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

ALOHA COMFORT LIVING LLC

ALOHA COMFORT LIVING LLC
17613 12th Ave W
Lynnwood, WA 98037

RE: ALOHA COMFORT LIVING LLC License # 757325

Dear Provider:

This letter addresses Compliance Determination(s) 82816 (Completion Date 08/26/2026) and 82428 (Completion Date 08/19/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/26/2026 and found that you have corrected the violations listed in the Complaint report dated 08/19/2026. Your home is back in compliance as of 08/20/2026 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 on-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.

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Statement of Deficiencies	License #: 757325	Compliance Determination # 82428
Plan of Correction	ALOHA COMFORT LIVING LLC	Completion Date
Page 1 of 3	Licensee: ALOHA COMFORT LIVING LLC	08/19/2026

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 08/18/2026 of:

ALOHA COMFORT LIVING LLC
17613 12th Ave W
Lynnwood, WA 98037

This document references the following complaint number(s): 234282

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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Page 2 of 3	Licensee: ALOHA COMFORT LIVING LLC	08/19/2026

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.

Rana' Bougue
Residential Care Services

08/20/2026
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.

Senait Tesfahiwet
Provider (or Representative)

8/24/2026
Date

WAC 388-78-10025 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 since06/16/2026.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 08/18/2026 showed the AFH did not pay their annual licensing fee. The Department database showed the balance as $2700.

Observation, on 08/18/2026 at 9:59 AM, showedthe AFH operating with three residents. The AFH had necessary services (running water, electricity, and cable.)

In an interview, 08/18/2026 10:28 AM, Staff A, Entity Representative, stated that they

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were unaware the annual license fee had been unpaid. Staff A stated they did not get the billing statement. Staff A stated that they would pay the outstanding balance.

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, ALOHA COMFORT LIVING LLC is or will be in compliance with this law and / or regulation on (Date) 8/20/2026.

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

Senait Tesfahiwot — Provider (or Representative)

8/24/2026 — Date

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