STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Comfort Senior Care LLC

Comfort Senior Care LLC
17200 NE 199th St
Battle Ground, WA 98604

RE: Comfort Senior Care LLC License # 756125

Dear Provider:

This letter addresses Compliance Determination(s) 84084 (Completion Date 09/18/2026) and 81246 (Completion Date 07/29/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/18/2026 and found that you have corrected the violations listed in the Full report dated 07/29/2026. Your home is back in compliance as of 08/28/2026 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 388-76-10485-3, WAC 388-76-10315-1-g, WAC 388-76-10463-3

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 07/27/2026 of:
Comfort Senior Care LLC
17200 NE 199th St
Battle Ground, WA 98604

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

Statement of Deficiencies	License #: 756125	Compliance Determination #: 81246
Plan of Correction	Comfort Senior Care LLC	Completion Date
Page 2 of 5	Licensee: Comfort Senior Care LLC	07/29/2026

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.

Jennifer LeMaster
Residential Care Services

08/04/2026
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.

Provider (or Representative)

08/12/26
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure medications were locked at all times when stored in the refrigerator. This deficient practice placed three of six residents [Resident 1 (R1), Resident 5 (R5) and Resident 6 (R6)] at risk for accessing medications not intended for their use.

Findings included...

During the onsite initial interview with the Provider on 07/27/2026 at 10:45 AM the Provider stated R1, R5, and R6 were independent with movement with the use of a walker or wheelchair. During the tour of the AFH on 07/28/2026 at 11:27 AM a supply of insulin was observed in the resident's refrigerator that was unlocked. The Provider did have a lock box available; the box was not large enough to accommodate the supply of insulin in the refrigerator.

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.

Jennifer LeMaster
Residential Care Services

08/04/2026
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.

Provider (or Representative)

Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure medications were locked at all times when stored in the refrigerator. This deficient practice placed three of six residents [Resident 1 (R1), Resident 5 (R5) and Resident 6 (R6)] at risk for accessing medications not intended for their use.

Findings included...

During the onsite initial interview with the Provider on 07/27/2026 at 10:45 AM the Provider stated R1, R5, and R6 were independent with movement with the use of a walker or wheelchair. During the tour of the AFH on 07/26/2026 at 11:27 AM a supply of Insulin was observed in the resident's refrigerator that was unlocked. The Provider did have a lock box available; the box was not large enough to accommodate the supply of Insulin in the refrigerator.

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

Statement of Deficiencies	License #: 756725	Compliance Determination #: 21245
Plan of Correction	Comfort Senior Care LLC	Completion Date
Page 3 of 5	Licensee: Comfort Senior Care LLC	07/29/2026

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, Comfort Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 08/28/26.

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

/ Signature Urav — 08/12/26

Provider (or Representative) — Date

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

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure one of six resident records (Resident 5 (R5)) were available for review by the Department during the full inspection. This deficient resulted in the Department not being able to review required information for R5.

Findings included...

Resident record review was conducted with the Provider on 07/27/2026 at 11:40 AM. The Provider stated R5 had a fall in 04/2026, fractured their hip, and personal care services had changed. Documents not located in R5's record.

1. R5's record had an assessment titled, "Assessment details – current annual" dated 04/03/2025 (over a year old). R5 record did have an abbreviated assessment titled, "Service Summary" (Summary of full assessment) dated 04/30/2026. The Provider stated they did not know they did not have a copy of the 04/30/2026 assessment and called R5's case manager and requested a copy.

2. The Negotiated Care Plan (NCP) was dated 02/20/2026. The NCP identified R5 was independent with bed mobility and transfers. (R5 was observed using a wheelchair during the entrance onsite of 07/27/2026 at 10:43 AM). The Provider stated on 07/27/2026 at 11:44 AM an updated NCP had been created after R5's fall. The Provider stated the updated NCP was on the computer and the staff member who could access the updated NCP was not available. The AFH sent an electronic message with R5's

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, Comfort Senior Care 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

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:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure one of six resident records [Resident 5 (R5)] were available for review by the Department during the full inspection. This deficient resulted in the Department not being able to review required information for R5.

Findings included...

Resident record review was conducted with the Provider on 07/27/2026 at 11:40 AM. The Provider stated R5 had a fall in 04/2026, fractured their hip, and personal care services had changed. Documents not located in R5's record:

1. R5's record had an assessment titled, "Assessment details – current annual" dated 04/03/2025 (over a year old). R5 record did have an abbreviated assessment titled, "Service Summary" (Summary of full assessment) dated 04/30/2026. The Provider stated they did not know they did not have a copy of the 04/30/2026 assessment and called R5's case manager and requested a copy.

2. The Negotiated Care Plan (NCP) was dated 02/20/2026. The NCP identified R5 was independent with bed mobility and transfers. (R5 was observed using a wheelchair during the entrance onsite of 07/27/2026 at 10:43 AM). The Provider stated on 07/27/2026 at 11:44 AM an updated NCP had been created after R5's fall. The Provider stated the updated NCP was on the computer and the staff member who could access the updated NCP was not available. The AFH sent an electronic message with R5's

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

Statement of Deficiencies	License #: 756125	Compliance Determination #: 81246
Plan of Correction	Comfort Senior Care LLC	Completion Date
Page 4 of 5	Licensee: Comfort Senior Care LLC	07/29/2026

updated NCP on 07/27/2026 at 11:04 PM showing it was dated 05/04/2026. The NCP was not signed by the Provider or R5's representative.

3. Nurse delegation – R5's resident record did not contain current 90-day nursing visit documentation. The last dated visit documentation available was from 2025. The Provider was unable to find visit notes from 2026. The AFH sent an electronic message on 07/27/2026 at 11:04 PM with nurse documentation of a 90 day visit on 07/28/2026.

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, Comfort Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 08-28-26 .

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

Provider (or Representative) — Date: 08/28/26

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interviews and record review the Adult Family Home (AFH) failed to include known behaviors, the use of psychopharmacologic medication, and develop strategies for known behaviors on the Negotiated Care Plan (NCP) for one of six sampled residents (Resident 5 (R5)). This deficient practice placed R5 at risk for unmet care needs.

Findings included...

Resident 5's record review showed an admission date of 10/29/2024 with a diagnosis of [redacted]. Record review showed R5 fell when out with a family member and was diagnosed with [redacted] in 04/2026. R5 returned to the AFH following hip repair.

On 07/27/2026 at 10:45 AM during the onsite / resident characteristic review, the Provider stated residents at the home did not have known behaviors and behavioral medications were not being used. The Provider stated Resident 5 (R5) had a fall out of

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

updated NCP on 07/27/2026 at 11:04 PM showing it was dated 05/04/2026. The NCP was not signed by the Provider or R5's representative.

3. Nurse delegation – R5's resident record did not contain current 90-day nursing visit documentation. The last dated visit documentation available was from 2025. The Provider was unable to find visit notes from 2026. The AFH sent an electronic message on 07/27/2026 at 11:04 PM with nurse documentation of a 90 day visit on 07/28/2026.

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, Comfort Senior Care 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

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interviews and record review the Adult Family Home (AFH) failed to include known behaviors, the use of psychopharmacologic medication, and develop strategies for known behaviors on the Negotiated Care Plan (NCP) for one of six sampled residents (Resident 5 (R5)). This deficient practice placed R5 at risk for unmet care needs.

Findings included...

Resident 5's record review showed an admission date of 10/29/2024 with a diagnosis of [redacted]. Record review showed R5 fell when out with a family member and was diagnosed with [redacted] in 04/2026. R5 returned to the AFH following hip repair.

On 07/27/2026 at 10:45 AM during the onsite / resident characteristic review, the Provider stated residents at the home did not have known behaviors and behavioral medications were not being used. The Provider stated Resident 5 (R5) had a fall out of

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

Statement of Deficiencies	License #: 756125	Compliance Determination #: 1246
Plan of Correction	Comfort Senior Care LLC	Completion Date
Page 5 of 5	Licensee: Comfort Senior Care LLC	07/29/2026

their wheelchair the day prior when attempting to roll up their rug in their room.

During the tour of the AFH on 07/27/2026 at 10:56 AM R5 was sitting on the side of their bed attempting to roll a large rug in their room. The Provider removed the rug from R5's room.

Resident record review showed a medication used to treat anxiety (Buspirone) was being given to R5. R5's Negotiated Care Plan (NCP) dated 02/02/2026 did not identify R5 was receiving an anti-anxiety medication, what symptoms R5 had for anxiety, or staff interventions on how to address known behaviors.

The Provider stated on 07/27/2026 at 11:46 AM the anti-anxiety medication was new and they did not think of updating the NCP. The Provider stated an updated NCP had been developed though it was not available. The AFH sent an updated NCP to the Department on 07/27/2026 at 11:04 PM for R5. The NCP did identify R5 was receiving medication for anxiety and dementia. A plan had been developed to address R5's anxiety and interventions on how staff were to address symptoms.

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, Comfort Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 08/28/26

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

Corina Z Ursu — 08/12/26

Provider (or Representative) — Date

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

their wheelchair the day prior when attempting to roll up their rug in their room.

During the tour of the AFH on 07/27/2026 at 10:56 AM R5 was sitting on the side of their bed attempting to roll a large rug in their room. The Provider removed the rug from R5's room.

Resident record review showed a medication used to treat anxiety (Buspirone) was being given to R5. R5's Negotiated Care Plan (NCP) dated 02/02/2026 did not identify R5 was receiving an anti-anxiety medication, what symptoms R5 had for anxiety, or staff interventions on how to address known behaviors.

The Provider stated on 07/27/2026 at 11:48 AM the anti-anxiety medication was new and they did not think of updating the NCP. The Provider stated an updated NCP had been developed though it was not available. The AFH sent an updated NCP to the Department on 07/27/2026 at 11:04 PM for R5. The NCP did identify R5 was receiving medication for anxiety and dementia. A plan had been developed to address R5's anxiety and interventions on how staff were to address symptoms.

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, Comfort Senior Care 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

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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Comfort Senior Care LLC
Comfort Senior Care LLC
17200 NE 199th St
Battle Ground, WA 98604

RE: Comfort Senior Care LLC # 756125

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/29/2026 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:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

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

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/29/2026), no later than 09/12/2026 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 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

The Adult Family Home (AFH) failed to have a system to ensure residency agreements were signed for one of one sampled resident (Resident 5 - payment by [redacted]). The Provider stated on 07/27/2026 at 11:51 AM they were not aware of this new requirement and will have residency agreements signed.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

During administrative record review the Provider's name and date of birth background inquiry had expired on 10/11/2025. The Provider stated on 07/27/2026 at 12:18 PM a new background inquiry had been completed and would send the results within 24 hours. An electronic message was sent on 07/27/2026 at 10:55 PM. The Providers date of birth background inquiry had been completed at another Adult Family Home on 07/13/2026 - with negative results (months after the 11/2025 inquiry had expired).

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

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Adult Family Home (AFH) staff performed blood glucose monitoring for Resident 2. The AFH did not have a Medical Test Stie Waiver (MTSW). The AFH is required to have a MTSW per Washington Administrative Code (WAC) 248-338-020 (1). The Provider stated on 07/27/2026 at 12:38 PM they had mailed an application with a check in a few weeks ago.

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.

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

If You Have Any Questions:

• Please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

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:

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

• 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:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

---

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

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