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

Cedar View Adult Family Home LLC

Cedar View Adult Family Home LLC
22209 90th Ave W
Edmonds, WA 98026

RE: Cedar View Adult Family Home LLC License # 756519

Dear Provider:

This letter addresses Compliance Determination(s) 80545 (Completion Date 07/15/2026) and 78944 (Completion Date 06/19/2026).

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 06/19/2026. Your home is back in compliance as of 06/25/2026 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 388-76-10750-7, WAC 388-76-10315-1-c, WAC 388-76-10315-1-e, WAC 388-76-10530-2, WAC 388-76-10380-4

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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

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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 06/12/2026 of:

Cedar View Adult Family Home LLC
8513 Madrona Lane
Edmonds, WA 98026

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 inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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.

Residential Care Services — 06/30/2026 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.

Musse Bahta — Provider (or Representative) — 7/7/2026 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(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 all toxic substances were kept in a secured storage area. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for accidental chemical exposure.

Findings included...

Observation, on 06/12/2026 at 11:15 AM, showed the main kitchen under the sink cabinet had multiple bottles of cleaning solutions with many containing bleach. No lock was observed to be on the kitchen cabinet and Staff A (Provider) opened the cabinet with no special tools. In addition, inside resident bathroom #1 and in the common area hallway laundry room, there were additional unsecured cleaning chemicals observed.

In an interview, on 06/12/2026 at 11:15 AM, Staff A stated that the chemicals would be moved to be kept in secured storage.

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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, Cedar View Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 6/19/2026

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

Musse Bahta
Provider (or Representative)

7/7/2026
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:

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

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 4 of 4 residents had their personal medical and care records kept confidential and protected from loss, alteration, destruction and unauthorized use. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of a loss of privacy.

Findings included...

Observation, on 06/12/2026 at 11:20 AM, showed a staff working area in the common area hallway alcove. Within unsecured cabinets above the desk area, there were the medical and care records for 4 of 4 residents (Residents 1, 2, 3 and 4). Staff A (Provider) was observed opening the cabinet with no special tools.

In an interview, on 06/12/2026 at 11:25 AM, Staff A stated that they would have all resident records moved and kept in a secure area.

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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, Cedar View Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 6/19/2026

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

Musse Bahta — Provider (or Representative)

7/7/2026 — Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure an updated, signed, and dated copy of the notice of rights and services was on file for 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk for not being aware of all the services and rights for their care and quality of life.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident on [redacted]2023 with multiple diagnoses. A signed copy, dated 07/19/2023, of Resident 1's Admission Agreement which included services and rights was present in Resident's 1's file.

In an interview, on 06/12/2026 at 1:45 PM, Staff A (Provider) reported that they did not know the Admission Agreement must be reviewed and signed/dated at least every 24 months.

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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, Cedar View Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 6/25/2026

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

Musse Bahta — Provider (or Representative)

7/7/2026 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 1) had their Negotiated Care Plan (NCP) reviewed and revised at least every 12 months. This failure placed Resident 1 at risk of unmet care needs.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident on [redacted]2023 with multiple diagnoses. A signed copy, dated 07/07/2024, of Resident 1's NCP was the most current NCP present in Resident's 1's file.

In an interview, on 06/12/2026 at 1:50 PM, Staff A (Provider) reported that Resident 1's NCP would be reviewed with Resident 1 and signed.

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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, Cedar View Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/25/2026.

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

Musse Bahta
Provider (or Representative)

7/7/2026
Date

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06/30/2026

Cedar View Adult Family Home LLC
Cedar View Adult Family Home LLC
22209 90th Ave W
Edmonds, WA 98026

RE: Cedar View Adult Family Home LLC # 756519

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/19/2026 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

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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 (06/19/2026), no later than 08/03/2026 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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

Observation of Resident 1's medication box showed three pharmacy cards of the same medication with different doses. Resident 1's medication log showed the recent dose, and the caregiver who medicated Resident 1 knew the current dosage. The caregiver removed the other two pharmacy cards from Resident 1's medication box.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager

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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:
Cecile Leano, 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

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**

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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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