STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Amen Life Adult Family Home LLC

Amen Life Adult Family Home LLC
1133 Ttereve Dr
Everett, WA 98203

RE: Amen Life Adult Family Home LLC License # 755255

Dear Provider:

This letter addresses Compliance Determination(s) 79577 (Completion Date 06/26/2026) and 77316 (Completion Date 05/13/2026).

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 Full report dated 05/13/2026. Your home is back in compliance as of 06/20/2026 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 388-76-10805-3, WAC 388-76-10475-1, WAC 388-76-10475-3-a, WAC 388-76-10750-1, WAC 388-76-10750-5-j, WAC 388-76-10750-7, WAC 388-76-10265-1-d, WAC 388-76-10290-1

The Department staff who did the on-site verification:
Kimberly Rush, Long Term Care Surveyor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
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

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 05/13/2026 of:
Amen Life Adult Family Home LLC
1133 Ttereve Dr
Everett, WA 98203

The following sample was selected for review during the unannounced on-site visit: 1 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

05/22/2025
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.

Haimi, RN
Provider (or Representative)

6/1/2026
Date

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure the smoke alarms in all areas of the home were interconnected as required. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 & 5), and staff at risk of harm and a possible delay in exiting the AFH in the event of a fire.

Findings included...

Observation, on 05/13/2026 at 9:36 AM, showed that five residents resided at the AFH. At 2:32 PM, the smoke alarms in the AFH were tested. It was observed that the smoke alarm in the downstairs hallway did not set off an alarm in Resident 3's bedroom. The smoke alarm in Resident 3's bedroom was then tested separately and showed that it did not set off the smoke alarm in Resident 1's bedroom. The upstairs hallway smoke alarm was tested and was observed not to set off the smoke alarm in Resident 2's bedroom. The smoke alarm in Resident 2's bedroom was then tested separately and showed that it did not set off the smoke alarm in the upstairs hallway. The other smoke alarms in the home set off an interconnected alarm.

During an interview, on 05/13/2026 at 2:32 PM, Staff A (Entity Representative) stated that they were unaware that the smoke alarms in the AFH were not all interconnected.

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During an interview, on 05/13/2026 at 2:52 PM, Staff B (Resident Manager) stated that they had recently gone around the AFH replacing some of the smoke alarms and their batteries. Staff B stated that they had not realized that the smoke alarms were not all interconnected.

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, Amen Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 6/20/2026

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

Haimi, RN
Provider (or Representative)

6/1/26
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure that 1 of 2 sampled residents (Resident 1) had an up-to-date medication log (ML) that was initialed, correct, and contained all necessary information. This failure placed Resident 1 at risk for medication errors and an ineffective medication regimen.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted] 2025 with multiple medical diagnoses. Resident 1's assessment, dated 07/30/2025, showed that Resident 1 required caregiver administration with medications.

Record review of Resident 1's May 2026 ML, showed the following:

- Acetaminophen Oral Tablet (a medication used to relieve pain and reduce fever) 325 milligrams (mg) take two tablets by mouth three times daily as needed (PRN).

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Review showed the ML did not include the frequency for which the Acetaminophen doses could be given to Resident 1. Review showed documentation that Resident 1's Acetaminophen was given at 2 PM, 6 PM and 9 PM on 05/10/2026.

- Nicotine Polacrilex mouth/throat gum 2 mg chew two pieces of gum every four hours PRN maximum 24 pieces/day. Review of the front of Resident 1's ML showed caregiver initials that Resident 1 was given a dose of their Nicotine Polacrilex on 05/02/2026. Review showed no caregiver initials that Resident 1 had been given their Nicotine Polacrilex on 05/03/2026.
- Hydroxyzine HCL Oral Tablet (an anti-anxiety medication) 50 mg take one tablet by mouth two times daily at 10 morning and one tablet at bedtime for anxiety/agitation PRN. Review of the front of Resident 1's ML showed caregiver initials that Resident 1 was given a dose of their Hydroxyzine HCL Oral Tablet on 05/09/2026. Review showed no caregiver initials that Resident 1 had been given their Hydroxyzine HCL Oral Tablet on 05/11/2026.

Record review of the designated charting on the back of Resident 1's May 2026 ML that included date/hour, medication/dosage, reason, results/response and hour/initials showed the following:

- No documentation on the back of the ML that Resident 1 was given their Nicotine Polacrilex on 05/02/2026. Documentation that Resident 1's Nicotine Polarcrilex was given at 5 PM on 05/03/2026.
- Documentation that Resident 1's Hydroxyzine HCL Oral Tablet was given at 6 PM on 05/09/2026 and at 6 PM on 05/11/2026.

During an interview, on 05/13/2026 at 11:30 AM, Staff A (Entity Representative) and Staff B (Resident Manager) acknowledged that the documentation on the front of Resident 1's ML did not match up with the documentation on the back of Resident 1's ML. Staff A stated that they believed Staff C (Caregiver) forgot to initial the front of Resident 1's ML to show that Resident 1 was given their Hydroxyzine HCL Oral Tablet on 05/11/2026.

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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, Amen Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 6/20/2026

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

Haun, RN — Provider (or Representative)

6/01/2026 — 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:

(j) Artificial and natural light;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure that all light switches in the home functioned properly and that all furnishings were sanitary and maintained in good repair. Additionally, the AFH failed to ensure that toxic chemicals with hazardous materials were secured in locked storage. These failures placed 5 of 5 ambulatory residents (Resident 1, 2, 3, 4 & 5) health, safety, and quality of life at risk.

Findings included...

During an interview, on 05/13/2026 at 9:49 AM, Staff A (Entity Representative) stated that five residents resided at the AFH. Staff A stated that all residents were independent with mobility and ambulation.

Observation of Resident 3's unlocked bedroom B, on 05/13/2026 at 9:10 AM, showed a bottle of cooling gel with aloe vera (a topical analgesic used for sunburns) on their window seal. Observation showed a bottle of sunscreen on top of their dresser.

Observation of Resident 1's unlocked bedroom [redacted] on 05/13/2026 at 9:11 AM, showed a

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spray bottle of sunscreen sitting on the floor next to their bed.

Observation of the unlocked downstairs bathroom 1, on 05/13/2026 at 9:17 AM, showed a spray container of Lysol (a cleaning product) in the under-sink cabinet left side drawer. Observation showed that the middle drawer section of the under-sink cabinet had a missing plank of wood. Observation showed that the sink faucet and handles had built up a white and blue residue.

Observation of the unlocked upstairs bathroom 3, on 05/13/2026 at 9:34 AM, showed that the sink faucets and handles had built up a white and blue residue. Observation showed blue tape covering the right light switch. Observation showed that when the right light switch was flipped to the downward position it immediately sprung back upward, turning on the overhead light in the bathroom. Observation showed that the right light switch did not remain in the fixed down position and did not turn off the overhead bathroom light as designed.

During an interview, on 05/13/2026 at 9:17 AM, Staff C (Caregiver) stated that the Lysol spray had been unlocked because they had just cleaned bathroom 1. Staff C stated that a resident removed the wooden plank on the under-sink cabinet in bathroom 1. Staff C stated that they had tried to clean the bathroom faucet and sink handles, but the residue remained. At 9:34 AM, Staff C stated that a resident continually flipped the upstairs bathroom 3 light switch back and forth.

During an interview, on 05/13/2026 at 9:34 AM, Staff A stated that they had been unaware that the light switch in the upstairs bathroom 3 did not work properly. At 2:46 PM, Staff A acknowledged that the bottles of sunscreen had been unsecured and stated that they had not known that Resident 3 had cooling gel in their bedroom. Staff A stated that they contacted someone to repair the missing wooden plank on the under-sink cabinet in the downstairs bathroom 1.

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, Amen Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 06/20/26

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

Haimi, RN
Provider (or Representative)

6/01/2026
Date

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WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home (AFH) failed to ensure 1 of 3 sampled staff (Staff E, Caregiver) completed Tuberculosis (TB, a bacterial infection spread through air) testing within three days of their hire date. Additionally, the AFH failed to ensure that Staff E had a chest X-ray within seven days of their positive TB test result. These failures placed residents and staff at risk of being exposed to a communicable disease.

Findings included...

Per WAC 388-76-10290(1), the AFH must ensure a person has a chest X-ray within seven days when there is a positive TB skin or blood test.

Observation, on 05/13/2026 at 9:37 AM, showed 5 residents resided at the AFH. Observation showed Staff C and E on shift working at the AFH.

<Staff E>
Record review of Staff E's employee file, undated, showed Staff E was hired at the AFH on 09/12/2025. Review showed that Staff E had a positive TB blood test on 09/19/2025 – seven days after their date of hire. Review showed that Staff E had a normal chest X-ray on 10/08/2025 – nineteen days after their positive TB test result.

During an interview, on 05/13/2026 at 2:06 PM, Staff B (Resident Manager) stated that they documented Staff E's hire date prior to when they began working with residents. Staff B stated that Staff E did not work with residents until after the AFH had received their TB test results. Staff B stated that they had not known that a chest X-ray was required within seven days of a positive TB skin or blood test result.

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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, Amen Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 06/20/2026

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

Haimi, RN
Provider (or Representative)

06/01/26
Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

05/22/2026

Amen Life Adult Family Home LLC
Amen Life Adult Family Home LLC
1133 Ttereve Dr
Everett, WA 98203

RE: Amen Life Adult Family Home LLC # 755255

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/13/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

- Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/13/2026), no later than 06/27/2026 or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(c) Be kept confidential so that only authorized persons see their contents;

The adult family home (AFH) failed to ensure that current and former resident records were kept confidential and secure. Staff relocated the resident records into a locked closet, correcting the deficiency by the exit conference.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

(12) The residency agreement for residents with medicaid as a payor.

The adult family home (AFH) failed to ensure residents' records included their social security number and written residency agreement. Appropriate documentation was entered into the residents' records, correcting the deficiency by the exit conference.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

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• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit B
Residential Care Services

Renee' Bourque

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request

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and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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