STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Bethel Adult Family Home LLC

Bethel Adult Family Home LLC
1826 N 198th Street
Shoreline, WA 98133

RE: Bethel Adult Family Home LLC License # 756424

Dear Provider:

This letter addresses Compliance Determination(s) 83300 (Completion Date 09/03/2026) and 82653 (Completion Date 08/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/03/2026 and found that you have corrected the violations listed in the Complaint report dated 08/24/2026. 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the off-site verification:
Tekeste Demissie, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

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

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

STATE OF WASHINGTON
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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 08/21/2026 of:

Bethel Adult Family Home LLC
4003 227th Pl SW
Mountlake Terrace, WA 98043

This document references the following complaint number(s): 234286

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Tekeste Demissie, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 756424	Compliance Determination #:826553
Plan of Correction	Bethel Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Bethel Adult Family Home LLC	08/24/2026

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.

Renee' Bourque
Residential Care Services

08/26/2026
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.

Ruth Bisson
Provider (or Representative)

08/28/2026
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 ensure they paid their annual AFH license fee of $2700 before the due date on 06/15/2026. This failure resulted in the AFH operating without a valid license since 06/16/2026.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 08/21/2026, showed the AFH did not pay their annual licensing fee. The Department database showed the balance as $2700.

Observation, on 08/21/2026 at 9:52 AM, showed the AFH operating with four residents. The AFH had necessary services (running water, electricity, and cable.)

In an interview, on 08/21/2026 at 10:28 AM, Staff A, Entity Representative, stated that

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Residential Care Services | Date

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Provider (or Representative) | Date

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they paid their annual AFH license fee of $2700 before the due date on 06/15/2026. This failure resulted in the AFH operating without a valid license since 06/16/2026.

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In an interview, on 08/21/2026 at 10:26 AM, Staff A, Entity Representative, stated that

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Statement of Deficiencies	License # 756424	Compliance Determination # 82553
Plan of Correction	Bethel Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Bethel Adult Family Home LLC	08/24/2026

they were unaware the annual license fee was not unpaid. Staff A stated that Staff B, Office Assistant, was responsible for paying the fee. Staff A stated that they would find out the status of the payment.

In a follow-up voice message, on 08/21/2026 at 10:59 AM, Staff A stated that Staff B had sent a payment to DSHS in May of 2026. Staff A stated that they would send proof of payment.

In a follow-up message, on 08/21/2026 at 10:46 AM, Staff A sent a copy of a check dated 05/25/2026, to the Department for different AFH. Staff A also sent a mail receipt from postal service dated 08/21/2026.

In a follow-up interview, on 08/24/2026 at 10:57 AM, Staff A stated that they could not find proof of payment. Staff A stated they had already sent a new payment.

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, Bethel Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/28/26.

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

Ruth Bishu — 8/28/26

Provider (or Representative) — Date

- $2,700 payment made on 8/21/26
  Copy of proof of payment attached
- System created to monitor bills/payments.

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

_____ _____

Provider (or Representative) Date

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