



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

10/15/2025

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

RE: Living In Comfort Adult Family Home # 752705

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 67283 (Completion Date 10/15/2025) and 63300 (Completion Date 08/21/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/15/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

The Department staff who did the On Site verification:

Nylay Quist, AFH Complaint Investigator

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

Sincerely,

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

This document was prepared by Residential Care Services for the Locator website.



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Statement of Deficiencies	License #: 752705	Compliance Determination # 63300
Plan of Correction	Living In Comfort Adult Family Home	Completion Date
Page 1 of 3	Licensee: Emebet T. Seifu	08/21/2025

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 an unannounced on-site complaint investigation on 07/28/2025 of:

Living In Comfort Adult Family Home
1021 Bell St
Edmonds, WA 98020

This document references the following complaint number(s): 187209

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 investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator

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

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Statement of Deficiencies	License #: 752705	Compliance Determination # 63300
Plan of Correction	Living In Comfort Adult Family Home	Completion Date
Page 2 of 3	Licensee: Emebet T. Seifu	08/21/2025

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.

Emebet T. Seifu
Residential Care Services

08/22/2025
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.

[Signature]

Provider (or Representative)

8/25/2025
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 staff (Staff E, Caregiver) completed a Washington state date of birth background check (DOB BGI) every 2 years. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of being cared for by a staff member with an unknown criminal background.

Findings included...

Record reviews showed Staff E's most recent name and date of birth background check was completed on 06/21/2025. Staff E's DOB BGI was 36 days overdue.

In an interview, on 07/28/2025 at 12:36PM, Staff A, Provider, stated that they were not aware that Staff E's DOB BGI had expired. Staff A stated that they had searched all their available records, and they could not find the current DOB BGI for Staff E. Staff A stated that they would continue to search and would have Staff E go and get their DOB BGI done today.

This document was prepared by Residential Care Services for the Locator website.

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

08/22/2025

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)

Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

This requirement was not met as evidenced by:

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Findings included...

Record reviews showed Staff E's most recent name and date of birth background check was completed on 06/21/2025. Staff E's DOB BGI was 36 days overdue.

In an interview, on 07/28/2025 at 12:36PM, Staff A, Provider, stated that they were not aware that Staff E's DOB BGI had expired. Staff A stated that they had searched all their available records, and they could not find the current DOB BGI for Staff E. Staff A stated that they would continue to search and would have Staff E go and get their DOB BGI done today.

Statement of Deficiencies

License #: 752705

Compliance Determination # 63300

Plan of Correction

Living In Comfort Adult Family Home

Completion Date

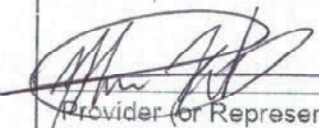
Page 3 of 3

Licensee: Ernebet T. Seifu

08/21/2025

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on
(Date) 7/28/25

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



Provider (or Representative)8/25/2025

Date

This document was prepared by Residential Care Services for the Locator website.

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)_____.

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

Provider (or Representative)

Date