STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Safe Harbor Care Center, LLC

Safe Harbor Care Center, LLC
206 NW 98TH CIRCLE
VANCOUVER, WA 98665

RE: Safe Harbor Care Center, LLC License # 758689

Dear Provider:

This letter addresses Compliance Determination(s) 83298 (Completion Date 09/14/2026) and 79861 (Completion Date 07/09/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/14/2026 and found that you have corrected the violations listed in the Full report dated 07/09/2026. Your home is back in compliance as of 07/08/2026 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 388-76-10750-7, WAC 388-76-10750-9, WAC 388-76-10315-1-b, WAC 388-76-10480-1, WAC 388-76-10480-4, WAC 388-76-10480-4-a, WAC 388-76-10480-4-b, WAC 388-76-10480-4-c, WAC 388-76-10480-4-d, WAC 388-76-10480-3

The Department staff who did the on-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit F
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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 07/01/2026 of:
Safe Harbor Care Center, LLC
206 NW 98TH CIRCLE
VANCOUVER, WA 98665

The following sample was selected for review during the unannounced on-site visit: 1 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Sarah Bjork, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Jennifer LeMaster
Residential Care Services

07/16/2026
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.

Yadesa Bulte
Provider (or Representative)

7/20/26
Date

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;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure laundry supplies were stored securely to prevent unauthorized access. This failure placed two of two residents (Resident 1 and Resident 2) at risk for accessing chemicals and other toxic items.

Findings included...

During an initial interview with Staff A, caregiver, at 12:33 pm on 07/01/2026, Staff A stated Resident 1 and Resident 2 were not able to engage in complex conversation due to confusion related to dementia. Staff A stated Resident 1 used a wheelchair to ambulate in the home and Resident 2 used a cane.

A tour of the home took place at 12:35 pm on 07/01/2026. Bleach was observed on the floor of the laundry room, which did not contain a lock or other mechanism to prevent unauthorized access. The provider stated a lock would be installed on the door or the hazardous items would be placed in a secure cabinet.

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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.

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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, Safe Harbor Care Center, LLC is or will be in compliance with this law and / or regulation on (Date) 7/8/26 .

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

Yadeseo Bulte — Provider (or Representative)

7/20/26 — Date

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

(9) Provide rapid access for all staff to any bedroom, toilet room, shower room, closet, other room occupied by each resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home failed to ensure a key to Resident 2/R2's's bedroom door was readily accessible to caregiving staff. This failure placed R2 at risk for experiencing a delay in receiving help in the event of an emergency.

Findings included...

R2's assessment (03/06/2026) and negotiated care plan ([redacted]/2025) showed R2 had diagnoses which included [redacted] and [redacted] and was at risk for falls.

A tour of the adult family home took place at 12:35 pm on 07/01/2026. R2's bedroom was observed to have a doorknob with a key lock. Staff A, caregiver, stated he did not have the key and stated the provider might have it. The provider arrived at 12:50 pm. The provider was unable to locate a key to the door. The provider stated the door knob would be replaced to ensure immediate access to the bedroom in the event of an emergency.

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Yadesa Bulte — Provider (or Representative)

7/20/26 — Date

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:

(b) Be in a format useful to the home;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure resident records were in a format useful to the home when they did not create, provide, and receive signatures for residents' notice of services, Medicaid policies, and Disclosure of Charges when a change of ownership (CHOW) took place. This failure resulted in two of two residents (Resident 1 and Resident 2) not having active and valid contractual agreements addressing services, care, rights, and finances with the residents with the current provider.

Findings included...

The AFH Summary Report dated 06/30/2026 showed the provider assumed ownership of the adult family home on 12/16/2025.

Resident 2's notice of services, Medicaid policy, and Disclosure of Charges were completed upon R2's admission on [redacted]/2025 and signed by R2's representative and the previous adult family home provider. At 1:25 pm on 07/01/2026, the provider stated he would create documents under his business and license number and provide it to both resident's representatives as soon as possible.

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

Yadeselle Brito — Provider (or Representative)

7/20/26 — Date

WAC 388-76-10480 Medication organizers. The adult family home must ensure:

(1) A licensed nurse, pharmacist, the resident or the resident's family member fills a resident's medication organizer;

(3) Each resident and anyone giving care to a resident can readily identify medications in the medication organizer;

(4) Medication organizer labels clearly show the following:

(a) The name of the resident;

(b) A list of all prescribed and over-the-counter medications;

(c) The dosage of each medication;

(d) The frequency which the medications are given.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure medication organizers were filled and labeled as required for two of two residents (Resident 1/R1 and Resident 2/R2). This failure placed Resident 1 and Resident 2 at risk for medication errors.

Findings included...

An initial interview took place with Staff A (caregiver) at 12:33 pm on 07/01/2026. Staff A stated R1 and R2 required assistance with medications. R2's medications were reviewed and discussed with the provider on 07/01/2026 at 1:40 pm. R2's medications were observed to be stored in a medication organizer. The organizer contained no label or identifying information. When asked who prepared the medication organizers, the provider stated he or Staff A prepared it, whoever was working at the time. The provider stated his credentials were a home care aide (HCA) and Staff A was a nursing assistant

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

_____ _____

Provider (or Representative) Date

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certified (NAC). The provider stated he would no longer use medication organizers for R1, who also had a medication organizer, and R2.

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, Safe Harbor Care Center, LLC is or will be in compliance with this law and / or regulation on (Date) 7/8/26.

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

Yadaseo Bullock — Provider (or Representative)

7/20/26 — Date

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800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Safe Harbor Care Center, LLC
Safe Harbor Care Center, LLC
206 NW 98TH CIRCLE
VANCOUVER, WA 98665

RE: Safe Harbor Care Center, LLC # 758689

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/09/2026 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:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

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

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/09/2026), no later than 08/23/2026 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The adult family home did not have a written succession plan. The provider stated one would be completed promptly.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

Resident 2's negotiated care plan was completed and signed on [redacted]/2025 and was not reviewed and re-signed at least annually or when a change of ownership occurred and there was a new provider.

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.

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

If You Have Any Questions:
• Please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
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:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 IDR**s 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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