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

ANGELA SEMERJIANTS
ABUNDANCE LOVE
12819 NE 94TH ST
KIRKLAND, WA 98033

RE: ABUNDANCE LOVE License # 750852

Dear Provider:

This letter addresses Compliance Determination(s) 70571 (Completion Date 12/23/2025) and 67854 (Completion Date 11/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/23/2025 and found that you have corrected the violations listed in the Full report dated 11/04/2025. Your home is back in compliance as of 12/02/2025 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 388-76-10161-2-b, WAC 388-76-10201-1, WAC 388-76-10265-1-d, WAC 388-76-10463-3, WAC 388-76-10650-1, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10650, WAC 388-76-10685-2-b

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

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 10/27/2025 of:
ABUNDANCE LOVE
12819 NE 94TH ST
KIRKLAND, WA 98033

The following sample was selected for review during the unannounced on-site visit: 2 of 3 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 G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 750852	Compliance Determination #67854
Plan of Correction	ABUNDANCE LOVE	Completion Date
Page 2 of 9	Licensee. ANGELA SEMERJIANTS	11/04/2025

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 — 11-6-2025 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.

Angela Semerjants — Provider (or Representative) — 11/17/2025 Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives. and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review. the Adult Family Home (AFH) failed to have a system in place to ensure 2 of 3 Staff members (Staff B, Caregiver, and Staff C, Caregiver) had a completed national fingerprint background check. This failure placed all residents (Residents 1, 2 and 3) at risk of receiving care from staff whose criminal background history was unknown.

Findings included...

Record review of the AFH's personnel files showed that Staff B was hired by the AFH on 11/12/2024. The AFH had no final national fingerprint background results for Staff B.

Record review of the AFH's personnel files showed that Staff C was hired by the AFH on 04/19/2017. The AFH had no final national fingerprint background results for Staff C.

During an interview on 10/27/2025 at 2:46 PM, Staff A, Provider/Resident Manager, stated that they had no fingerprint results for Staff B and C. Staff A stated that Staff B and C didn't have transportation and they would have to transport them [Staff B and Staff C] to get their fingerprints completed. Staff A added that this had been difficult to arrange, as both staff worked night shifts.

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

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure 2 of 3 Staff members (Staff B, Caregiver, and Staff C, Caregiver) had a completed national fingerprint background check. This failure placed all residents (Residents 1, 2 and 3) at risk of receiving care from staff whose criminal background history was unknown.

Findings included…

Record review of the AFH's personnel files showed that Staff B was hired by the AFH on 11/12/2024. The AFH had no final national fingerprint background results for Staff B.

Record review of the AFH's personnel files showed that Staff C was hired by the AFH on 04/19/2017. The AFH had no final national fingerprint background results for Staff C.

During an interview on 10/27/2025 at 2:46 PM, Staff A, Provider/Resident Manager, stated that they had no fingerprint results for Staff B and C. Staff A stated that Staff B and C didn't have transportation and they would have to transport them [Staff B and Staff C] to get their fingerprints completed. Staff A added that this had been difficult to arrange, as both staff worked night shifts.

Statement of Deficiencies	License #: 750852	Compliance Determination #67854
Plan of Correction	ABUNDANCE LOVE	Completion Date
Page 3 of 9	Licensee: ANGELA SEMERJIANTS	11/04/2025

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 12/02/2025

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

Provider (or Representative) — Date 10/17/2025

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.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to have a 1 of 1 written plan to address how the AFH would continue to provide care and services in the event the Provider was no longer able to fulfill her Provider duties. This failure placed all residents (Residents 1, 2 and 3) at risk of unmet needs.

Findings included...

Record reviews showed the AFH had no Succession Plan.

During an interview, on 10/27/2025 at 3:33 PM, Staff A. Provider/Resident Manager, stated that they had no written succession plan in place. Staff A stated that they didn't know that they needed to have a written succession plan

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, ABUNDANCE LOVE 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

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a 1 of 1 written plan to address how the AFH would continue to provide care and services in the event the Provider was no longer able to fulfill her Provider duties. This failure placed all residents (Residents 1, 2 and 3) at risk of unmet needs.

Findings included…

Record reviews showed the AFH had no Succession Plan.

During an interview, on 10/27/2025 at 3:33 PM, Staff A, Provider/Resident Manager, stated that they had no written succession plan in place. Staff A stated that they didn't know that they needed to have a written succession plan.

Statement of Deficiencies	License #: 750852	Compliance Determination #67864
Plan of Correction	ABUNDANCE LOVE	Completion Date
Page 4 of 9	Licensee: ANGELA SEMERJIANTS	11/04/2025

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 12/02/2025

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

Provider (or Representative) — Date 10/17/2025 (AS) & 11/17/2025

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;

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 1 of 3 staff (Staff B, Caregiver) within three days of hire date, as required. This failure placed all residents (Residents 1, 2 and 3) at risk of contracting a communicable disease.

Findings included...

Record review of the AFH personnel files showed Staff B was hired 11/12/2024. Review of Staff B's personnel records showed the AFH had record of TB test results.

During an interview, on 10/27/2025 at 2:53 PM, Staff A, Provider/Resident Manager, stated that they didn't have any TB test records for Staff B and that they didn't have Staff B complete TB testing when they were hired.

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, ABUNDANCE LOVE 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

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;

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 1 of 3 staff (Staff B, Caregiver) within three days of hire date, as required. This failure placed all residents (Residents 1, 2 and 3) at risk of contracting a communicable disease.

Findings included…

Record review of the AFH personnel files showed Staff B was hired 11/12/2024. Review of Staff B's personnel records showed the AFH had record of TB test results.

During an interview, on 10/27/2025 at 2:53 PM, Staff A, Provider/Resident Manager, stated that they didn't have any TB test records for Staff B and that they didn't have Staff B complete TB testing when they were hired.

Statement of Deficiencies	License #: 750852	Compliance Determination #67854
Plan of Correction	ABUNDANCE LOVE	Completion Date
Page 6 of 9	Licensee: ANGELA SEMERJIANTS	11/04/2025

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 12/2/2025

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

Provider (or Representative) 11/17/2025 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 review, 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) in their Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of harm due to unmet mental health care needs.

Findings included...

Resident 1
Record review showed that Resident 1 had a disabling diagnosis, namely [redacted]

Observation with Staff A, Provider/Resident Manager, on 10/27/2025 at 12:05 PM, showed Resident 1's medication bin contained Citalopram HBR (medication for mood disorder), 10 milligrams (mg), one tablet by mouth daily at noon, and Quetiapine Fumarate (medication for mental/mood disorders) 12.5 mg, take 1 tablet by mouth twice daily and Quetiapine Fumarate 25 mg by mouth at bedtime.

Review of Resident 1's NCP, dated 11/30/2024, showed no strategies, environmental modifications, or directions for staff behaviors in response to symptoms of Resident 1's behaviors and mood for which the mental and mood disorder medications were prescribed.

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, ABUNDANCE LOVE 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

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 review, 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) in their Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of harm due to unmet mental health care needs.

Findings included…

Resident 1
Record review showed that Resident 1 had a disabling diagnosis, namely [redacted]

Observation with Staff A, Provider/Resident Manager, on 10/27/2025 at 12:05 PM, showed Resident 1's medication bin contained Citalopram HBR (medication for mood disorder), 10 milligrams (mg), one tablet by mouth daily at noon, and Quetiapine Fumarate (medication for mental/mood disorders) 12.5 mg, take 1 tablet by mouth twice daily and Quetiapine Fumarate 25 mg by mouth at bedtime.

Review of Resident 1's NCP, dated 11/30/2024, showed no strategies, environmental modifications, or directions for staff behaviors in response to symptoms of Resident 1's behaviors and mood for which the mental and mood disorder medications were prescribed.

Statement of Deficiencies	License # 750852	Compliance Determination #67854
Plan of Correction	ABUNDANCE LOVE	Completion Date

Resident 2
Record review showed that Resident 2 had multiple disabling diagnoses including [redacted] and [redacted].

Observation with Staff A on 10/27/2025 at 2:00 PM, showed Resident 2's medication bin contained Quetiapine Fumarate (medication for mental/mood disorders), 50 mg, one tablet by mouth daily at bedtime.

Review of Resident 2 s NCP, dated 01/18/2025, showed no strategies, environmental modifications, or directions for staff behaviors in response to symptoms of Resident 2's behaviors and mood for which the mood disorder medication was prescribed.

During an interview on 10/27/2025 at 2:00 PM, Staff A stated that they thought that a nurse should address the psychopharmacological medications on the NCP, and they didn't have a nurse to address it.

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 12/2/2025

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

Angela Semerjiants — Provider (or Representative)

11/17/2025 — Date

WAC 388-76-10660 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safety use the medical device.

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

replaced several screens, and it was getting to be too expensive.

Resident 2
Record review showed that Resident 2 had multiple disabling diagnoses including [redacted] and [redacted].

Observation with Staff A on 10/27/2025 at 2:00 PM, showed Resident 2's medication bin contained Quetiapine Fumarate (medication for mental/mood disorders), 50 mg, one tablet by mouth daily at bedtime.

Review of Resident 2's NCP, dated 01/18/2025, showed no strategies, environmental modifications, or directions for staff behaviors in response to symptoms of Resident 2's behaviors and mood for which the mood disorder medication was prescribed.

During an interview on 10/27/2025 at 2:00 PM, Staff A stated that they thought that a nurse should address the psychopharmacological medications on the NCP, and they didn't have a nurse to address it.

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, ABUNDANCE LOVE 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

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place for 1 of 2 sampled residents (Resident 1) to ensure an assessment was completed; the resident or representative was given information on the safety risks associated with the [redacted]; the Negotiated Care Plan (NCP) included how the resident would use the [redacted]; and the installation instructions for the [redacted] were available before a medical device with a known safety risk was used. These failures placed Resident 1 at risk for injury from improper use of the medical device.

Findings included…

Observation on 10/27/2025 at 10:15 AM with Staff A, Provider/Resident Manager, showed Resident 1 in bed with upper half [redacted] elevated on both sides of their bed.

Resident 1's records showed no assessment had been completed that identified Resident 1's need for and ability to use the medical devices with a known safety risk. Resident 1's record showed no resident or representative consent for the use of the [redacted] and showed no documentation the resident or representative had been given information regarding the risks associated with [redacted]. Resident 1's records showed no installation instructions to ensure the [redacted] were properly installed or checked for potential safety issues.

Review of Resident 1's NCP dated 11/30/2024 showed no information about how Resident 1 would use the [redacted] or when the [redacted] would be elevated or lowered. The NCP under "Sleep Patterns" showed no box was checked for "[redacted] needed."

In an interview on 10/27/2025 at 12:01 PM, Staff A stated that they don't have an assessment or consent for Resident 1 to use the [redacted]. Staff A stated that Resident 1's family wanted them to have the [redacted], so they brought the [redacted] in and installed them.

Statement of Deficiencies	License # 750852	Compliance Determination #67854
Plan of Correction	ABUNDANCE LOVE	Completion Date
Page 8 of 9	Licensee ANGELA SEMERJIANTS	11/04/2025

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 12/2/2025

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

Provider (or Representative) 11/17/2025 Date

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

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based upon observation and interview the Adult Family Home (AFH) failed to ensure that a window screen for a window and a screen door for the sliding glass that communicated with outside were present for 2 of 5 licensed bedrooms (Bedroom [redacted] and [redacted]) to prevent the entrance of insects and debris. This failure placed all residents (Residents 1, 2 and 3) at risk of decreased quality of life.

Findings included...

Observation, on 10/27/2025 at 10:15 AM, with Staff A. Provider/Resident Manager, showed no screen door for the sliding glass door that communicated with outside, in Bedroom [redacted] and showed no window screen in the window that communicated with outside for Bedroom [redacted].

During an interview, on 10/27/2025 at 10:20 AM, Staff A stated that they didn't want to keep replacing the broken screens after the residents kept damaging them. Staff A stated that they had replaced several screens, and it was getting to be too expensive.

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, ABUNDANCE LOVE 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

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

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based upon observation and interview, the Adult Family Home (AFH) failed to ensure that a window screen for a window and a screen door for the sliding glass that communicated with outside were present for 2 of 5 licensed bedrooms (Bedroom [redacted] and [redacted]) to prevent the entrance of insects and debris. This failure placed all residents (Residents 1, 2 and 3) at risk of decreased quality of life.

Findings included…

Observation, on 10/27/2025 at 10:15 AM, with Staff A, Provider/Resident Manager, showed no screen door for the sliding glass door that communicated with outside, in Bedroom [redacted] and showed no window screen in the window that communicated with outside for Bedroom [redacted].

During an interview, on 10/27/2025 at 10:20 AM, Staff A stated that they didn't want to keep replacing the broken screens after the residents kept damaging them. Staff A stated that they had replaced several screens, and it was getting to be too expensive.

Statement of Deficiencies	License #: 750852	Compliance Determination #67854
Plan of Correction	ABUNDANCE LOVE	Completion Date
Page 9 of 9	Licensee: ANGELA SEMERJIANTS	11/04/2025

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, ABUNDANCE LOVE is or will be in compliance with this law and / or regulation on (Date) 12/2/25.

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

Provider (or Representative) 11/17/2025 Date

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, ABUNDANCE LOVE 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