night to meet activities of daily living (ADLs) and care needs for Resident 1. CC2 reported that AFH indicated on their request that ETR funds were used to hire an additional caregiver to provide the level of care that Resident 1 required to remain stable in AFH and that due to pain, Resident 1 needed awake Staff at night to meet their frequent ADL care needs.

<Resident 3 >

Review of Resident 3 's assessment, dated 04/08/2026, and demographic data showed that Resident 3 was admitted to AFH on [redacted] 2020 with multiple medical diagnoses including [redacted] and [redacted].

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In an email correspondence on 06/02/2026 at 3:59 PM, Collateral Contact 2 (CC2), reported that AFH had been approved for ETR for Resident 3. CC2 reported that AFH in their request for ETR indicated that Resident 3's ETR funds would allow AFH to provide 1:1 Staffing to assist Resident 3. The AFH had reported that Resident 3 had constant need for toileting and needed redirection with challenging behavior such as resistance to care. Resident 3 required extra time for persuasion to cooperate with care.

In an interview, on 05/27/2026 at 10:13 AM, Staff A, Provider, stated that they did not have residents in the AFH that required extra assistance in the home. Staff A stated that they were not required to have two caregivers in the home. Staff A stated that Resident 1 had been approved for ETR for two hours only at night because Resident 1 could not sleep at night. The ETR was only to help manage Resident 1's behavior. Staff A stated that they were currently working and sleeping in the AFH at night. Staff A stated that they assisted Resident 1 at night.

In an interview, on 06/04/2026 at 7:02 AM, Resident 1 reported that a second caregiver started working in the AFH three or four days ago and that they were worried about Staff B working by themselves in AFH for about two weeks. Resident 1 stated that Staff A did not work or provide care for them. Resident 1 stated that Staff A did not provide care for them at night or early morning for the past two weeks. Resident 1 stated that Staff A did not live in the AFH. Resident 1 stated that Staff A only sometimes came to AFH in the evening to pick up some documentation. Resident 1 stated that Staff C, Caregiver, also did not provide care for them.

In an interview, on 06/04/2026 at 7:15 AM, Staff B stated that they were working in the AFH by themselves until Staff D, Caregiver, got hired by AFH. Staff B stated that sometimes Staff A and Staff C came to help a bit in the morning or in the evening. Staff B stated that Staff A and Staff C did not sleep or live in the AFH. Staff B stated that Staff E, Former Caregiver, stopped working in the AFH on 05/11/2026.

In an interview, on 06/09/2026 at 11:37 AM, Collateral Contact 1 (CC1), reported that they knew for the fact that one caregiver was working in the AFH twenty-four hours a day for just under three weeks. CC1 reported that they were concerned that one caregiver would not be able to help all the residents in case of fire. CC1 wondered why Staff A did not get a second caregiver immediately.

Record review of AFH's orientation and training records for Staff D, Caregiver, showed that AFH hired Staff D, a second caregiver, on 06/04/2026 with initiation of training on 06/01/2026.

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

Daniel Bockretsion
Provider (or Representative)

06/23/2026
Date

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