STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

NAVALUNA CORPORATION
PEACE OF MIND AFH
14227 117TH AVE NE
KIRKLAND, WA 98034

RE: PEACE OF MIND AFH License # 750677

Dear Provider:

This letter addresses Compliance Determination(s) 66983 (Completion Date 10/09/2025) and 63392 (Completion Date 08/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/09/2025 and found that you have corrected the violations listed in the Full report dated 08/12/2025. Your home is back in compliance as of 09/26/2025 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 388-76-10265-1-d, WAC 388-76-10280-2, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10463-3, WAC 388-76-10485-1, WAC 388-76-10685-12

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

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

Sincerely,

Lydia Owusu-Acheampong

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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 07/30/2025 of:
PEACE OF MIND AFH
14227 117TH AVE NE
KIRKLAND, WA 98034

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Alfredo Brown
Residential Care Services

08-18-2025
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)

08/26/25
Date

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:

(d) Caregiver;

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure tuberculosis (TB) screening was completed for 2 of 7 staff (Staff E and Staff F), as required within three days of hire date. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of contracting a communicable disease.

Findings included...

Record review of the AFH personnel files showed Staff E, Caregiver, was hired 02/23/2023. Staff E had a TB skin test given on 03/29/2022 and read 03/31/2022 showing negative results, and a second TB skin test given on 04/11/2022 and read on 04/14/2022 showing negative results. The AFH had no record of a TB test within three days of hire for Staff E.

Record review of the AFH personnel files showed Staff F, Caregiver, was hired 03/12/2025. Staff F had a TB skin test given on 04/07/2025 and read on 04/09/2025 showing negative results, and a second TB skin test given on 04/14/2025 and read on

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 | 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

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Record review of the AFH personnel files showed Staff F, Caregiver, was hired 03/12/2025. Staff F had a TB skin test given on 04/07/2025 and read on 04/09/2025 showing negative results, and a second TB skin test given on 04/14/2025 and read on

04/17/2025 showing negative results. The AFH had no record of a TB test within three days of hire for Staff F.

During an interview, on 07/29/2025 at 2:05 PM, Staff B, Co-Provider, stated that they thought if Staff E had prior TB testing results from another facility, that they didn't need to have it done.

During an interview, on 07/29/2025 at 2:20 PM, Staff B stated that they dropped the ball on having Staff F TB tested within 3 days of hire.

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, PEACE OF MIND AFH is or will be in compliance with this law and / or regulation on (Date) 09/26/2025.

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

Navalua
Provider (or Representative)

08/26/25
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 ensure that prescribed medications were available, and the Medication Log (ML) was up-to-date and accurate for 1 of 2 sampled residents (Resident 1). This placed Resident 1 at risk of not receiving their medications as prescribed and at risk of medication errors.

Findings included...

04/17/2025 showing negative results. The AFH had no record of a TB test within three days of hire for Staff F.

During an interview, on 07/29/2025 at 2:05 PM, Staff B, Co-Provider, stated that they thought if Staff E had prior TB testing results from another facility, that they didn't need to have it done.

During an interview, on 07/29/2025 at 2:20 PM, Staff B stated that they dropped the ball on having Staff F TB tested within 3 days of hire.

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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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Findings included...

Medications Not Available
Record review showed the AFH admitted Resident 1 on [redacted]/2024. Resident 1's assessment, dated 02/29/2025, showed that assistance with medication management was needed.

Record review of Resident 1's July 2025 ML showed physician order written on 12/02/2024 for Guaifenesin (medication used to treat cough and chest congestion) 400 milligrams tablets by mouth every 6 hours as needed for cough.

A joint observation, on 07/29/2025 at 2:56 PM, with Staff C, Resident Manager, of Resident 1's medication supply showed the Guaifenesin tablets were not available in the AFH.

During an interview, on 07/29/2025 at 2:56 PM, Staff C stated that they couldn't find the medication. Staff C stated that they would contact the doctor to consider having the Guaifenesin discontinued.

Medication Log Not Up to Date
Record review showed a new prescription written on 03/21/2025 from Resident 1's doctor for docusate calcium (medication used to prevent constipation) 250 milligram capsule orally every day for constipation. Review of July 2025 ML showed no information for the docusate calcium capsule and had no initials from the AFH staff to indicate the medication was being given.

In a joint observation, on 07/29/2025 at 2:48 PM, with Staff C of Resident 1's medication supply showed a prescription label on a dose pack for Docusate Sodium capsule 250 milligrams capsule, orally every day for constipation.

During an interview, on 07/29/2025 at 2:48 PM, Staff C stated that they didn't notice that the Docusate Sodium was not written on the July 2025 Medication Log.

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, PEACE OF MIND AFH is or will be in compliance with this law and / or regulation on (Date) 09/26/2025 .

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

Provider (or Representative) 08/26/25 Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 sampled residents (Resident 1) in their negotiated care plan (NCP). This failure placed Resident 1 at risk of harm due to unmet mental health care needs.

Findings included...

Review showed the AFH admitted Resident 1 on [redacted] 2024 with multiple disabling diagnoses.

A joint observation with Staff C, Resident Manager, on 07/29/2026 at 2:54 PM, showed Resident 1's medication bin contained Quetiapine (medication for agitation), 50 milligrams (mg), one tablet by mouth twice a day, Mirtazapine (medication for mood disorder) 7.5 mg by mouth at bedtime, Sertraline (medication for mood disorder) 25 mg by mouth once a day, and Trazodone (medication used for mood disorder and difficulty sleeping) 50 mg by mouth at bedtime.

Review of Resident 1's NCP, dated 02/09/2025, showed no strategies, environmental modifications, or staff behaviors in response to symptoms of Resident 1's mood and behaviors for which each medication was prescribed.

During an interview, on 07/29/2025 at 11:45 AM, Staff B, Co-Provider, stated they try to get the nurse to update the NCP, but they didn't address the psychotropic medications on Resident 1's assessment or NCP.

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, PEACE OF MIND AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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Based on observation, interview, and record, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 sampled residents (Resident 1) in their negotiated care plan (NCP). This failure placed Resident 1 at risk of harm due to unmet mental health care needs.

Findings included…

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

Provider (or Representative) — Date: 8/26/25

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;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure that medications were stored in a locked storage for 1 of 1 household members (HH1). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk for accidental ingestion or improper use of medication.

Findings included...

Record review of undated, "Room Rental Agreement" showed that HH1 became a tenant of the AFH on [redacted] 2024.

A joint observation with Staff B, Co-Provider, on 07/29/2025 at 10:39 AM, in Bedroom [redacted] showed a bottle of ibuprofen (medication used to treat pain), and Pepto Bismol (medication used to treat indigestion) on the desk, not in a locked container.

In an interview on 07/29/2025 at 10:39 AM, Staff B stated that HH1 was the [redacted] of Resident 4, and they both resided in Bedroom [redacted] Staff B stated that they didn't know HH1's medications had to be locked up.

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, PEACE OF MIND AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

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Findings included…

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

Provider (or Representative) — Date: 8/26/25

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

(12) Ensure that members of the household and staff do not share bedrooms with residents.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home (AFH) failed to receive an exemption from the Department prior to placing a household member 1 (HH1) as a roommate for Resident 4. This failure placed Resident 4 at risk of sharing a bedroom with a household member (HH1) whom the AFH was not able to demonstrate that the exemption would not jeopardize or adversely affect the quality of life, rights and safety of Resident 4.

Findings included...

Record review of an undated, "Room Rental Agreement" showed that HH1 became a tenant of the AFH on [redacted]/2024. Reviewed showed no information from the Department was available to demonstrate an exemption to WAC 388-76-10685 (12) had been requested and granted.

Record review of resident records showed that Resident 4 was admitted to the AFH on [redacted]2025. Record review of an email from Staff B, Co-Provider, on 08/01/2025 stated that HH1 moved in on [redacted]2024, the same day as Resident 4.

A joint observation, on 07/29/2025 at 10:40 AM, with Staff B showed that HH1 had a bed in Bedroom [redacted] next to Resident 4's bed.

In an interview on 07/29/2025 at 10:39 AM, Staff B, Co-Provider, stated that HH1 is the [redacted] of Resident 4, and they resided in the same bedroom, Bedroom [redacted] since

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In an interview on 07/29/2025 at 10:39 AM, Staff B, Co-Provider, stated that HH1 is the [redacted] of Resident 4, and they resided in the same bedroom, Bedroom [redacted] since

becoming a tenant.

Record review of an email from Staff B on 08/01/2025 showed the AFH had not received prior approval from the Department before HH1 was admitted and placed in the same bedroom as Resident 4.

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Provider (or Representative) — Date: 8/26/25

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Provider (or Representative) Date