STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

FENTIE'S ADULT FAMILY HOME
Fentie's Adult Family Home LLC
14044 28th Ave S
Seatac, WA 98168

RE: Fentie's Adult Family Home LLC License # 758014

Dear Provider:

This letter addresses Compliance Determination(s) 80903 (Completion Date 07/23/2026) and 76778 (Completion Date 06/12/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/23/2026 and found that you have corrected the violations listed in the Full report dated 06/12/2026. Your home is back in compliance as of 06/30/2026 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 388-76-10129-1-e, WAC 388-112A-0610-1-f, WAC 388-76-10135-4, WAC 388-112A-0500-1, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10265-1-b, WAC 388-76-10265-1-c, WAC 388-76-10265-2, WAC 388-76-10290-2, WAC 388-76-10375-1, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10455-2, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10685-2-a

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,



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

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 758014	Compliance Determination # 76778
Plan of Correction	Fentie's Adult Family Home LLC	Completion Date
Page 1 of 16	Licensee: FENTIE'S ADULT FAMILY HOME	06/12/2026

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 04/30/2026 of:
Fentie's Adult Family Home LLC
14044 28th Ave S
Seatac, WA 98168

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 inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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 — 6-17-2026 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): Getnet Wondmeneh — 06/25/26 Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(e) Caregivers.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) had valid food safety certificate. This failure placed all five residents at risk of food-borne illnesses.

Findings included...

Observation on 04/30/2026 at 9:36 AM, showed Staff B providing care and services to

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three residents (Residents 1, 2, and 3). One resident (Resident 4) was out of the home for a community program.

In an interview on 04/30/2026 at 9:55 AM, Staff B stated that they worked full time and lived at the AFH.

Observation on 04/30/2026 at 11:00 AM, Staff B prepared vegetable burger and vegetable soup for lunch.

Review of Staff B's AFH administrative records showed the AFH hired Staff B on 01/01/2026. Staff B had Nursing Assistance Certification first issued on 01/24/2022 with an expiration date of 02/10/2027. Staff B had no food handler card or food safety continuing education.

In an interview on 04/30/2026 at 4:48 PM, Staff C, Administrative staff stated that they would send Staff B's personnel documents.

The AFH sent an email on 05/01/2026 that included Staff B's food worker card dated 05/01/2026 with an expiration date of 05/01/2028. Staff B's food worker card was completed the day after the full inspection of the home on 04/30/2026.

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, Fentie's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~06/25/26~~ GW 05/01/2026

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

Provider (or Representative) — Date: 06/25

WAC 388-112A-0500 What is nurse delegation core training?

(1) Nurse delegation core training is required before certified or registered nursing assistants or certified home care aides may be delegated a nursing task.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was

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hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver), completed Nurse Delegation [(ND) a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses] core training. This failure placed residents at risk of not having their special needs met in the AFH by unqualified staff.

Findings included...

Observation on 04/30/2026 at 9:36 AM, showed Staff B providing care and services to three residents (Residents 1, 2, and 3). One resident (Resident 4) was out of the home for community program.

In an interview on 04/30/2026 at 9:55 AM, Staff B stated they worked full time and lived at the AFH.

Observation on 04/30/2026 at 2:11 PM showed Staff B administered medication to Resident 1.

Observation on 04/30/2025 at 11:45 AM showed Staff B administered medication to Resident 2.

Review of Staff B's AFH administrative records showed the AFH hired Staff B on 01/01/2026. Staff B had Nursing Assistance Certification (NAC) first issued 01/24/2022 with an expiration date of 02/10/2027. Staff B had no ND core training.

In an interview on 04/30/2026 at 3:30 PM, Staff C, Administrative staff, Staff B had started the ND core classes two months ago.

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

Getnet Wondmyeneh — Provider (or Representative)

06/25/2026 — 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 observation, interview and record review, the Adult Family Home (AFH) failed to obtain and maintain 1 of 1 commercial liability insurance and professional liability insurance. This failure placed all residents at risk of not being covered in the event of personal injury, or property damage or loss.

Findings included...

Review of the department's AFH provider summary on 04/21/2026 showed they were licensed on 03/27/2025 with a bed capacity of six beds.

Observation on 04/30/2026 at 9:36 AM, showed Staff B, Caregiver providing care and services to three residents (Residents 1, 2, and 3). One resident (Resident 4) was out of the home for community program.

Review of the AFH administrative records showed that AFH insurance with a policy expiration date of April,2027, had commercial liability coverage, however, there was no professional liability coverage.

In an interview on 04/30/2026 at 3:46 PM, Staff C, Administrative staff stated that the

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department did not inform them that there was a requirement to obtain professional liability insurance. Staff C stated that the AFH received an email from the department that did not indicate their need to have professional liability insurance.

The AFH sent an email on 05/01/2026 that contained a screenshot of an undated department email. In the email the provider was informed that "LIABILITY INSURANCE: IS BOTH A LICENSING AND A CONTRACTING REQUIREMENT. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY AFFECT YOUR LICENSING AND CONTRACTING ABILITY.'

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, Fentie's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 06/30/2026.

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

Provider (or Representative) — Date: 06/25/26

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(b) Entity representative;

(c) Resident manager;

(2) For the purposes of the tuberculosis sections "person" means the people listed in this section as required to have tuberculosis testing.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff A, Entity Representative/Resident Manager) had Tuberculosis [TB) communicable disease affecting lungs] testing within three days of employment. This failure placed all four residents at risk of possible exposure to TB.

Findings included...

Record review of the AFH's license history at department's Secure Tracking and

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Reporting System on 04/21/2026 showed that the AFH was licensed on 03/27/2025.

Observation on 04/30/2026 at 9:36 AM, showed Staff B, Caregiver providing care and services to three residents (Residents 1, 2, and 3). One resident (Resident 4) was out of the home for community program.

In an interview on 04/30/2026 at 9:56 AM, Staff C, Administrative staff stated that Staff A worked full time and lived at the AFH.

Observation on 04/30/2026 at 3:35 PM, showed Staff A arrived at the AFH.

During the exit interview on 04/30/2026 at 4:46 PM, department staff requested Staff A's TB tests.

The AFH sent an email on 05/05/2026 with Staff A's TB test records. Review of Staff A's TB records showed a TB skin test read on 10/21/2019 with negative result, TB skin test read on 11/18/2019 with a 0 millimeter (mm) result, and TB skin test read on 11/05/2020 with a 0 mm result. Staff A had no other TB test.

The AFH sent another email on 05/07/2026 with Staff A's 05/01/2026 QuantiFERON TB Gold test (uses blood sample to find out if a person is infected with TB) with negative result. The TB Gold test was completed the day after the inspection of the AFH on 04/30/2026.

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, Fentie's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/01/2026.

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

Genet Wondmyereh — Provider (or Representative)

06/25/26 — Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

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(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) with a positive Tuberculosis [(TB) communicable disease affecting lungs]) test had a TB signs and symptoms evaluation when they were hired. This failure placed all residents at the AFH at risk of exposure to TB.

Findings included...

Observation on 04/30/2026 at 9:36 AM, showed Staff B, Caregiver providing care and services to three residents (Residents 1, 2, and 3). One resident (Resident 4) was out of the home for community program.

In an interview on 04/30/2026 at 9:55 AM, Staff B stated that they worked full time and lived at the AFH.

Review of Staff B's AFH administrative records showed the AFH hired Staff B on 01/01/2026.

During the exit interview on 04/30/2026 at 4:46 PM, department staff requested Staff B's TB tests.

Department staff sent an email on 05/04/2026, 05/06/2026 and on 05/07/2026 requesting Staff B's TB test records.

The AFH sent an email on 05/05/2026 with Staff B's TB test records. Review of Staff B's TB records showed 02/26/2022 QuantiFERON TB Gold test (uses blood sample to find out if a person is infected with TB) with negative result. The TB Gold test document stated it was for positive TB skin test. There was no other TB test.

The AFH sent an email on 05/07/2026 with Staff B's 05/01/2026 QuantiFERON TB Gold test (uses blood sample to find out if a person is infected with TB) with negative result. The TB Gold test was completed the day after the inspection of the AFH on 04/30/2026.

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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, Fentie's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/01/2026

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

Provider (or Representative) Date 06/25/26

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

This requirement was not met as evidenced by:

Based on observation, interview, record review the Adult Family Home (AFH) failed to ensure that the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) was agreed to, signed, and dated by the resident. This failure put Resident 1 at risk of unmet care needs and at risk of receiving necessary care.

Findings included...

Observation on 04/30/2026 at 9:36 AM, showed Staff B, Caregiver providing care and services to three residents (Residents 1, 2, and 3). One resident (Resident 4) was out of the home for community program.

Review of Resident 1's AFH records showed the AFH admitted Resident 1 on [redacted]/2025. Resident 1's 07/27/2025 was signed by Provider on 08/28/2025 and on 02/28/2026. The NCP was also signed by Case manager on 09/24/2025. The NCP was not signed by resident or their representative.

In an interview on 04/30/2026 at 11:55 AM, Staff C, Administrative staff had no response when department staff mentioned that Resident 1 NCP was not signed by the resident/representative.

The AFH sent an email that included page 10 of Resident 1's 07/27/2025 NCP that showed with Resident 1's signature and dated 05/2026. The NCP was signed by Provider on 05/01/2026 and Care Manager on 05/26/2026. The NCP was not signed by Resident 1

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in year 2025.

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, Fentie's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/01/2026 .

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

Geenet Wondmyeneh — Provider (or Representative)

06/25/26 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure the medication services provided to 1 of 2 sampled residents (Resident 1) met all laws and regulations relating to medications. In addition, the AFH failed to ensure that the medication log was updated, and resident received the medication as prescribed for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of a decline in condition from medication errors and unmet medication needs.

Findings included...

In an interview on 04/30/2026 at 9:53 AM, Staff C, Administrative staff stated that AFH staff administer Resident 1's medication.

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Review of Resident 1's AFH records showed that the AFH admitted them on [redacted]/2025. Resident 1's 07/27/2025 negotiated care plan showed that oral and inhalers were self-administered. Oral medications were self-medication with assistance. A handwritten note stated, "we manage all medications including nicotine patches and lidocaine patches." Resident 1's 06/30/2025 annual assessment showed that Resident 1 required medication assistance. Resident 1's April 2026 pharmacy generated medication log showed a prescription for Diclofenac Sodium (treats pain and other symptoms of pain in the joints) 1 percent gel, apply topically to the affected painful joints four times daily as needed for pain.

Observation on 04/30/2026 at 11:58 AM of Resident 1's medication supplies showed there was no Diclofenac sodium gel. There was a supply of Ondansetron (prevent nausea and vomiting) 4 milligram in foil packets. Each foil packet had 10 tablets.

In an interview on 04/30/2026 at 12:00 PM, Staff C acknowledged that there was no Diclofenac Sodium gel. Staff C stated that Resident 1 did not want to buy the medication, and the primary physician had ordered the Lidocaine (relieve minor pain conditions such as insect bites, minor burns and back pain) patch as a replacement. Staff C stated that Resident 1, from their medical appointment brought the Ondansetron medication in February 2026. Staff C stated that Resident 1 took the Ondansetron medication in February 2026 and did not take the medication in March 2026.

Review of Resident 1's February 2026 pharmacy generated medication log showed a handwritten order for Ondansetron. The medication log had a check mark for February 1, and February 2 as administered to the resident.

Observation on 04/30/2026 at 2:11 PM showed Staff B administered medication Seroquel (treat mental illness that affect the ability to tell what's real and what isn't), Buspar (for sense of uneasiness and distress before an event), and Flexeril (helps relieve pain, stiffness, and discomfort caused by strains, sprains, or injuries to muscles) to Resident 1.

In an interview on 06/09/2026 at 6:21 PM, Staff C stated that they were not responsible for providing the medication that Resident 1 did not want to buy. Staff C stated that they had informed Resident 3's primary physician, and that they had done their part.

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

Provider (or Representative) Bernet Wondmyeneh 06/25/26 Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation [(ND) a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses] was completed, re-evaluated and documented for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk for harm from unmet medication needs and medication errors.

Findings included ...

Record review of Resident 4's AFH's file showed the AFH admitted Resident 4 on [redacted]/2025. Resident 4's 07/30/2025 assessment stated that medication management was provided by ND services. The assessment indicated that there was a nurse delegated blood sugar checks four times a day. There was a nurse delegated application of medications for current skin conditions. Resident 4's [redacted]/2025 negotiated care plan showed that medication administration was nurse delegated. The careplan indicated that Resident 4 had total assist with medication administration. Resident 4's Nurse delegation consent was signed on [redacted]/2025 and [redacted]/2025. ND's visit summary dated showed that medications were administered by AFH staff. There was no other ND visit in Resident 4's file.

In an interview on 04/30/2026 at 1:03 PM, Staff C, Administrative staff stated that Resident 4's ND visits were completed by Program of All-Inclusive Care for the Elderly [(PACE) Medicare and Medicaid program that helps people meet their health care needs

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in the community].

In an interview on 05/05/2026 at 3:01 PM, Collateral Contact 1 (CC 1) stated that PACE had admitted Resident 4 to their program on 10/01/2025. CC 1 stated that PACE had not provided ND visit since Resident 4's admission to present time. CC 1 stated that they will reach out to the AFH regarding the ND visit.

In an interview on 05/06/2026 at 2:20 PM, Collateral Contact 2 (CC 2) stated that they were asked to complete one ND visit and had no further request to complete another visit. CC 2 acknowledged they completed only one ND visit on [redacted]/2025.

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, Fentie's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/05/2026.

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

Provider (or Representative) Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

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Based on interview, and record review, the Adult Family Home failed to ensure that 2 of 2 sampled residents (Resident 1 and Resident 4) had a signed and dated Medicaid Policy in their record. This failure placed Resident 1 and Resident 4 at risk of not being informed of the home's Medicaid policy.

Findings included...

<Resident 1>

Review of Resident 1's AFH records showed the AFH admitted Resident 1 on [redacted]/2025. Resident 1 had no Medicaid policy, and no admission agreement in their file.

<Resident 4>

Review of Resident 4's AFH records showed the AFH admitted Resident 4 on [redacted]/2025. Resident 4 had no Medicaid policy, and no admission agreement.

In an interview on 04/30/2026 at 11:46 AM, Staff C, Administrative staff stated that the AFH Medicaid policy is included in the AFH disclosure of charges.

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, Fentie's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 03/27/25.
we had it during licensi... it was misunderstandin... which form... was requeste...

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

Provider (or Representative) Date 06/25/26

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(a) Do not hinder emergency escape; and

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) did not ensure window in 1 of 5 bedrooms (Bedroom [redacted]) was safe and accessible to be used as an emergency escape in case of emergency evacuation. This failure placed Resident 4 at risk of harm or serious injury in the event of an emergency evacuation or rescue.

Findings included...

In an interview on 04/30/2026 at 9:48 AM, Staff C, Administrative staff stated that three residents (Residents 1, 3, and 4) required assistance with emergency evacuation. Staff C stated that Resident 2 was independent with emergency evacuation.

Review of the AFH emergency evacuation drill performed on 04/08/2026, showed Resident 4 participated and required assistance. The emergency evacuation drill performed on 09/10/2025 showed Resident 4 participated and required assistance.

During the bedroom tour on 04/30/2026 at 10:47 AM, Bedroom [redacted] occupied by Resident 4, their bed was placed against the wall. The bed headboard was blocking the openable side of the window. Beside the bed was a nightstand with a lamp. The lamp height was above the window sill and was blocking the window opening.

In an interview on 04/30/2026 at 10:50 AM, Staff C stated that Resident 4 brought their bed from their home. Staff C stated that Resident 4's representative had informed the AFH staff that Resident 4 had used the bed since childhood and was attached to the bed. Staff C stated that Resident 4 was offered another bedroom, however they had declined the offer.

In an interview on 04/30/2026 at 3:13 PM, Staff C stated that they had moved the bed headboard and the nightstand that blocked the window opening away.

Observation inside Bedroom [redacted] on 04/30/2026 at 3:14 PM, showed the night stand was moved away, and the lamp was no longer blocking the window opening. The bed headboard was still partially blocking the window opening.

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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, Fentie's Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/03/26 .

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

Provider (or Representative) Genet Wondmyeneh — Date 06/25/26

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