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

BRIGHT HOMES ADULT FAMILY HOME LLC

BRIGHT HOMES ADULT FAMILY HOME LLC
4124 188TH PL SW
Lynnwood, WA 98036

RE: BRIGHT HOMES ADULT FAMILY HOME LLC License # 757339

Dear Provider:

This letter addresses Compliance Determination(s) 80671 (Completion Date 07/20/2026) and 79227 (Completion Date 06/18/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/20/2026 and found that you have corrected the violations listed in the Follow up report dated 06/18/2026. Your home is back in compliance as of 07/20/2026 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 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10750-7, WAC 388-76-10750-6-c

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

Statement of Deficiencies	License #: 757339	Compliance Determination # 79227
Plan of Correction	BRIGHT HOMES ADULT FAMILY HOME LLC	Completion Date
Page 1 of 5	Licensee: BRIGHT HOMES ADULT FAMILY HOME LLC	06/18/2026

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 follow-up on 06/18/2026 of:
BRIGHT HOMES ADULT FAMILY HOME LLC
4124 188TH PL SW
Lynnwood, WA 98036

This document references the following SOD dated: 06/18/2026

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:

Farrah Sirous, Long Term Care Surveyor

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

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

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 — 06/25/2026 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) — 07/04/2026 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. Additionally, the AFH failed to ensure the medication box in the fridge was kept locked. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included...

Observation, on 06/18/2026 at 12:20 PM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation showed Residents 1, 2, 4 and 5 ambulated with medical devices and Resident 3 ambulated with staff assistance in the AFH.

<AFH fridge>
Observation of the AFH fridge on 06/18/2026 at 12:30 PM, showed a rectangular medication lock box in the fridge. Observation of the medication lock box showed the medication box was not locked. Observation of an unlocked medication box showed Resident 5's insulin pens (used for blood sugar) and eye drops. Further observation showed AFH staff kept the keys in the medication box in the fridge.

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In an interview and observation, on 06/18/2026 at 12:33 PM, Staff C, Caregiver, stated that they put resident medications in the box, and they might forget to lock the medication box. Staff C was observed to remove the keys from the medication box and locked the medication box before placing it back in the AFH fridge.

<AFH medication cabinet>
Observation, on 06/18/2026 at 12:35 PM, showed the AFH used the kitchen cabinet to store resident's medications. Observations showed the medication storage cabinet in the kitchen had child safety strap lock and the medication storage cabinets were unlocked.

In an interview, on 06/18/2026 at 12:37 AM, Staff C stated that they kept overflowing medication in the kitchen cabinet. Staff C stated that their handyman was scheduled to change the locks on the medication storage cabinet.

<Bedroom [redacted]>
Observation of bedroom [redacted], on 06/18/2026 at 12:40 PM showed Resident 4 resided in bedroom [redacted] and had no roommate. Observation showed bedroom [redacted] had a private bathroom. Observation of bedroom [redacted] bathroom showed a portable rectangular storage drawer. Observation of the storage top drawer showed a tube of Remedy Protectant Zinc Paste (used for skin irritation). Observation of unlocked tubes of Remedy paste showed it had no label.

<Bedroom [redacted]>
Observation of bedroom [redacted], on 06/18/2026 at 12:43 PM, showed Resident 3 resided in bedroom [redacted] and had no roommate. Observation showed Resident 3 was in bed and watching TV. Observation showed portable storage drawers next to Resident 3's bed. Observation of the storage middle drawer showed a tube of Leader brand Hemorrhoidal cream (used for hemorrhoid) in a Ziplock bag.

In an interview, on 06/18/2026 at 12:45 PM, Staff C stated that they locked prescribed medication and they were unaware of requirement to lock over the counter (OTC) medications.

In an interview, on 06/18/2026 at 1:10 PM, Staff A, Entity Representative, stated that they kept the medication box in the fridge locked and staff might get distracted and forgot to lock the medication box in the fridge. Staff A stated that they were planning to move resident's overflowing medications from the kitchen cabinet to the new locked storage. Staff A stated that they hired someone to change the child proof locks on the cabinet today around 5:00 PM. Staff A stated that they misunderstood the Plan of Correction (POC) dates to fix the deficiencies. The POC date was 06/18/2026 to be back in compliance.

This was a repeated deficiency previously cited on 06/02/2026.

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

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, BRIGHT HOMES ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 07/20/26 .

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

Provider (or Representative) — Date: 07/04/2026

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(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 the water temperature in a common area bathroom did not exceed 120 degrees Fahrenheit. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk from hot water burns.

Findings included...

Observation, on 06/18/2026 at 12:20 PM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation showed Residents 1, 2, 4 and 5 ambulated with medical devices and Resident 3 ambulated with staff assistance in the AFH.

Observation, on 06/18/2026 at 12:26 PM, showed the water temperature in the sink of the main bathroom (located in the hallway), used by residents was 124.1 degrees Fahrenheit.

In an interview, on 06/18/2026 at 12:27 PM, Staff C, Caregiver, stated that they hired a

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handyman to fix the water temperature.

In an interview, on 06/18/2026 at 1:12 PM, Staff A, Entity Representative, stated that they hired someone to adjust the water temperature today by 5:00 PM. Staff A stated that they misunderstood the Plan of Correction (POC) signed date which showed the AFH would be back in compliance by 06/18/2026.

This was a repeated deficiency previously cited on 06/02/2026.

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, BRIGHT HOMES ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 07/20/26 .

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

Provider (or Representative) — Date: 07/04/26

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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

Statement of Deficiencies	License #: 757339	Compliance Determination # 78081
Plan of Correction	BRIGHT HOMES ADULT FAMILY HOME LLC	Completion Date
Page 1 of 11	Licensee: BRIGHT HOMES ADULT FAMILY HOME LLC	06/02/2026

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 the unannounced on-site full inspection on 05/28/2026 of:
BRIGHT HOMES ADULT FAMILY HOME LLC
4124 188TH PL SW
Lynnwood, WA 98036

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:

Farrah Sirous, Long Term Care Surveyor

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

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

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

06/04/2026
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)

06/14/2026
Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have the assessment of 2 of 5 residents (Residents 1 and 4) updated at least every twelve months. This failure placed Residents 1 and 4 at risk of unmet needs.

Findings included...

Observation, on 05/28/2026 at 9:55 AM, showed Residents 1 and 4 lived in and received care from the AFH.

<Resident 1>
Review of Resident 1's records showed the AFH admitted Resident 1, who was a private pay, on [redacted]/2025. Records review showed Resident 1 had an assessment dated 03/27/2025. There was no assessment for Resident 1 in 2026.

<Resident 4>
Review of Resident 4's records showed the AFH admitted Resident 4, who was a private pay, on [redacted]/2024. Records review showed Resident 4 had an assessment dated 12/19/2024. There was no assessment for Resident 4 in 2025.

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In an interview, on 05/11/2026 at 12:40 PM, Staff A, Entity Representative, stated that there had been no changes in Residents 1 and 4's conditions. Staff A stated that their families might not agree to do assessments every year. Staff A stated that they would get a new assessment for Residents 1 and 4.

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, BRIGHT HOMES ADULT FAMILY HOME LLC 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.

Provider (or Representative) [signature] 06/14/2026 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 3 of 5 residents (Residents 1, 2 and 3) were agreed to, signed, and dated by the resident and/or their representative. This failure placed Residents 1, 2 and 3 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 05/28/2026 at 9:55 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

<Resident 1>
Record reviews showed the AFH admitted Resident 1 on [redacted]/2025. Review of Resident 1's NCP showed Staff A, Entity Representative, updated the NCP on 05/01/2025. There was no evidence Staff A had Resident 1 or their representative sign and date the NCP in May 2025. There was no evidence Resident 1's NCP reviewed and signed in 2026.

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<Resident 2>
Record reviews showed the AFH admitted Resident 2 on [redacted]/2025. Review of Resident 2's NCP showed Staff A updated and reviewed the NCP with Resident 2's on 04/18/2025. There was no evidence Staff A and Resident 2 reviewed, signed and dated the NCP in April 2026.

<Resident 3>
Record reviews showed the AFH admitted Resident 3 on [redacted]/2024. Review of Resident 3's NCP showed Staff A updated and reviewed the NCP with Resident 3's representative on 12/10/2024. There was no evidence Staff A and Resident 3 and/or their representative reviewed, signed and dated the NCP in December 2025.

In an Interview, on 05/28/2026 at 12:45 PM, Staff A stated that they reviewed Residents 1, 2 and 3's NCP with resident and/or their representative. Staff A stated that they had the records at their home office. Staff A stated they would update Residents 1, 2 and 3's records and keep the most recent reviewed/signed NCP in their records.

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, BRIGHT HOMES ADULT FAMILY HOME LLC 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.

Provider (or Representative) 06/14/2026 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. Additionally, the AFH failed to ensure the medication box in the fridge was kept locked. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury if they accessed and

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inappropriately took unlocked and unsecured medications.

Findings included...

Observation, on 05/28/2026 at 9:55 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation showed Residents 1, 2 and 4 ambulated with medical devices, Resident 3 ambulated with staff assistance in the AFH and Resident 5 was out of home.

<AFH fridge>
Observation of the AFH fridge on 05/28/2026 at 10:50 AM, showed a rectangular medication lock box in the fridge. Observation of the medication lock box showed the medication box was not locked. Observation of an unlocked medication box showed Resident 5's insulin pens (used for blood sugar) and eye drops.

In an interview and observation, on 05/28/2026 at 10:53 AM, Staff B, Caregiver, stated that they gave resident medications, and they might forget to lock the medication box. Staff B was observed to lock the medication box before placing it back in the AFH fridge.

<AFH medication cabinet>
Observation, on 05/28/2026 at 10:55 AM, showed the Afh used the kitchen cabinet to store resident's medications. Observations showed the medication storage cabinet in the kitchen had child safety strap lock and the medication storage cabinets were unlocked.

In an interview, on 05/28/2026 at 10:58 AM, Staff A, Entity Representative, stated that they kept overflowing medication in the kitchen cabinet and they were unaware of the requirement not to use the child safety locks.

<Bedrooms [redacted]>
Observation of bedroom [redacted], on 05/28/2026 at 11:13 AM showed Resident 4 resided in bedroom [redacted] and had no roommate. Observation showed bedroom [redacted] had a private bathroom. Observation of bedroom [redacted] bathroom showed a portable rectangular storage drawer. Observation of the storage top drawer showed a tube of Voltaren gel (used for pain) and a tube of Remedy Protectant Zinc Paste (used for skin irritation). Observation of unlocked tubes of gel and paste showed they had no labels.

In an interview and observation, on 05/28/2026 at 11:15 AM, Staff A stated that they were unaware of requirement to lock over the counter (OTC) medications. Staff A was observed to remove the unlocked OTC medications from the bathroom storage cabinet in room [redacted].

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<Bedrooms [redacted]>
Observation of bedroom [redacted], on 05/28/2026 at 11:20 AM, showed Resident 3 resided in bedroom [redacted] and had no roommate. Observation showed Resident 3 in bed and watching TV. Observation showed portable storage drawers next to Resident 3's bed. Observation of the storage top drawer showed a tube of Leader brand Hemorrhoidal cream (used for hemorrhoid) in a Ziplock bag.

In an interview, on 05/28/2026 at 11:22 AM, Staff A stated that Resident 3 self-administered their topical cream and they were unaware of the requirements to lock the OTC medications.

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, BRIGHT HOMES ADULT FAMILY HOME LLC 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.

Provider (or Representative) [signature] Date 06/14/2026

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute

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transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date].

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 3 of 5 residents (Residents 2, 3 and 5). This failure placed Residents 2, 3 and 5 at risk of not being fully aware of their rights.

Findings included...

Review of Residents 2, 3 and 5's records showed they were [redacted] payees. Further reviews showed Residents 2, 3 and 5 did not have a Residency Agreement as required.

In an interview, on 05/28/2026 at 12:50 PM, Staff A, Entity Representative, stated that they were not aware of the new requirement.

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, BRIGHT HOMES ADULT FAMILY HOME LLC 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.

Provider (or Representative) [signature] Date 06/14/2026

WAC 388-76-10650 Medical devices.

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

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(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 4 of 5 residents (Residents 1, 2, 3 and 5) had the required safety assessment and the necessary care planning outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Residents 1, 2, 3 and 5 at risk of harm from injury if the [redacted] were not used properly.

Findings included...

Observation, on 05/28/2026 at 9:55 AM, showed Residents 1, 2, 3 and 5 lived in and received care from the AFH. Further observation showed Residents 1 and 2 ambulated with medical devices, Resident 3 ambulated with staff assistance and Resident 5 was out of the AFH.

<Resident 1>
Observation of Resident 1's bedroom (bedroom [redacted]), on 05/28/2026 at 11:17 AM, showed one-half [redacted] on the left upper side of Resident 1's [redacted]. Observation showed the [redacted] were in down position.

Review of records showed Resident 1's assessment, dated 03/27/2025, did not include the reasons Resident 1 needed the [redacted] and had not identified Resident 1's ability to safely use the [redacted]. Review of Resident 1's negotiated care plan (NCP), dated 05/01/2025, did not address Resident 1's [redacted] use information. Review of Resident 1's records showed there was no document of a consent form for safety and risks of [redacted] use in Resident 1's records.

<Resident 2>
Observation of Resident 2's bedroom (bedroom [redacted]), on 05/28/2026 at 11:18 AM, showed [redacted] on the right and left upper side of Resident 2's [redacted]. The [redacted] were securely attached to the bed frame in the down position.

Review of records showed Resident 2's assessment, dated 03/09/2026, did not include the reasons Resident 2 needed the [redacted] and had not identified Resident 2's ability to safely use the [redacted]. Review of Resident 2's NCP, dated 04/18/2025, did not address Resident 2's [redacted] use information. Resident 2's records showed there was no document of a consent form for safety and risks of [redacted] use in Resident 2's

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records.

<Resident 3>
Observation of Resident 3's bedroom (bedroom [redacted]), on 05/28/2026 at 11:19 AM, showed [redacted] on the right and left upper side of Resident 3's [redacted]. Observation showed the [redacted] were in up position and securely attached to the bed frame.

Review of Resident 3's NCP, dated 12/10/2024, did not address Resident 3's [redacted] use information. Resident 3's records showed there was no document of a consent form for safety and risks of [redacted] use in Resident 3's records.

<Resident 5>
Observation of Resident 5's bedroom (bedroom [redacted]), on 05/28/2026 at 11:25 AM, showed [redacted] on the right and left upper side of Resident 5's [redacted]. Observation showed the [redacted] were in down position and securely attached to the bed frame.

Review of Resident 5's NCP, dated 11/07/2025, did not address Resident 5's [redacted] use information. Resident 5's records showed there was no document of a consent form for safety and risks of [redacted] use in Resident 3's records.

In an interview, on 05/28/2026 at 11:30 PM, Staff A, Entity Representative, stated that they had the physical therapy assessment for Resident 2 and they would send it to the department next business day (05/29/2026) by 4:00 PM. Staff A stated that they would updated Residents 1, 2, 3 and 5's NCP for [redacted] use and would review the consent form.

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, BRIGHT HOMES ADULT FAMILY HOME LLC 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.

Provider (or Representative) [signature] Date 06/14/2026

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not

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exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(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 the water temperature in a common area bathroom did not exceed 120 degrees Fahrenheit. Additionally, the AFH failed to ensure all toxic substances and hazardous materials were stored in locked storage. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm from exposure to toxic and hazardous materials and at risk from hot water burns.

Findings included...

Observation, on 05/28/2026 at 9:55 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Residents 1, 2 and 4 ambulated with medical devices, Resident 3 ambulated with staff assistance in the AFH and Resident 5 was out of home.

<Chemicals>
Observation, on 05/28/2026 at 11:05 AM, showed a laundry room (adjacent to the AFH kitchen) was open. Observation of the laundry room showed storage cabinets on the wall. Observation further showed the storage cabinets had plastic child safety strap locks and they were open. Observation showed storage cabinets in the laundry room had chemicals and cleaner supplies including but not limited to gallons of Clorox bleach, Comet bleach and Lysol disinfectant sprays. Observation showed cleaner/chemical supplies on the floor next to the dryer.

In an interview, on 05/28/2026 at 11:07 AM, Staff A, Entity Representative, stated that they locked the storage cabinet and they kept the laundry pocket door closed. Staff A stated that staff used the laundry today and they might be distracted and forgot to lock the storage cabinet. Staff A stated that they were unaware of the requirement not to use the child safety strap locks. Staff A stated they would replace the locks.

<Water temperature>
Observation, on 05/28/2026 at 11:09 AM, showed the water temperature in the sink of the main bathroom (located in the hallway), used by residents was 135.1 degrees Fahrenheit.

In an interview and observation, on 02/11/2026 at 11:11 AM, Staff A stated that they would adjust the water temperature. Observation showed Staff A attempted to adjust

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the water temperature.

Observation, on 05/28/2026 at 12:30 PM, showed the water temperature in the kitchen sink was 132.5 degrees Fahrenheit.

In an interview, on 05/28/2026 at 12:33 PM, Staff A stated that they would check and adjust the water temperature.

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, BRIGHT HOMES ADULT FAMILY HOME LLC 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.

Provider (or Representative) — Date: 06/14/2026

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

06/04/2026

BRIGHT HOMES ADULT FAMILY HOME LLC
BRIGHT HOMES ADULT FAMILY HOME LLC
4124 188TH PL SW
Lynnwood, WA 98036

RE: BRIGHT HOMES ADULT FAMILY HOME LLC # 757339

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/02/2026 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 (06/02/2026), no later than 07/17/2026 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

The Adult family Home (AFH) failed to have a record of last emergency evacuation drill (conducted in April 2026) on file to review. This deficiency was corrected during the visit by Staff A, Entity Representative, who located the evacuation drill record during the terms of inspection.

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

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

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

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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