STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 67810 (Completion Date 10/27/2025) and 65308 (Completion Date 09/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/27/2025 and found that you have corrected the violations listed in the Complaint report dated 09/15/2025. Your home is back in compliance as of 09/16/2025 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 388-76-10430-2-d

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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

Sincerely,

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

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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 09/09/2025 of:

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

This document references the following complaint number(s): 192392, 192405, 193948

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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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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 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a supply of ordered over the counter (OTC) medication was available for 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs.

Findings included…

Review of Resident 1's Negotiated Care Plan (NCP), dated 11/10/2024, showed Resident 1 was admitted to the AFH on [redacted]/2022 with multiple medical diagnoses. Review of Resident 1's NCP showed Resident 1 required caregiver assistance with medication.

Review of Resident 1's Medication Log (ML), dated September 2025, showed Resident 1 had an order for multivitamin take one tablet every morning.

An observation, on 09/10/2025 at 11:04 AM, with Staff B, Caregiver, showed Resident 1 did not have multivitamin tablets available in their medication supply. Staff B could not show any multivitamin supply for Resident 1.

In an interview, on 09/10/2025 at 11:30 AM, Staff A, Provider, stated that Resident 1's

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multivitamin supply was a family supply and Resident 1 was supposed to buy their OTC multivitamin. Staff A stated that they would follow up with Resident 1 on their OTC multivitamin supply.

This is a repeated deficiency previously cited on 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)_____ .

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

Provider (or Representative) _____ Date _____

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