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

Emebet T. Seifu
Living In Comfort Adult Family Home
2317 N 159th St
Shoreline, WA 98133

RE: Living In Comfort Adult Family Home License # 752705

Dear Provider:

This letter addresses Compliance Determination(s) 75441 (Completion Date 04/03/2026) and 72520 (Completion Date 02/13/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2026 and found that you have corrected the violations listed in the Full report dated 02/13/2026. Your home is back in compliance as of 02/06/2026 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 388-76-10805-2-b, WAC 388-76-10805-3, WAC 388-76-10805-4, WAC 388-76-10885-1, WAC 388-76-10485-3, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10161-3, WAC 388-76-10135-4, WAC 388-76-10135-9, WAC 388-76-10850-3, WAC 388-76-10685-2-b, WAC 388-76-10506-2, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-2-c, WAC 388-76-10506-4, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10198-1, WAC 388-76-10320-8

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
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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 02/05/2026 of:
Living In Comfort Adult Family Home
1021 Bell St
Edmonds, WA 98020

The following sample was selected for review during the unannounced on-site visit: 3 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

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

02/25/2026
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)

3/5/2026
Date

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure the automatic smoke alarms in the vicinity of the staff sleeping areas, and Resident 2's bedroom, were in working order. In addition, the smoke alarms in all parts of the AFH were not interconnected in such a manner that the activation of one alarm would activate them all. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of injury during an emergency.

Findings included...

Observation, on 02/05/2026 at 11:20 PM, showed Resident 1, 2, 3, 4 and 5 lived in and received care from the AFH.

RESIDENT 2:
Record review showed Resident 2 was admitted to the AFH on [redacted]2023.

Observation, on 02/05/2026 at 11:20 AM, of Resident 2's automatic smoke alarm in their bedroom showed the smoke alarm did not alarm when tested by Staff C (Caregiver).

In an interview, on 02/05/2026 at 11:20 AM, Staff A (Provider) stated that they would get the alarm fixed. Staff A stated the AFH did have a system in place to check all automatic smoke alarms.

STAFF SLEEPING AREAS:
In an interview, on 02/05/2026 at 10:30 AM, Staff A stated that Staff B (Caregiver) and Staff C both live full time in the AFH. Staff A stated the sleeping area for Staff B and Staff C was in the downstairs private area of the AFH.

Observation, on 02/26/2026 at 11:25 AM, of the downstairs hallway adjacent to the downstairs bedrooms, showed an empty automatic smoke alarm holder in the hallway. There was no automatic smoke alarm in the vicinity of the downstairs bedrooms.

In an interview, on 02/05/2026 at 11:20 AM, Staff A stated that they would replace the automatic smoke alarm in the downstairs hallway.

INTERCONNECTED ALARMS:
In an interview, on 02/05/2026 at 11:20 AM, Staff A stated the AFH automatic smoke alarms were not interconnected, and the alarm company had been called when that was noticed on 02/05/2026 during the inspection. The smoke alarm company arrived at the AFH around 12:30 PM on 02/05/2026.

Observation, on 02/05/2026 at 11:15 AM, showed the automatic smoke alarms in both levels of the AFH were not interconnected to alarm together when set off. Each automatic smoke alarm was tested separately in both levels of the AFH.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 02/5/2026 .

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

Provider (or Representative) 3/5/2026 Date

WAC 388-76-10885 Elements of emergency evacuation floor plan. The adult family home must develop an emergency evacuation floor plan for each level of the home that:

(1) Is accurate and includes all rooms, hallways, and exits (such as doorways and windows) to the outside of the home;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to develop an emergency evacuation floor plan for the lower level of the home. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of injury in an emergency.

Findings included...

Observation, on 02/05/2026 at 11:00 AM, of the lower level of the AFH showed no evacuation map was posted.

In an interview, on 02/05/2026 at 11:00 AM, Staff A (Provider) stated that they would develop a map.

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

Provider (or Representative) 3/5/26 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator 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 resident medications requiring refrigeration were kept in a locked storage container. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of harm if accidentally ingested.

Findings included...

Observation, on 02/05/2026 at 11:20 PM, showed Resident 1, 2, 3, 4 and 5 lived in and received care from the AFH.

Observation, on 02/05/2026 at 11:20 AM, of AFH's main common area kitchen refrigerator showed a box of Resident 3's Ozempic (a medication used to improve blood sugar levels) shots were kept unlocked on the refrigerator shelf.

In an interview, on 02/05/2026 at 3:30 PM, Staff A (Provider) stated that a locked container would be used for Resident 3's medication.

This is a repeated deficiency previously cited on 09/30/2024.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/5/2026 .

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

Provider (or Representative) 3/5/2026 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;

(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 1 of 5 residents (Resident 4) had the required assessment and consent form completed prior to the use of a medical device. This failure placed Resident 4 at risk of injury related to the use of [redacted]

Findings included...

Record review showed Resident 4 was admitted to the AFH on [redacted] 2020 with multiple diagnoses including [redacted]

Observation of Resident 4's bed, on 02/05/2026 at 11:25 AM, showed one-half length [redacted] on both sides of the bed.

Review of Resident 4's record showed there was no safety assessment or consent form for the safe use of the [redacted] available.

In an interview, on 02/05/2026 at 3:15 PM, Staff A (Provider) stated when Resident 4 was in bed both [redacted] were in the up position to assist with repositioning. Staff A stated they would complete the required documents 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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 02/6/2026.

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

Provider (or Representative) Date 3/5/2026

WAC 388-76-10430 Medication system.

(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 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure the Medication Log (ML) was kept current and medications were received as required for 2 of 5 residents (Resident 1 and Resident 2). These failures placed Resident 1 and Resident 2 at risk for medication administration errors.

Findings included...

RESIDENT 1:
Record review showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses including [redacted].

Review of Resident 1's ML, dated 02/2026, showed an order for Vitamin B-12 (a vitamin supplement) 1,000 microgram tablet. Take one tablet twice daily.

Observation, on 02/05/2026 at 2:00 PM, of Resident 1's medication bin showed the only Vitamin B-12 tablet as:

Vitamin B-12 1,000 microgram tablet with 800 micrograms of Folic Acid (a synthetic form of Vitamin B-9).

In an interview, on 02/05/2026 at 3:20 PM, Staff A (Provider) stated that the medication was brought by the family.

RESIDENT 2:
Record review showed Resident 2 was admitted to the AFH on [redacted] 2023 with multiple diagnoses including [redacted].

Review of Resident 2's ML, dated 02/2026, showed an order for Acetaminophen (pain relief medication) 325 milligram tablet. Take two tablets (650 milligrams) by mouth every six hours as needed for pain.

Observation, on 02/05/2026 at 2:10 PM, of Resident 2's medication bin showed the only Acetaminophen tablet as:
Acetaminophen 500 milligram tablet. Take two tablets (1,000 milligrams) three times a day as needed for pain.

In an interview, on 02/05/2026 at 3:25 PM, Staff A stated that the medication was brought by the family.

This is a repeated deficiency previously cited on 09/15/2025, 12/10/2024, and 09/30/2024.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/6/26 .

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

Provider (or Representative) [signature] Date 3/5/26

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to

have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 household member (HHM1) had a current Washington state name and date of birth (WSNDOB) background check. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of exposure to an unqualified person.

Findings included...

In an interview, on 02/05/2026 at 10:50 AM, Staff A (Provider) stated the AFH had a renter who lived in the lower level of the AFH. Staff A stated HHM1 was over 18 years of age and was not a caregiver.

Observation, on 02/05/2026 at 11:30 AM, showed an open stairway leading to the lower level which HHM1 had access to use.

Record review of the AFH WSNDOB background check data showed that the WSNDOB background check available for HHM1 had expired on 02/01/2025.

In an interview, on 02/05/2026 at 3:10 PM, Staff A stated they would get a current WSNDOB background check for HHM1.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/5/26 .

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

Provider (or Representative) 3/5/2026 Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff C and Staff D) had the required tuberculosis (TB) screening, or continuous education units (CEUs) required. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of receiving care form an unqualified caregiver.

Findings included...

STAFF C:
Record review of the AFH personnel records showed Staff C (Caregiver) was hired on 12/07/2025. Staff C's record did not contain any TB testing results.

STAFF D:
Record review of the AFH personnel records showed Staff D (Caregiver) was hired on 03/03/2021. Staff D's record did not contain any CEU certificates for 2025.

In an interview, on 02/05/2026 at 3:20 PM, Staff A (Provider) stated that they would find the documents and send them to the department. The department did not receive any further information related to the TB testing for Staff C or the CEU's for Staff D.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/6/26 .

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

Provider (or Representative) [signature] Date 3/5/2026

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the

required first aid manual was available in case of an emergency. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of unmet care needs.

Findings included...

Observation, on 02/05/2026 at 10:50 AM, of the AFH's first aid kit showed no first aid manual was available in case of an emergency.

In an interview, on 02/05/2026 at 10:50 AM, Staff A (Provider) stated that they would get the required first aid manual.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/6/2026 .

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

Provider (or Representative) 3/5/2026 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 on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 4) had a window screen in their bedroom which prevented the entrance of flies and other insects. This failure placed Resident 4 at risk of a decreased quality of life.

Findings included...

Observation, on 02/05/2026 at 11:15 AM, showed a hole in Resident 4's only bedroom window screen approximately 10 inches long and 2 inches wide.

In an interview, on 02/05/2026 at 11:15 AM, Staff A (Provider) stated they would replace the screen.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/6/26 .

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

Provider (or Representative) — Date: 3/5/2026

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(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.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 5 residents (Resident 1 and Resident 2) had the required Residency Agreement available in their record. This failure placed Resident 1 and Resident 2 at risk of not having the necessary knowledge of their rights related to a discharge.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted to the AFH [redacted]/2024. There was no Residency Agreement available in their record.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted to the AFH [redacted]/2023. There was no Residency Agreement available in their record.

In an interview, on 02/05/2026 at 3:00 PM, Staff A (Provider) reported the Residency Agreements would be written, signed and dated and placed in their records.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/6/26 .

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

Provider (or Representative) 3/5/26 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(1) Staff information such as address and contact information.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure staff address and contact information was included in the AFH personnel records for 4 of 4 staff members (Staff A, B, C and D). This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH personnel records showed the following staff had no address or contact information included in their records:
Staff A (Provider)

Staff B (Caregiver) hired 07/28/2021
Staff C (Caregiver) hired 12/07/2025
Staff D (Caregiver) hired 03/03/2021

In an interview, on 02/05/2026 at 3:25 PM, Staff A stated they would include the contact information in the personnel records for all staff.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 2/6/26.

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

Provider (or Representative) — Date: 3/5/26

(8) The resident's Social Security number;

WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 residents (Resident 1 and Resident 2) had their Social Security number (SS#) available in their record. This failure placed Resident 1 and Resident 2 at risk of having an incomplete resident record.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted to the AFH on [redacted]/2024. Resident 1's record did not include their SS#.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted to the AFH on [redacted]/2023. Resident 2's record did not include their SS#.

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In an interview, on 02/05/2026 at 3:00 PM, Staff A (Provider) stated they were not aware of the requirement to include SS#'s in resident records and would include the SS#'s.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/6/26 .

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

Provider (or Representative) — Date: 3/5/26