STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Buckley Care Adult Family Home, LLC
Buckley Care AFH
524 Mountain Cir
Buckley, WA 98321

RE: Buckley Care AFH License # 756846

Dear Provider:

This letter addresses Compliance Determination(s) 81431 (Completion Date 07/31/2026) and 79460 (Completion Date 07/02/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/31/2026 and found that you have corrected the violations listed in the Complaint report dated 07/02/2026. Your home is back in compliance as of 07/08/2026 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 388-76-10515-2, WAC 388-76-10515-3

The Department staff who did the on-site verification:
Lisa Charette, NCI AFH Complaint Investigator

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

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Statement of Deficiencies	License #: 756846	Compliance Determination # 79460
Plan of Correction	Buckley Care AFH	Completion Date
Page 1 of 4	Licensee: Buckley Care Adult Family Home, LLC	07/02/2026

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 an unannounced on-site complaint investigation on 06/25/2026 of:

Buckley Care AFH
524 Mountain Cir
Buckley, WA 98321

This document references the following complaint number(s): 226851

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 investigated the Adult Family Home:

Lisa Charette, NCI AFH Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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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 — 07/06/2026 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) — 7/8/2026 Date

WAC 388-76-10515 Resident rights Exercise of rights. The adult family home must:

(2) Protect and promote the rights of each resident and assist the resident to exercise the rights of a resident of the home and the state of Washington.

(3) Be free of interference, coercion, discrimination, and retaliation from the home in exercising the resident's rights; and

This requirement was not met as evidenced by:

Based on interviews and record reviews the Adult Family Home (AFH) failed to protect the exercise of resident rights for 1 of 6 residents (Resident 1). This failure placed the resident at risk for diminished quality of life.

Findings included...

RCW 70.128.200 Toll-free telephone number for complaints—Discrimination or retaliation prohibited.
(1) The department shall maintain a toll-free telephone number for receiving complaints regarding adult family homes.
(2) An adult family home shall post in a place and manner clearly visible to residents and visitors the department's toll-free complaint telephone number.
(3) No adult family home shall discriminate or retaliate in any manner against a resident on the basis or for the reason that such resident or any other person made a complaint to the department or the long-term care ombuds or cooperated with the investigation of such a complaint.

On 06/25/2026 a record review of a document titled "Notice of Discharge" and dated for 06/01/2026 showed the AFH's intention to discharge Resident 1 (R1) and stated the

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discharge was necessary for the resident's welfare, the resident's needs could not be met in the facility and the safety of individuals in the facility is endangered. The discharge notice gave the explanation to support the discharge action because R1's Power of Attorney (POA) constantly interfered in R1's care and complained about the care at the facility. The document further stated R1's POA called the DSHS Complaint hotline on numerous occasions, resulting in multiple investigations in the home, causing unnecessary distress and anxiety to the staff. The document stated the AFH had lost multiple caregivers due to R1 being verbally abusive to caregivers and was having staffing challenges with hiring overnight caregivers causing them to change their Disclosure of Services to reflect they would no longer have awake staff at night. The document was signed by Staff C (Provider).

On 06/25/2026 a record review of an email between the DSHS Social Worker and Staff C dated 06/02/2026 showed the social worker offering and encouraging the provider to utilize the Behavioral Health Support Team. Staff C responded to the social worker stating that AFH staff are not the problem, and that staff know how to handle behaviors. Staff C further stated in the email that "we have far greter (greater) issues at this time per my discharge notice."

On 06/25/2026 at 10:05 AM in an interview with Staff A (Caregiver) they reported R1 could be demanding at times and had no patience for waiting their turn and could be "short" with staff at times but was not verbally abusive, did not call staff names and did not act aggressively towards the staff.

On 06/25/2026 at 10:15 AM in an interview with R1, they reported they were happy at the AFH and they didn't want to move.

On 07/01/2026 at 12:37 PM in an interview, Staff C said they told R1's POA to sit down with them and Staff B (Resident Manager) to work out a resolution, but they instead "call the state (Department)." Staff C also said "R1's POA calls the state and complains and everyone protects them instead of telling them there is a better way to resolve problems than to call the state."

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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, Buckley Care AFH is or will be in compliance with this law and / or regulation on (Date) 7/8/2026

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

Provider (or Representative) — Date: 7/8/2026

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