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

Kind Hearts Adult Family Home LLC
Kind Hearts Adult Family Home
9801 120th St E
Puyallup, WA 98373

RE: Kind Hearts Adult Family Home License # 757667

Dear Provider:

This letter addresses Compliance Determination(s) 82659 (Completion Date 08/21/2026) and 79585 (Completion Date 06/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/21/2026 and found that you have corrected the violations listed in the Full report dated 06/26/2026. Your home is back in compliance as of 08/10/2026 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 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10805-2-a, WAC 388-76-10805-2-b

The Department staff who did the on-site verification:
Lindsay Trent, Adult Family Home Licensor

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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HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 757667	Compliance Determination # 79585
Plan of Correction	Kind Hearts Adult Family Home	Completion Date
Page 1 of 4	Licensee: Kind Hearts Adult Family Home LLC	06/26/2026

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 06/25/2026 of:
Kind Hearts Adult Family Home
9801 120th St E
Puyallup, WA 98373

The following sample was selected for review during the unannounced on-site visit: 0 of 0 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Lindsay Trent, Adult Family Home Licensor

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 — 07/02/2026 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) — 7-15-26 Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to maintain commercial and professional liability insurance for 1 of 1 AFH. This failure resulted in the Provider operating an AFH without the required liability insurance and placed 6 potential residents at risk of living in an AFH that did not have insurance coverage in the event of an accident.

Findings included...

On 06/25/2026, review of the AFH's Administrative Records showed there was no documentation or proof of commercial or professional liability insurance coverage.

Observations on 06/25/2026 at 11:30AM, showed there were no residents currently living in the AFH.

During an interview 06/25/2026 at 2:45PM, the Resident Manager stated that the AFH had not renewed their commercial or professional liability insurance coverage because they did not have any residents living in the home since May 2026. The Resident

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Manager stated that they would contact their insurance provider to renew the AFH's coverage.

Not further documentation was received prior to completion of the inspection.

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, Kind Hearts Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 8-10-26 .

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

William Ottie — Provider (or Representative)

7-15-26 — Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home (AFH) failed to ensure 2 of 6 licensed resident bedrooms (Bedroom E and Bedroom F) were equipped with a smoke alarm. This failure resulted in the bedrooms not being equipped with smoke alarms, placing future residents at risk for harm in the event of a fire.

Findings included...

On 06/25/2026, review of the AFH's emergency evacuation floor plan map showed that the home had six licensed bedrooms.

Observations on 06/25/2026 at 11:30AM, showed there were no residents currently living in the AFH.

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Observations on 06/25/2026 at 2:30PM, showed Bedroom E and Bedroom F did not have smoke alarms installed.

During an interview 06/25/2026 at 2:35PM, the Resident Manager stated that Bedroom E and F were used as staff bedrooms and the smoke alarms in those rooms had recently quit working, but the AFH had purchased the replacements and were planning to have them installed within the next couple of days.

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, Kind Hearts Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-15-26 .

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

William Atkins — Provider (or Representative)

7-15-26 — Date

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

Kind Hearts Adult Family Home LLC
Kind Hearts Adult Family Home
9801 120th St E
Puyallup, WA 98373

RE: Kind Hearts Adult Family Home # 757667

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/26/2026 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:

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

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eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/26/2026), no later than 08/10/2026 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

Review of Resident 1's (former resident) records showed the Notice of Rights and Services, Medicaid Policy and Personal Belongings Inventory were not included in the records. The Provider located and sent the required documentation to the Department to correct the deficiency prior to completion of the inspection.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

Observations of the Adult Family Home's (AFH) fire extinguisher and review of purchasing records showed the fire extinguisher was purchased 08/15/2024. There was no documentation showing the fire extinguisher had been serviced annually. The Provider sent documentation to the Department showing a new fire extinguisher was purchased and delivered to the AFH prior to completion of the inspection to correct the deficiency.

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(d) Is sufficient, safe, sanitary, and uncontaminated.

Observations of the Adult Family Home's (AFH) emergency food supply showed several canned food items were past the expiration date. The Provider sent documentation to

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the Department showing the expired items were removed from the food supply to correct the deficiency prior to completion of the inspection.

WAC 388-76-10870 Resident evacuation capability levels Identification required. The adult family home must ensure that each resident's assessment, preliminary service plan, and negotiated care plan identifies and describes the resident's ability to evacuate the home according to the following descriptions:

(1) Independent: Resident is physically and mentally capable of independently evacuating the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one cue.

(2) Assistance required: Resident is not physically or mentally capable of evacuating the home without assistance from another individual, mobility aids, or multiple cues.

Review of Resident 1's (former resident) Assessment dated 03/04/2026, showed the resident used a walker or cane for mobility and required staff to assist with emergency evacuations. Review of Resident 1's Negotiated Care Plan (NCP) dated 03/25/2026 showed Resident 1 was physically and mentally capable of evacuating independently without the use of mobility aides. During an interview on 03/25/2026, the Provider stated that they were aware Resident 1 needed assistance with evacuations because staff provided oversight when the resident was walking with their walker and the documentation in the NCP was a clerical error.

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 (253)208-3090.

Sincerely,

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

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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:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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.

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Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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