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

Emerald Crest AFH LLC
EMERALD CREST AFH LLC
14208 45th Pl W
Lynnwood, WA 98087

RE: EMERALD CREST AFH LLC License # 757666

Dear Provider:

This letter addresses Compliance Determination(s) 84543 (Completion Date 10/01/2026) and 84219 (Completion Date 09/28/2026).

The Department completed a follow-up inspection of your Adult Family Home on 10/01/2026 and found that you have corrected the violations listed in the Full report dated 09/28/2026. Your home is back in compliance as of 09/30/2026 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 388-76-10506-4-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
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

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 09/24/2026 of:

EMERALD CREST AFH LLC
14208 45th Pl W
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 1 of 1 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

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Statement of Deficiencies	License #: 757666	Compliance Determination # 84219
Plan of Correction	EMERALD CREST AFH LLC	Completion Date
Page 2 of 3	Licensee: Emerald Crest AFH LLC	09/28/2026

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

09/29/2026
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.

Rachel Bogale
Provider (or Representative)

9/30/2026
Date

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

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

(a) Kept in the resident record; and

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 1 of 1 [redacted] resident (Resident 1). This failure placed Resident 1 at risk of not being fully aware of their rights.

Findings included...

Review of Resident 1's records showed they were [redacted] payees. Further reviews showed Resident 1did not have a Residency Agreement as required.

In an interview, on 09/24/2026 at 11:10 AM, Staff A, Entity Representative, stated that they were not aware of the new requirement.

Review of documents received by the department on 09/25/2026 showed a copy of Resident 1's signed Residency Agreement.

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Statement of Deficiencies	License #: 757666	Compliance Determination # 84219
Plan of Correction	EMERALD CREST AFH LLC	Completion Date
Page 3 of 3	Licensee: Emerald Crest AFH LLC	09/28/2026

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, EMERALD CREST AFH LLC is or will be in compliance with this law and / or regulation on (Date) 9/30/26 .

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

Rachel Bogale — Provider (or Representative)

9/30/26 — Date

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

09/29/2026

Emerald Crest AFH LLC
EMERALD CREST AFH LLC
14208 45th Pl W
Lynnwood, WA 98087

RE: EMERALD CREST AFH LLC # 757666

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/28/2026 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 (09/28/2026), no later than 11/12/2026 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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to keep chemicals and cleaner supplies in the cabinets underneath the kitchen and bathroom sink securely locked. This deficiency was corrected during the visit by Staff A, Entity Representative, who moved the cleaning supplies to the locked storage, and they replaced the child proof lashes on the cabinets underneath the kitchen sink with the key and locks.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

Review of Adult Family Home (AFH) personnel records showed Staff A (Entity Representative)'s birthday was on June 24 and Staff B (Caregiver)'s birthday was on May 20. Review of Staff A and B's Continue Education (CE) records showed they completed 12 hours CE on 09/20-09/21-2026.

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

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• 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
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
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INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days

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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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