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

Raziela AFH LLC

Raziela AFH LLC
17240 33rd Ave S
Seatac, WA 98188

RE: Raziela AFH LLC License # 754603

Dear Provider:

This letter addresses Compliance Determination(s) 79468 (Completion Date 06/26/2026) and 76699 (Completion Date 05/06/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/26/2026 and found that you have corrected the violations listed in the Follow up report dated 05/06/2026. Your home is back in compliance as of 05/12/2026 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 388-76-10285-2, WAC 388-76-10355-1, WAC 388-76-10355-6-a, WAC 388-76-10355-6-c, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10355-9

The Department staff who did the off-site verification:
Marites Gatan, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
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

Statement of Deficiencies	License #: 754603	Compliance Determination # 76699
Plan of Correction	Raziela AFH LLC	Completion Date
Page 1 of 5	Licensee: Raziela AFH LLC	05/06/2026

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 follow-up on 05/01/2026 and 05/06/2026 of:
Raziela AFH LLC
17240 33rd Ave S
Seatac, WA 98188

This document references the following SOD dated: 05/06/2026

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

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.

Dahl Kim
Residential Care Services

05/11/2026
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.

Raziela AFH
Provider (or Representative)

05/12/2026
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff A, Entity Representative/Resident Manager) completed the second skin test for Tuberculosis (TB) as required. This failure placed all residents at risk of possible exposure to TB, a communicable disease affecting the lungs.

Findings included...

During a visit on 05/01/2026 at 12:22 PM, observation showed Staff A provided care to Residents 1, 2 and 3.

Review of Staff A's personnel record showed a TB skin test was conducted on 06/19/2023 with a negative result. Further review of the form showed a second step skin test was not completed.

Review of Staff A's personnel record showed a TB screening form that showed they received the first step TB skin test on 05/31/2024 and had negative result. Further review of the form showed the second step skin test was not completed.

During an interview on 05/01/2026 at 12:30 PM, Staff A stated that they had not found

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

the time to do their second TB test. Staff A stated they were planning on taking the TB blood test as soon as possible.

This is an uncorrected deficiency cited on 03/10/2026.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/12/2026 .

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

Raziela AFH
Provider (or Representative)

5/12/2026
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(c) Grooming; and

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(9) A statement of the ability for resident to be left unattended for a specific length of time; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Residents 1 and 3) had a Negotiated Care Plan (NCP) that included their preferences, problem behaviors and a list of all care needs. This failure placed Residents 1 and 3 at risk of unmet care needs.

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

Findings included...

During a visit on 05/01/2026 at 12:22 PM, observation showed Staff A, Entity Representative/Resident Manager provided care to Residents 1 and 3.

<Resident 1>
During an interview on 05/01/2026 at 12:36 PM Staff A, stated that Resident 1 continued to have disruptive behaviors and needed to always be with a caregiver.

Review of Resident 1's current NCP dated 04/29/2025 showed that Resident 1 had disruptive behaviors, had anxiety, was assaultive and had wandering behaviors. Further review showed Resident 1 did not smoke and had no nighttime needs. Additional review of Resident 1's NCP showed no interventions for Resident 1's problem behaviors. Review of the NCP showed no statement for the ability of Resident 1 to be left unattended.

<Resident 3>
During an interview on 05/01/2026 at 12:35 PM Staff A stated that Resident 3 continued to refuse hygiene tasks such as bathing.

Review of Resident 3's assessment dated 08/13/2025 showed that Resident 3 needed assistance with bathing and other personal hygiene tasks. Further review showed that Resident 1 used a vaping device daily.

Review of Resident 3's current NCP dated 08/07/2025 showed that Resident 3 was independent and did not need any assistance with personal hygiene. Further review showed that Resident 3 took a shower twice a week without assistance. Additional review of Resident 3's NCP showed no information regarding food preferences, smoking or activity preferences.

During an interview on 05/01/2026 at 12:37 PM, Staff A stated that they had not updated Resident 1 or Resident 3's NCP. Staff A stated that they were waiting for the resident's updated assessment before reviewing their NCPs. Staff A stated that they would update Resident 1 and Resident 3's NCP to reflect their current care needs.

This is an uncorrected deficiency cited on 03/10/2026.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) 5/12/2026 .

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

Provider (or Representative)

6-15-26
Date

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

Statement of Deficiencies	License #: 754603	Compliance Determination # 73434
Plan of Correction	Raziela AFH LLC	Completion Date
Page 1 of 13	Licensee: Raziela AFH LLC	03/10/2026

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 02/20/2026 of:
Raziela AFH LLC
17240 33rd Ave S
Seatac, WA 98188

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

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.

Statement of Deficiencies	License #: 754603	Compliance Determination # 73434
Plan of Correction	Raziela AFH LLC	Completion Date
Page 2 of 13	Licensee: Raziela AFH LLC	03/10/2026

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 — 3-18-2026 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.

Kaben Asfaw — Provider (or Representative)

KA 4-24-26 — Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include professional liability in their 1 of 1 liability insurance plan. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not being covered in the event of personal injury, and/or property damage or loss.

Findings included...

During a visit on 02/20/2026 at 11:15 AM, observation showed Residents 1, 2 and 3 lived in and received care from the AFH.

Review of the AFH's liability insurance documents showed the AFH had general liability insurance with an expiration date of 03/01/2026. Further review showed the AFH did not have professional liability insurance included in their insurance plan.

During an interview on 02/20/2026 at 12:23 PM, Staff A, Entity Representative/Resident Manager, stated that they did not have professional liability insurance. Staff A further stated that they were unaware of the requirement for professional liability insurance.

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

Additionally, Staff A stated that they would work with their insurance company to obtain professional liability insurance.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-26-26~~ KA 4-24-26

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

Karen Hofman — Provider (or Representative)

4-2-26 — Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 fire extinguishers were inspected and serviced annually. This failure placed all residents (Residents 1, 2 and 3) at risk of harm in the event of a fire.

Findings included...

Observation on 02/20/2026 at 11:15 AM showed Residents 1, 2 and 3 lived in and received care from the AFH.

Observation on 02/20/2026 at 12:00 PM showed a fire extinguisher mounted on the kitchen wall. Further observation showed the extinguisher was last serviced in January 2025. Observation showed no other fire extinguisher was available.

During an interview on 02/20/2026 at 12:01 PM, Staff A, Entity Representative/Resident Manager, stated that they had not had the fire extinguisher serviced in the last year. Staff A further stated that they would purchase a new fire extinguisher.

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

Statement of Deficiencies	License #: 754603	Compliance Determination # 73434
Plan of Correction	Raziela AFH LLC	Completion Date
Page 4 of 13	Licensee: Raziela AFH LLC	03/10/2026

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-26-26~~ KA 4-24-26

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

Provider (or Representative) 4-2-26 Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(5) Provide safe and functioning systems for:

(c) Hot and cold water;

(l) Any other feature of the home;

(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 interview and observation, the Adult Family Home (AFH) failed to ensure the water temperature did not exceed 120 degrees Fahrenheit and had safe structures in 2 of 2 bathrooms. This failure placed all residents at risk of harm.

Findings included...

Observation on 02/20/2026 at 11:15 AM showed Residents 1, 2 and 3 lived in and received care from the AFH. Further observation showed two bathrooms in the AFH for resident use.

Observation on 02/20/2025 at 12:10 PM, showed the Bathroom 1 and Bathroom 2 sink water temperature was 127.4 degrees Fahrenheit. Further observation in Bathroom 1 showed the toilet had a loose grab bar on the right side with the screws coming out of the wall. Additional observation showed Bathroom 2 had a loose grab bar on the left side of the toilet with the screws coming out of the wall.

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

During an interview on 02/20/2026 at 12:11 PM, Staff A, Entity Representative/Resident Manager, stated that they were not aware the temperature of the water was too hot. Staff A further stated that they would adjust the temperature until it was in the appropriate range. Staff A additionally stated they would ensure the grab bars were secured around the toilets.

Observation on 02/20/2025 at 2:20 PM, showed Bathroom 1 and Bathroom 2 sink water temperature read 124 degrees Fahrenheit.

Review of an email correspondence from Staff A on 02/26/2026 at 12:32 PM, showed a water temperature log dated 02/22/2026 with the Bathroom 1 and 2 water temperature recorded as 103 degrees Fahrenheit.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-25-26~~ 4-24-26 KA

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

Provider (or Representative) [signature] Date 4-2-26

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled staff (Staff A, Entity Representative/Resident Manager and Staff B, Caregiver) completed the second skin test for Tuberculosis (TB). This failure placed all residents at risk of possible exposure to TB, a communicable disease affecting the lungs.

Findings included ..

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

During a visit on 02/20/2026 at 11:15 AM, observation showed Staff A and Staff B provided care to Residents 1, 2 and 3.

Review of Staff A's personnel record showed a TB skin test was conducted on 06/19/2023 with a negative result. Further review of the form showed a second step skin test was not completed.

Review of Staff B's personnel record showed a TB screening form that showed they received the first step TB skin test on 05/31/2024 and had negative result. Further review of the form showed the second step skin test was not completed.

During an interview on 02/20/2026 at 12:23 PM Staff A stated that they were not aware a second step TB test was required if the first step had a negative result.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-26-26~~ KA 4-24-26

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

Provider (or Representative) 4-2-26 Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled staff (Staff A, Entity Representative/Resident Manager and Staff B, Caregiver) had an active Home Card Aide (HCA) certification. This failure placed all residents (Residents 1,2 and 3) at risk of unmet care needs.

Findings included...

According to WAC 388-112A-0050

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

What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home:
(a) Adult family home resident manager, or long-term care worker in adult family home.
(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010.

Observation on 02/20/2026 at 11:15 AM showed Residents 1, 2 and 3 lived in and received care from the AFH. Further observation showed Staff A and B provided care to all residents.

Review of Staff A's personnel record showed Staff A had an HCA certification that expired on 12/21/2025. Further review showed Staff A had no other current credentials.

Review of a Washington State Department of Health bulletin on 07/30/2025, showed that as authorized by Senate Bill 5672, long-term care workers have 365 days from the date of hire to become a certified HCA.

Review of Staff B's personnel record showed Staff B was hired on 12/08/2024 and had a current Nursing Assistant Registration (NAR) certification. Review showed Staff B was first issued their NAR on 10/31/2024. Further review showed Staff B did not acquire their HCA within the 365 day deadline of their hire date.

During an interview on 02/20/2026 at 12:45 PM, Staff A stated that they did complete 12 hours of continuing education credits for 2025. Staff A stated that they would complete their continuing education and apply for renewal of their HCA certification. Staff A further stated that they would ensure Staff B completed their training.

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

Statement of Deficiencies	License #: 754603	Compliance Determination # 73434
Plan of Correction	Raziela AFH LLC	Completion Date
Page 8 of 13	Licensee: Raziela AFH LLC	03/10/2026

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-26-26~~ KA 4-24-26

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

Koben A [signature] 4-2-26

Provider (or Representative) Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have a 1 of 1 succession plan. This failure placed all residents (Residents 1, 2, and 3) at risk of displacement if the provider was no longer able to fulfill their oversight duties for the AFH due to emergencies.

Findings included ..

During a visit on 02/20/2026 at 11:15 AM, observation showed Residents 1, 2 and 3 lived in and received care from the AFH.

During an interview on 02/20/2025 at 2:45 PM, Staff A, Entity Representative/Resident Manager, stated that they did not know they were required to have a written succession plan. Staff A further stated they would work on creating a succession plan.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-25-26~~ KA 4-24-26

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

Provider (or Representative) 4-2-26 Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure expired medications were disposed of for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of receiving expired medications.

Findings included...

During a visit on 02/20/2026 at 11:15 AM, observation showed Residents 3 lived in and received medication assistance from AFH.

Observation on 02/20/2026 at 2:25 PM, showed Resident 3's medication storage container contained a bubble pack of Olanzapine (an antipsychotic medication used to treat brain disorders) 10 milligrams (mg) that had an expiration date of 04/13/2025. Further observation showed Resident 3's medication storage container contained five bubble packs of Senna-Time (a laxative used to treat constipation) with expiration dates of 09/11/2025, 12/03/2025, 07/21/2025, 07/21/2025 and 01/29/2026.

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

Review of the AFH's undated medication disposal policy showed that any expired medication must be disposed of promptly. Further review of the policy showed that medications were to be disposed of via a take-back program.

During an interview on 02/20/2025 at 2:29 PM, Staff A, Entity Representative/Resident Manager, stated that they do not regularly dispose of expired medications. Staff A further stated that they did not often have time to take the expired medications to the pharmacy.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-25-26~~ KA 4-24-26

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

Provider (or Representative) 4-2-26 Date

WAC 388-76-10430 Medication system.

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

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medications were available for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of worsening condition from missing prescribed medication.

Findings included...

During a visit on 02/20/2026 at 11:15 AM, observation showed Residents 3 lived in and

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

received medication assistance from AFH.

Review of Resident 3's February 2026 Medication Administration Record (MAR) showed that Resident 3 was prescribed Senna-Time 8.6 milligrams (mg) tablet, take 1 tablet by mouth twice daily as needed for constipation. Further review showed that Resident 3 was prescribed Trazodone 100 mg tablet, take 1 tablet by mouth at bedtime as needed for sleeplessness.

Observation on 02/20/2026 at 2:25 PM, showed Resident 3's medication storage container contained five bubble packs of Senna-Time (a laxative used to treat constipation) with expiration dates of 09/11/2025, 12/03/2025, 07/21/2025, 07/21/2025 and 01/29/2026. Further observation showed that there was no unexpired Senna-Time available.

During an interview on 02/20/2026 at 2:33 PM, Staff A, Entity Representative/Resident Manager, stated that they would call the pharmacy to ensure a new order of Senna-Time was available for Resident 3 to replace the expired medication. Staff A further stated that Resident 3 had not taken Trazadone in a long time and they were not sure if the medication was discontinued or if they ran out.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-26-26~~ KA 4-24-26

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

Provider (or Representative) [signature] Date 4-2-26

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(c) Grooming; and

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

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(9) A statement of the ability for resident to be left unattended for a specific length of time; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Residents 1 and 3) had a Negotiated Care Plan (NCP) that included their preferences, problem behaviors and a list of all care needs. This failure placed Residents 1 and 3 at risk of unmet care needs.
Findings included...

During a visit on 02/20/2026 at 11:15 AM, observation showed Residents 1 and 3 lived in and received care from AFH.

Resident 1
During an interview on 02/20/2025 at 11:40 AM Staff A, Entity Representative/Resident Manager, stated that Resident 1 did not sleep through the night and was often awake in the middle of the night. Staff A further stated

During a phone interview on 03/11/2026 at 2:10 PM, Staff A stated that Resident 1 smoked cigarettes daily. Staff A further stated that Resident 1 needed to be with a caregiver at all times.

Review of Resident 1's NCP dated 04/29/2025 showed that Resident 1 had disruptive behaviors, had anxiety, was assaultive and had wandering behaviors. Further review showed Resident 1 did not smoke and had no nighttime needs. Additional review of Resident 1's NCP showed no interventions for Resident 1's problem behaviors. Review showed no statement for the ability of Resident 1 to be left unattended.

Resident 3
During an interview on 02/20/2025 at 11:40 AM Staff A stated that Resident 3 refused to perform hygiene tasks such as bathing. Staff A stated that they tried multiple approaches to bathe Resident 3 and they continued to refuse. Staff A stated that Resident 3 developed a foul odor because they had not bathed in weeks.

Review of Resident 3's assessment dated 08/13/2025 showed that Resident 3 needed assistance with bathing and other personal hygiene tasks. Further review showed that Resident 1 used a vaping device daily.

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

Statement of Deficiencies	License #: 754603	Compliance Determination # 73434
Plan of Correction	Raziela AFH LLC	Completion Date
Page 13 of 13	Licensee: Raziela AFH LLC	03/10/2026

Review of Resident 3's NCP dated 08/07/2025 showed that Resident 3 was independent and did not need any assistance with personal hygiene. Further review showed that Resident 3 took a shower twice a week without assistance. Additional review of Resident 3's NCP showed no information regarding food preferences, smoking or activity preferences.

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, Raziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) ~~4-26-26~~ EA 4-24-26

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

Provider (or Representative) — Date: 4-2-26

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