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

Private Retreat AFH LLC
A Private Retreat LLC
3328 167th Pl SW
Lynnwood, WA 98037

RE: A Private Retreat LLC License # 757540

Dear Provider:

This letter addresses Compliance Determination(s) 81697 (Completion Date 08/06/2026) and 80755 (Completion Date 07/22/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/06/2026 and found that you have corrected the violations listed in the Full report dated 07/22/2026. Your home is back in compliance as of 07/31/2026 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 388-76-10285-2, WAC 388-76-10506-2, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-2-c, WAC 388-76-10506-4-a, WAC 388-76-10506-5, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10720-2-a-i, WAC 388-76-10720-2-a-ii, WAC 388-76-10720-2-a

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

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Residential Care Services

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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

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 07/21/2026 of:

A Private Retreat LLC
3328 167th Pl SW
Lynnwood, WA 98037

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 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.

Statement of Deficiencies	License #: 757540	Compliance Determination # 80755
Plan of Correction	A Private Retreat LLC	Completion Date
Page 2 of 5	Licensee: Private Retreat AFH LLC	07/22/2026

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.

Renee' Bourque
Residential Care Services

07/23/2026
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)

07/31/2026
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff B, caregiver) completed the two-step Tuberculosis (TB) skin testing. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk for potential exposure to a communicable disease.

Findings included...

Review of personnel records showed the AFH hired Staff B on 01/20/2024. Review of Staff B's record showed Staff B had documentation of a negative TB skin test, dated 01/22/2024. Record review showed there was no evidence Staff B obtained a second TB skin test one to three weeks after the first test.

In an interview, on 07/21/2026 at 12:45 PM, Staff A, Entity Representative, stated that Staff B obtained one step TB test for their Nursing Assistance program and the result was negative. Staff A stated that they were unaware of requirements to take the second step skin test when the first step was negative. Staff A stated that Staff B did not have records of two steps skin tests. Staff A stated that Staff B would get a TB blood test.

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Statement of Deficiencies	License #: 757540	Compliance Determination # 80755
Plan of Correction	A Private Retreat LLC	Completion Date
Page 3 of 5	Licensee: Private Retreat AFH LLC	07/22/2026

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, A Private Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 07/31/2026

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

Provider (or Representative) — Date: 07/31/2026

(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

(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 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:

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Statement of Deficiencies	License #: 757540	Compliance Determination # 80755
Plan of Correction	A Private Retreat LLC	Completion Date
Page 4 of 5	Licensee: Private Retreat AFH LLC	07/22/2026

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 2 of 6 [redacted] residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of not being fully aware of their rights.

Findings included...

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

In an interview, on 07/21/2026 at 12:00 PM, Staff A, Entity Representative, stated that they were not aware of the new requirement.

Review of documents received by the department on 07/22/2026 showed copies of Residents 2 and 3's signed Residency Agreement.

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, A Private Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 07/31/2026 .

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

Provider (or Representative) Date 07/31/2026

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather;

This requirement was not met as evidenced by:

Based on observation, interviews, and record review, the Adult Family Home (AFH)

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failed to ensure video monitoring was not used in the areas where 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) gathered. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of harm from losing their right to privacy by being video monitored while in common indoor and outdoor areas of the AFH.

Findings included...

Observation, on 07/21/2026 at 9:20 AM, showed AFH was providing care and various services for Residents 1, 2, 3, 4, 5 and 6 in the AFH. Observation showed Resident 1 was sitting in the common area (dining room), and Residents 2, 4 and 6 joined Resident 1 in sitting in the common area (dining room) of the AFH. Observation showed resident gathering and access areas included the AFH dining room, family room, kitchen and backyard porch. Observation showed an open concept room arrangement with the AFH kitchen located on the right side of the AFH, with open access to the dining area, family room, and exit to the backyard porch. Observation showed a mini office station located on the right corner of the kitchen, adjacent to the dining area. The office station had a kitchen cabinet above the computer screen. Further observation showed a "Ring" (type/brand) camera attached under the kitchen cabinet, above the computer screen. The camera was observed to be directed/ aimed toward the AFH kitchen, walkways to the family room, and the exit to the backyard porch.

In an interview and observation, on 07/21/2026 at 10:55 AM, Staff A, Entity Representative, stated that the camera was not working. Staff A pointed toward the camera lens and stated that the light was not on, and the camera was not recording. Staff A further stated that they installed the camera to monitor the exit door. Staff A was observed to remove the video camera from the cabinet and place it behind the computer.

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, A Private Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 07/31/2026.

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

BDD

Provider (or Representative)

07/31/2026

Date

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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

07/23/2026

Private Retreat AFH LLC
A Private Retreat LLC
3328 167th Pl SW
Lynnwood, WA 98037

RE: A Private Retreat LLC # 757540

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/22/2026 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:

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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 (07/22/2026), no later than 09/05/2026 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The Adult Family Home (AFH) staff failed to lock barrier creams after using for 1 of 6 residents (Resident 5). This deficiency was corrected during the visit by Staff A, Entity Representative, who removed the barrier creams from Resident 5's private bathroom to the locked storage.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

Review of Residents 1, 2, 3, 4, 5 and 6's records showed the AFH created a signature page for the Disclosure of Charges (DOC), and it was signed by the AFH staff and resident's representative. Further reviews showed there were no records of DOC form as provided by the department for Residents 1, 2, 3, 4, 5 and 6 on file. This deficiency was corrected during the visit by Staff A, Entity Representative, who put a copy of department DOC form in the residents' file.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

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(d) How the home will accommodate the preferences and choices.

The Adult Family Home (AFH) failed to update Resident 4's Negotiated Care Plan (NCP) with Resident 4's preferences to participate in the book club via Zoom and how they would accommodate Resident 4's with this activity. This deficiency was corrected during the visit by Staff A, Entity Representative, who updated Resident 4's NCP.

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

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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 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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