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

Lucila Dela Cruz Escobido
BETHEL HOME 2
7724 94TH AVE SW
LAKEWOOD, WA 98498

RE: BETHEL HOME 2 License # 628300

Dear Provider:

This letter addresses Compliance Determination(s) 77274 (Completion Date 05/11/2026) and 73970 (Completion Date 04/03/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/11/2026 and found that you have corrected the violations listed in the Full report dated 04/03/2026. Your home is back in compliance as of 05/08/2026 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 388-76-10750-6-c

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

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

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 03/06/2026 of:
BETHEL HOME 2
9116 78TH ST SW
LAKEWOOD, WA 98498

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

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

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

04/06/2026
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)

Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(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 observations and interview, the Adult Family Home (AFH) failed to keep hot water temperature at resident accessible sinks under 120 degrees Fahrenheit and keep all toxic substances in locked storage for 5 of 5 residents (Resident 1, 2, 3, 4 and 5). This failure placed all residents at risk of harm from having access to toxic substances and from having the water temperature too hot.

Findings Included...

During environmental tour on 03/06/2026 the hall full bathroom's sink was observed to be at 127.9 degrees at 11:39 AM and Bedroom 1's bathroom sink was measured to be at 130.2 degrees at 11:25 AM. During the continued environmental tour at 11:35 AM, department staff entered the laundry room and found two overhead cabinets above the washer and dryer that held toxic cleaning chemicals. The two cabinets had locking devices on them but they were unlocked and remained unlocked until inspection exit at 01:30 PM.

While speaking with Co-Provider during exit interview on 03/06/2026 at 01:25 PM they

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 — 04/06/2026 — 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.

Ray Dela — Provider (or Representative) — 4/6/26 — Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(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 observations and interview, the Adult Family Home (AFH) failed to keep hot water temperature at resident accessible sinks under 120 degrees Fahrenheit and keep all toxic substances in locked storage for 5 of 5 residents (Resident 1, 2, 3, 4 and 5). This failure placed all residents at risk of harm from having access to toxic substances and from having the water temperature too hot.

Findings Included...

During environmental tour on 03/06/2026 the hall full bathroom's sink was observed to be at 127.9 degrees at 11:39 AM and Bedroom 1's bathroom sink was measured to be at 130.2 degrees at 11:25 AM. During the continued environmental tour at 11:35 AM, department staff entered the laundry room and found two overhead cabinets above the washer and dryer that held toxic cleaning chemicals. The two cabinets had locking devices on them but they were unlocked and remained

acknowledge that the cleaning chemicals were left unlocked and that Caregivers sometimes need to be reminded that they have to be locked even though their residents know not to go in the laundry room. Co-provider also said they would address the hot water and turn down the water heater immediately.

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, BETHEL HOME 2 is or will be in compliance with this law and / or regulation on (Date) 5/8/26 .

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

Kay Wee — Provider (or Representative)

04/08/26 — Date

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



Lucila Dela Cruz Escobido
BETHEL HOME 2
7724 94TH AVE SW
LAKEWOOD, WA 98498

RE: BETHEL HOME 2 # 628300

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/03/2026 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:

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 (04/03/2026), no later than 05/18/2026 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:**

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

The Adult Family Home failed to keep bathroom in Bedroom 1 in a clean and sanitary condition at time of inspection on 03/06/2026. During environmental tour, Bedroom 1's bathroom was observed to have soiled incontinent pads on toilet and floor, fecal stains on the toilet, and overflowing garbage can. Resident Manager had just started their shift after two days off and had no idea the bathroom looked this way. Resident Manger asked Resident 2 what happened and Resident 2 said she had an accident and was too embarrassed to tell staff about it. Resident Manager immediately cleaned entire bathroom and Bedroom 1 bathroom was put back in a clean and sanitary condition prior to exit, consultation provided.

**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 failed to have all medications in locked storage during on-site inspection. During environmental tour Department staff observed one sealed medication dose and nasal spray left out on office wall ledge waiting to be given to Resident 5. Department staff observed both medications sitting out accessible to residents for about 10 minutes before staff went to give it to Resident 5. While speaking with Co-provider during exit interview they believed staff had it out and was waiting for Resident 5 to get ready for the day and then give them their medications but understood staff cannot leave medicine unattended, consultation provided.

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

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

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

The Adult Family Home failed to have a Residency Agreement completed for all [redacted] residents living in the home. Co-provider stated they were not aware of this new state requirement and would update resident files immediately. Department staff received Residency Agreements for all [redacted] residents within 48 hours of inspection, consultation provided.

**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 (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 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