STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

BELLEVUE ROSE AFH INC

BELLEVUE ROSE AFH INC
212 153RD PL SE
BELLEVUE, WA 98007

RE: BELLEVUE ROSE AFH INC License # 751943

Dear Provider:

This letter addresses Compliance Determination(s) 73916 (Completion Date 03/05/2026) and 71806 (Completion Date 01/29/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/05/2026 and found that you have corrected the violations listed in the Full report dated 01/29/2026. Your home is back in compliance as of 01/30/2026 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 388-76-10355-1, WAC 388-76-10355-6-a, WAC 388-76-10355-6-d, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10355-7-c, WAC 388-76-10895-1, WAC 388-76-10895-1-a, WAC 388-76-10895-1-b, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 01/22/2026 of:

BELLEVUE ROSE AFH INC
212 153RD PL SE
BELLEVUE, WA 98007

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 751943	Compliance Determination # 71806
Plan of Correction	BELLEVUE ROSE AFH INC	Completion Date
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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.

Residential Care Services

2-3-2026
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)

2-5-2026
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that all care needs were included in the Negotiated Care Plan (NCP) for 1 of 1 sampled resident (Resident 6). This failure placed Resident 6 at risk of unmet care needs.

Findings included...

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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(a) Food;

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that all care needs were included in the Negotiated Care Plan (NCP) for 1 of 1 sampled resident (Resident 6). This failure placed Resident 6 at risk of unmet care needs.

Findings included…

Observation on 01/22/2026 at 12:15 PM showed Resident 6 lived in and received care from the AFH.

Review of Resident 6's medication list dated 12/16/2025, showed that Resident 6 was prescribed Quetiapine Fumarate 25 milligrams (MG), take one tablet by mouth at 11:00 AM, 2:00 PM, 5:00 PM, 8:00 PM and take one tablet every day as needed for anxiety, avoid grapefruit products. Further review of Resident 6's medication list showed that Resident 6 was prescribed Melatonin 3 mg, take three pills by mouth every night at bedtime as needed for insomnia.

Review of Resident 6's records showed a signed NCP dated 07/05/2025. Review of Resident 6's NCP showed no information regarding Resident 6's anxiety medications. Review showed no information regarding interventions or safety plans for Resident 6's anxiety. Further review showed no information regarding the need for Resident 6 to avoid grapefruit products due to prescribed medication. Additional review showed no information regarding Resident 6's insomnia.

During an interview on 01/22/2026 at 3:00 PM, Staff C, Caregiver, stated that they did not realize Resident 6 needed to avoid grapefruit products due to their medication. Staff C further stated that they would update Resident 6's NCP to include interventions to reduce anxiety and insomnia. Staff C stated that they would ensure Resident 6's NCP included all their medical and behavior care needs.

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, BELLEVUE ROSE AFH INC is or will be in compliance with this law and / or regulation on (Date) 1-23-2026.

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

Tracy Pennington
Provider (or Representative)

2-5-2026
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location: and

(b) A partial evacuation is evacuation to the designated emergency exit.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at

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Review of Resident 6's records showed a signed NCP dated 07/05/2025. Review of Resident 6's NCP showed no information regarding Resident 6's anxiety medications. Review showed no information regarding interventions or safety plans for Resident 6's anxiety. Further review showed no information regarding the need for Resident 6 to avoid grapefruit products due to prescribed medication. Additional review showed no information regarding Resident 6's insomnia.

During an interview on 01/22/2026 at 3:00 PM, Staff C, Caregiver, stated that they did not realize Resident 6 needed to avoid grapefruit products due to their medication. Staff C further stated that they would update Resident 6's NCP to include interventions to reduce anxiety and insomnia. Staff C stated that they would ensure Resident 6's NCP included all their medical and behavior care needs.

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, BELLEVUE ROSE AFH INC 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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(1) There are two types of emergency evacuation drills:

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Statement of Deficiencies	License #: 751943	Compliance Determination # 71806
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least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct a full evacuation drill at least once every year and a partial drill every sixty days. This failure placed all residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm in the event of an emergency that required evacuation of the home.

Findings included...

Observation on 01/22/2026 at 12:15 PM, showed Residents 1, 2, 3, 4, 5, and 6, lived in and received care from the AFH.

Review of the AFH's evacuation drill records showed the last full evacuation drill was conducted on 01/15/2025. Further review showed the last partial emergency evacuation drill was conducted on 11/01/2025.

During a phone interview on 01/29/2026 at 12:42 PM, Staff B, Resident Manager, stated that they had not conducted a full evacuation drill since January 2025 and they had planned to not conduct a full drill until February 2026 because of the weather. Staff B further stated that it had been more than 60 days since the last partial evacuation drill. Staff B stated they would conduct a full evacuation drill as soon as possible.

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, BELLEVUE ROSE AFH INC is or will be in compliance with this law and / or regulation on (Date) 1-30-2026 .

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

Tony Pummill 2-5-2026

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:

least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct a full evacuation drill at least once every year and a partial drill every sixty days. This failure placed all residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm in the event of an emergency that required evacuation of the home.

Findings included…

Observation on 01/22/2026 at 12:15 PM, showed Residents 1, 2, 3, 4, 5, and 6, lived in and received care from the AFH.

Review of the AFH's evacuation drill records showed the last full evacuation drill was conducted on 01/15/2025. Further review showed the last partial emergency evacuation drill was conducted on 11/01/2025.

During a phone interview on 01/29/2026 at 12:42 PM, Staff B, Resident Manager, stated that they had not conducted a full evacuation drill since January 2025 and they had planned to not conduct a full drill until February 2026 because of the weather. Staff B further stated that it had been more than 60 days since the last partial evacuation drill. Staff B stated they would conduct a full evacuation drill as soon as possible.

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, BELLEVUE ROSE AFH INC 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.

(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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was an assessment that identified the need and ability to safely use a [redacted] for 1 of 1 sampled resident (Residents 6). Additionally, the AFH failed to provide information regarding the device's benefits and safety risks to Resident 6 or their representative. This failure placed Resident 6 at risk of injury if the [redacted] was not used properly or appropriate for resident use.

Findings included…

Observation on 01/22/2026 at 12:15 PM, showed Resident 6 lived in and received care from the AFH. Further observation showed Resident 6 had a [redacted] installed in their bedroom.

Review of Resident 6's records showed a handwritten note dated 07/12/2023 that stated a [redacted] was medically necessary for Resident 6 to assist with safe transfers. Further review showed a [redacted] was ordered by Resident 6's physical therapist. No information was provided regarding an assessment for device use. Further review showed no record if Resident 6 and their representative were provided with information regarding the benefits and risks of the device.

During an interview on 01/22/2026 at 2:40 PM, Staff C, Caregiver, stated that Resident 6 used their [redacted] daily. Staff C stated that the device was installed by Resident 6's physical therapist. Staff C further stated that they did not have a record of an assessment for the [redacted]. Staff C stated that the only information they had regarding Resident 6's [redacted] was the handwritten letter found in Resident 6's record. Staff C stated that they did not realize a [redacted] was a medical device like [redacted] and therefore they did not provide information about the device to Resident 6 or their representative.

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

Provider (or Representative)

2-5-2026
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, BELLEVUE ROSE AFH INC 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.

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Provider (or Representative) Date