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

Precious Home Services LLC

Precious Home Services LLC
3001 14th St SE
Auburn, WA 98092

RE: Precious Home Services LLC License # 756069

Dear Provider:

This letter addresses Compliance Determination(s) 84360 (Completion Date 09/28/2026) and 82230 (Completion Date 08/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/28/2026 and found that you have corrected the violations listed in the Full report dated 08/24/2026. Your home is back in compliance as of 09/08/2026 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 388-76-10355-7-b, WAC 388-76-10575-1-a, WAC 388-76-10685-2-b, WAC 388-76-10750-1, WAC 388-76-10805-2-a, WAC 388-76-10805-3

The Department staff who did the on-site verification:
Elaine Ross Angeles, Licensor

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

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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 #: 756069	Compliance Determination # 82230
Plan of Correction	Precious Home Services LLC	Completion Date
Page 1 of 8	Licensee: Precious Home Services LLC	08/24/2026

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 08/13/2026 of:

Precious Home Services LLC
3001 14th St SE
Auburn, WA 98092

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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 — 8-26-2026 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.

Laetitia NJoku — Provider (or Representative) — 09/08/2026 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:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

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 1 resident's (Resident 1) Negotiated Care Plan (NCP) addressed unsafe smoking. This failure placed all residents and staff at potential risk of exposure to secondhand smoke and placed the AFH at risk of a fire.

Findings included...

On 08/13/2026 at 9:29 AM, observation showed Resident 1 walked out of the AFH's back slider door onto the deck to smoke. Further observation showed Resident 1 was seated near a window on the back deck while smoking.

A review of Resident 1's NCP dated 05/22/2026 showed Resident 1 was admitted to the AFH on [redacted]/2026. Further review showed staff were to encourage the resident to smoke outside. There was no further information in Resident 1's NCP regarding smoking.

In an interview on 08/13/2026 at 9:32 PM, Staff A, Entity Representative/Resident Manager, stated that they did not have a smoking policy, that they had not written one

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yet.

A review of the AFH's undated Exhibit 4 "Facility Rules and Policies" showed no smoking was allowed in the AFH or in resident bedrooms.

On 08/13/2026 at 10:40 AM, observation showed a green chair in front of a window in the corner of the AFH's back deck. Further observation showed an empty coffee can and a flowerpot next to the green chair. In addition, observation showed the can and flowerpot contained cigarette butts.

In an interview on 08/13/2026 at 10:41 AM, Staff A stated that the residents in the AFH did not follow smoking rules. Staff A further explained that the residents were supposed to smoke in the backyard and pointed to a table in the yard, stating that they were not permitted to smoke on the deck.

A review of RCW 70.160.075 showed smoking was prohibited within 25 feet of entrances, exits, and windows.

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, Precious Home Services LLC is or will be in compliance with this law and / or regulation on (Date) 09/08/2026.

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

Loretta NJoki — Provider (or Representative)

09/08/2026 — Date

WAC 388-76-10575 Resident rights Privacy.

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(a) The home;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the privacy of 3 of 4 residents (Residents 2, 3, and 4) was protected and maintained in the AFH. This failure deprived Residents 2, 3, and 4 of privacy in their bedrooms.

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Findings included...

On 08/13/2026 at 10:08 AM, observation showed in 1 of 3 bedrooms (Bedroom [redacted]) used by Resident 3 had multiple blinds missing from the bedroom window. Further observation showed that the missing blinds allowed others to see inside the resident's bedroom.

In an interview on 08/13/2026 at 10:09 AM, Staff A, Entity Representative/Resident Manager, stated that they did not know what happened to the blinds.

On 08/13/2026 at 10:20 AM, observation showed that more than half of the blinds covering the window in Bedroom [redacted] shared by Residents 2 and 4 were missing. Further observation showed that the missing blinds allowed others to see inside the residents' bedroom.

In an interview on 08/13/2026 at 10:21 AM, Staff A stated that Resident 4 had removed the blinds from the window.

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, Precious Home Services LLC is or will be in compliance with this law and / or regulation on (Date) 09/08/2026.

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

Laetitia Njoku — 09/08/2026

Provider (or Representative) — Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a window in 1 of 3 bedrooms (Bedroom [redacted]) used by 1 of 1 resident (Resident 1) had a window screen. This failure placed Resident 1 at risk of insect-borne diseases.

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Findings included...

On 08/13/2026 at 10:01 AM, observation showed the window in Bedroom [redacted] had no window screen.

In an interview on 08/13/2026 at 10:03 AM, Staff A, Entity Representative/Resident Manager, stated that they did not know what happened to the window screen.

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, Precious Home Services LLC is or will be in compliance with this law and / or regulation on (Date) 09/08/2026

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

Laetha Njoku — Provider (or Representative)

09/08/2026 — 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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the AFH was internally and externally in good repair with a comfortable homelike environment. This failure placed all residents (Residents 1, 2, 3, and 4) at risk of decreased quality of life.

Findings included...

On 08/13/2026 at 10:08 AM, observation showed in 1 of 3 bedrooms (Bedroom [redacted]) used by Resident 3 multiple blinds missing from the bedroom window. Further observation showed no doors on the bedroom closet.

In an interview on 08/13/2026 at 10:09 AM, Staff A, Entity Representative/Resident Manager, stated that they did not know what happened to the window blinds. Staff A further stated that the outside of the closet doors were glass and a former resident had an issue with seeing people in the reflection. Staff A further stated that the closet doors

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had been removed and placed in the garage. In addition, Staff A stated that the former resident had discharged from the AFH in [redacted] 2026.

On 08/13/2026 at 10:20 AM, observation showed 1 of 3 bedrooms (Bedroom [redacted]) used by (Resident 2 and Resident 4) bedroom window were missing more than half of the window blinds. Further observation showed multiple blinds on the floor of the residents closet.

In an interview on 08/13/2026 at 10:21 AM, Staff A stated that Resident 4 had removed the blinds from the window.

On 08/13/2026 at 10:23 AM, observation showed 4 pieces of fabric hung from a rod in the living room window. Further observation showed small clips on the rod similar to those used for window blinds. In addition, observation showed Staff A unclipped the fabric from the rod and then it was possible to see through the window. Observation showed the piece of fabric on the far right side was discolored with multiple reddish/brown spots on the fabric.

In an interview on 08/13/2026 at 10:24 AM, Staff A stated that when they became the owner of the AFH, the pieces of fabric had already been in the window. Staff A further stated that the landlord of the AFH had placed the pieces of cloth in the window.

On 08/13/2026 at 10:26 AM, observation showed a small wood shelving unit near the living room window. Further observation showed a vertical piece of wood inside the unit. In addition, the shelving unit appeared to have a horizontal track inside the unit. Further observation showed the right side of the shelving unit was missing.

In an interview on 08/13/2026 at 10:28 AM, Staff A stated that the unit was still operational and opened the bottom door.

On 08/13/2026 at 10:34 AM, observation showed multiple blinds in the family room window that would not open or close. Further observation showed one blind was missing.

In an interview on 08/13/2026 at 10:35 AM, Staff A stated that they thought the environmental tour was focused on the resident bedrooms and not the rest of the AFH.

On 08/13/2026 at 10:42 AM, observation showed the gate that led from the deck to steps into the AFH backyard would not close.

In an interview on 08/13/2026 at 10:43 AM, Staff A stated that they were not aware the gate was unable to close.

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Scanned with CamScanner

On 08/13/2026 at 10:50 AM, observation showed almost all of the anti-slip tape was missing from the walking surface of the ramp leading to the front door of the AFH.

In an interview on 08/13/2026 at 10:51 AM, when it was pointed out that the non-slip surfaces on the ramp were missing, Staff A stated "oh."

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, Precious Home Services LLC is or will be in compliance with this law and / or regulation on (Date) 09/08/2026

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

Laetitia Njoku — Provider (or Representative)

09/08/2026 — Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

(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 1 of 3 bedrooms (Bedroom [redacted]) used by 1 of 1 resident (Resident 3) had a smoke alarm. In addition, the AFH failed to ensure 1 of 3 bedrooms (Bedroom [redacted]) used by 1 of 1 resident (Resident 1) smoke alarm was interconnected, that activation of the alarm activated all smoke alarms in the AFH when tested. This failure placed all 4 residents at risk of harm or serious injury in the event of a fire.

Findings included...

On 08/13/2026 at 10:07 AM, observation showed the smoke alarm was missing in Bedroom [redacted].

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In an interview on 08/13/2026 at 10:08 AM, Staff A, Entity Representative/Resident Manager, stated that they had ordered a smoke alarm for the bedroom.

On 08/13/2026 at 11:00 AM, observation showed Staff A activated the smoke alarm in Bedroom [redacted]. Further observation showed the alarm did not activate the other smoke alarms in the AFH.

In an interview on 08/13/2026 at 11:02 AM, Staff A stated that they were not aware the smoke alarm in Bedroom [redacted] was not 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, Precious Home Services LLC is or will be in compliance with this law and / or regulation on (Date) 09/08/2026

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

Laetitia NJoku — 09/08/2026

Provider (or Representative) — Date

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