STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 69276 (Completion Date 11/25/2025) and 67562 (Completion Date 11/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/25/2025 and found that you have corrected the violations listed in the Complaint report dated 11/03/2025. Your home is back in compliance as of 11/20/2025 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 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Vadim Panitkov, 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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 an unannounced on-site complaint investigation on 10/21/2025 of:

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

This document references the following complaint number(s): 196123

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

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 754603	Compliance Determination #:67582
Plan of Correction	Raziela AFH LLC	Completion Date
Page 2 of 3	Licensee: Raziela AFH LLC	11/03/2025

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 — 11-6-2025 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) — 11-16-25 Date

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example: if the home was licensed in June 2010, then the annual licensing fee will be due in June of each year

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to pay their 1 of 1 annual license fee when due. This failure resulted in the AFH operating with outstanding license fees

Findings included. .

On 10/20/2025 a review of the department's "Secure Tracking and Reporting System" (STARS) showed the AFH was licensed on 07/03/2020 and the annual licensing fee was due in the month of July each year. Additional review of records using the department's STARS showed that the AFH made a payment on 07/21/2025 that was reversed on 07/29/2025 and another payment on 09/26/2025 that was reversed on 10/03/2025. A further review of records using the department's STARS showed that the AFH had overdue license fee in the amount of $2,700.00

On 10/21/2025 at 12:26 PM, observation showed Residents 1, 2, 3, and 4 in the AFH with Staff B, Caregiver, and Staff C, Caregiver. Observation showed Residents 1, 2, 3

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

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay their 1 of 1 annual license fee when due. This failure resulted in the AFH operating with outstanding license fees.

Findings included…

On 10/20/2025 a review of the department’s “Secure Tracking and Reporting System” (STARS) showed the AFH was licensed on 07/09/2020 and the annual licensing fee was due in the month of July each year. Additional review of records using the department’s STARS showed that the AFH made a payment on 07/21/2025 that was reversed on 07/29/2025 and another payment on 09/26/2025 that was reversed on 10/03/2025. A further review of records using the department’s STARS showed that the AFH had overdue license fee in the amount of $2,700.00

On 10/21/2025 at 12:25 PM, observation showed Residents 1, 2, 3, and 4 in the AFH with Staff B, Caregiver, and Staff C, Caregiver. Observation showed Residents 1, 2, 3,

Statement of Deficiencies	License #: 754603	Compliance Determination #:67562
Plan of Correction	Raziela AFH LLC	Completion Date
Page 3 of 3	Licensee: Raziela AFH LLC	11/03/2025

and 4 lived in and received care from the AFH.

On 10/21/2025 at 12:68 PM, in a telephone interview Department Staff (DS) asked Staff A, Entity Representative/Resident Manager, when the AFH's annual license fee was due. Staff A stated it was due in July. DS informed Staff A that the annual license fee was not paid, which was due in July. DS asked Staff A why the annual license fee was not paid. Staff A stated that it was paid twice, but the bank denied the withdrawal. Staff A stated that there was enough money, and the money was in a savings account. Staff A stated that they sent a new check for the licensing fee 4 to 5 days prior to this visit.

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)_____

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

Kaben Hayton — Provider (or Representative)

11-16-25 — Date

and 4 lived in and received care from the AFH.

On 10/21/2025 at 12:59 PM, in a telephone interview Department Staff (DS) asked Staff A, Entity Representative/Resident Manager, when the AFH's annual license fee was due, Staff A stated it was due in July. DS informed Staff A that the annual license fee was not paid, which was due in July. DS asked Staff A why the annual license fee was not paid, Staff A stated that it was paid twice, but the bank denied the withdrawal. Staff A stated that there was enough money, and the money was in a savings account. Staff A stated that they sent a new check for the licensing fee 4 to 5 days prior to this visit.

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)_____ .

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

_____ _____

Provider (or Representative) Date