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

Comfort Zone AFH LLC
1 A Comfort Zone AFH
3204 153rd street sw
Lynnwood, WA 98087

RE: # 1 A Comfort Zone AFH License # 756511

Dear Provider:

This letter addresses Compliance Determination(s) 80517 (Completion Date 07/15/2026) and 79222 (Completion Date 06/18/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/15/2026 and found that you have corrected the violations listed in the Full report dated 06/18/2026. Your home is back in compliance as of 06/18/2026 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 388-76-10805-2-b

The Department staff who did the on-site verification:
Hang Lu, Licensor

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

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 06/17/2026 of:

1 A Comfort Zone AFH
22301 44th Ave W
Mountlake Terrace, WA 98043

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:

Hang Lu, Licensor

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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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

6/22/2026
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 Kidane
Provider (or Representative)

07/06/2026
Date

WAC 388-76-10805 Automatic smoke alarms.

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

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a smoke detector was installed in the area where 2 of 2 live-in caregivers (Staff B & C) slept. This failure placed Residents 1, 2, 3, 4, and 5 at risk for injury due to a delayed warning in the event of a fire emergency.

Findings included...

Observation and interview, on 06/17/2026 at 3:05 PM, showed Staff D, Affiliated Individual, walking the Regulator to the bedroom next to the kitchen. Staff D stated that Staff B & C, Caregivers, slept in this bedroom. Observations showed there was no smoke detector inside the caregivers' bedroom or in the immediate vicinity.

In an interview, on 06/17/2026 at 3:35 PM, Staff D reported that they had converted the garage area into the caregivers' bedroom. Staff A, Entity Representative, stated that they would call someone to come to the AFH right away to install a smoke detector in the caregivers' bedroom.

Review of an email correspondence, dated 06/18/2026, showed Staff A reporting that an electrician had come to the AFH on this day (06/18/2026) to install the smoke detector. Staff A also sent a picture of the new smoke detector in the caregivers' bedroom.

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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, # 1 A Comfort Zone AFH is or will be in compliance with this law and / or regulation on (Date) 06/18/2026

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

Ruth Kiefaus — Provider (or Representative)

07/06/2026 — Date

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Comfort Zone AFH LLC
1 A Comfort Zone AFH
3204 153rd street sw
Lynnwood, WA 98087

RE: # 1 A Comfort Zone AFH # 756511

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/18/2026 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 I
Preferred methods:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/18/2026), no later than 08/02/2026 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

The Adult Family Home failed to have documentation that they had provided Resident 1's Resident Representative (RR) with information regarding the risks of using the [redacted] and obtained a safety assessment from a qualified assessor to determine Resident 1's need and safe use of the [redacted] Staff A, Entity Representative, promptly had Resident 1's RR review the Guide to Bed Safety pamphlet and sign the consent to use the [redacted] Staff A also obtained a [redacted] safety assessment from Resident 1's hospice nurse. This deficiency was corrected by the end of the full inspection.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

The Adult Family Home failed to have a copy of Staff B's fingerprint-based check (FBC) on record. Staff A, Entity Representative, promptly contacted the Background Check Unit and received a copy of Staff B's FBC. This deficiency was corrected by the end of the full inspection.

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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 (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
• 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 I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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

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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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