STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Ocean Breeze Home Co
OCEAN BREEZE HOME CO
23215 82ND PL W
EDMONDS, WA 98026

RE: OCEAN BREEZE HOME CO License # 751297

Dear Provider:

This letter addresses Compliance Determination(s) 78028 (Completion Date 05/26/2026) and 75967 (Completion Date 04/28/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/26/2026 and found that you have corrected the violations listed in the Full report dated 04/28/2026. Your home is back in compliance as of 05/05/2026 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 388-76-10650-2-a, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 04/16/2026 of:
OCEAN BREEZE HOME CO
23215 82ND PL W
EDMONDS, WA 98026

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:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License # 751297	Compliance Determination # 75987
Plan of Correction	OCEAN BREEZE HOME CO	Completion Date
Page 2 of 4	Licensee: Ocean Breeze Home Co	04/28/2026

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.

Renee' Bourgua — Residential Care Services

04/30/2026 — 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.

Mariaela Farcas — Provider (or Representative)

5/5/2026 — Date

WAC 388-76-10650 Medical devices.

(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;

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 5 residents (Resident 2) had the required assessment completed prior to the use of a medical device. This failure placed Resident 2 at risk of injury related to the use of [redacted].

Findings included...

Record review showed Resident 2 was admitted on [redacted] 2019 with multiple diagnoses including [redacted].

Observation of Resident 2's bed, on 04/16/2026 at 11:00 AM, showed one-half length [redacted] on both sides of the bed were in the up position and Resident 2 was in bed.

Review of Resident 2's record showed there was not a safety assessment that identified the residents need and ability to safely use the [redacted], present for review.

In an interview, on 04/16/2026 at 2:30 PM, Staff A (Provider) stated when Resident 2

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.

Renee' Bourque
Residential Care Services

04/30/2026
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 388-76-10650 Medical devices.

(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;

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 5 residents (Resident 2) had the required assessment completed prior to the use of a medical device. This failure placed Resident 2 at risk of injury related to the use of [redacted]

Findings included...

Record review showed Resident 2 was admitted on [redacted] 2019 with multiple diagnoses including [redacted].

Observation of Resident 2's bed, on 04/16/2026 at 11:00 AM, showed one-half length [redacted] on both sides of the bed were in the up position and Resident 2 was in bed.

Review of Resident 2's record showed there was not a safety assessment that identified the residents need and ability to safely use the [redacted] present for review.

In an interview, on 04/16/2026 at 2:30 PM, Staff A (Provider) stated when Resident 2

Statement of Deficiencies	License #: 751297	Compliance Determination #75967
Plan of Correction	OCEAN BREEZE HOME CO	Completion Date
Page 3 of 4	Licensee: Ocean Breeze Home Co	04/28/2026

was in bed both [redacted] were in the up position to assist with repositioning. Staff A stated they would complete the required document for the safe use of the [redacted]

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, OCEAN BREEZE HOME CO is or will be in compliance with this law and / or regulation on (Date) 5/5/2026.

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

Provider (or Representative) — Date: 5/5/2026

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 staff (Staff E) had received the required second tuberculosis (TB) skin test within 1 to 3 weeks following the first test. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of TB exposure.

Findings included...

Review of Staff E's (Caregiver) personnel record showed Staff E had been hired on 07/24/2024. Staff E had the TB results for the first TB skin test, completed on 07/01/2024, available in the record. The required second skin test was not available to review.

In an interview, on 04/16/2026 at 2:10 PM, Staff A (Provider) stated that they would obtain the TB test results from Staff E. The department did not receive any further TB information from the AFH.

was in bed both [redacted] were in the up position to assist with repositioning. Staff A stated they would complete the required document for the safe use of the [redacted].

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, OCEAN BREEZE HOME CO 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 staff (Staff E) had received the required second tuberculosis (TB) skin test within 1 to 3 weeks following the first test. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of TB exposure.

Findings included...

Review of Staff E's (Caregiver) personnel record showed Staff E had been hired on 07/24/2024. Staff E had the TB results for the first TB skin test, completed on 07/01/2024, available in the record. The required second skin test was not available to review.

In an interview, on 04/16/2026 at 2:10 PM, Staff A (Provider) stated that they would obtain the TB test results from Staff E. The department did not receive any further TB information from the AFH.

Statement of Deficiencies	License # 751297	Compliance Determination # 75987
Plan of Correction	OCEAN BREEZE HOME CO	Completion Date
Page 4 of 4	Licensee: Ocean Breeze Home Co	04/28/2026

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, OCEAN BREEZE HOME CO is or will be in compliance with this law and / or regulation on (Date) 5/5/2026

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

Michaela Farcas — Provider (or Representative)

5/5/2026 — 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, OCEAN BREEZE HOME CO 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

OCEAN BREEZE HOME CO.

License # 751297

23215 82PL W

Edmonds WA 98026

PLAN OF CORRECTION

WAC 388-76-10650 Medical devices

The assessment for [redacted] for Resident 2 was completed on 5/4/2026. Attached is the Assessment.

WAC 388-76-10285 Tuberculosis. Two step skin testing

The caregiver (Staff E) completed two step skin testing for Tuberculosis on 5/4/2026. Attached are the forms with the dates of the screening.

Michaela Faucas 5/5/2026