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

03/27/2026

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) 75014 (Completion Date 03/27/2026) and 71149 (Completion Date 02/09/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/27/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10560 Resident rights Adult family home management of resident financial affairs.
(2) If the adult family home agrees to manage a resident's personal funds, the home must:

(a) Have a written authorization from the resident;

(b) Develop and maintain a system that assures a full, complete, and separate accounting of each resident's personal funds given to the home on the resident's behalf;

The Department staff who did the On Site verification:
Nylay Quist, AFH Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourque

Nicholette Flynn, AFH 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 an unannounced on-site complaint investigation on 01/08/2026 of:

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

This document references the following complaint number(s): 206746, 207678

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 investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator

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 #: 752705	Compliance Determination #: 71149
Plan of Correction	Living In Comfort Adult Family Home	Completion Date
Page 2 of 3	Licensee: Emebet T. Seifu	02/09/2026

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' Bourque
Residential Care Services

02/12/2026
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)

3/10/2026
Date

WAC 388-76-10560 Resident rights Adult family home management of resident financial affairs.

(2) If the adult family home agrees to manage a resident's personal funds, the home must

(a) Have a written authorization from the resident;

(b) Develop and maintain a system that assures a full, complete, and separate accounting of each resident's personal funds given to the home on the resident's behalf;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to obtain a written authorization to manage and maintain a complete accounting record for monthly financial transactions in the amount of one hundred and five dollars ($105.00) for 1 of 5 residents (Resident 1). This failure resulted in Resident 1 not knowing what they spent their (Resident 1) money on and not knowing if they had any money left to spend for the month.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted] 2022 with multiple diagnoses that included [redacted] and [redacted].

Record review of Resident 1's record showed no written agreement for Staff A (AFH Provider) to manage Resident 1's monthly spending.

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

02/12/2026
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 388-76-10560 Resident rights Adult family home management of resident financial affairs.

(2) If the adult family home agrees to manage a resident's personal funds, the home must:

(a) Have a written authorization from the resident;

(b) Develop and maintain a system that assures a full, complete, and separate accounting of each resident's personal funds given to the home on the resident's behalf;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to obtain a written authorization to manage and maintain a complete accounting record for monthly financial transactions in the amount of one hundred and five dollars ($105.00) for 1 of 5 residents (Resident 1). This failure resulted in Resident 1 not knowing what they spent their (Resident 1) money on and not knowing if they had any money left to spend for the month.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2022 with multiple diagnoses that included [redacted] and [redacted].

Record review of Resident 1's record showed no written agreement for Staff A (AFH Provider) to manage Resident 1's monthly spending.

In an interview on 01/08/2026 at 11:12AM, Resident 1 stated that Staff A had control over their (Resident 1) monthly spending, but they did not know how much each month. Resident 1 stated that the check goes to Staff A each month and Staff A cashed the check. Resident 1 stated that Staff A did not give the money to them (Resident 1) right away. Resident 1 stated that they must ask for a long time before Staff A gave them (Resident 1) some money to spend. Resident 1 stated that they did not think Staff A gave them (Resident 1) all their spending allowance money each month. Resident 1 stated that Staff A only gave a portion of the money each time they (Resident 1) asked to go shopping. Resident 1 stated that they did not know how much money was missing or how much money they had left each month. Resident 1 stated that they did not recall signing any agreement and they did not know if there was a written agreement about Staff A managing their monthly spending money.

In an interview on 01/08/2026 at 12:19PM, Staff A stated that they manage Resident 1's monthly spending check. Staff A stated that Collateral Contact 1 (CC1), Payee, would send a check to the AFH in the amount of one hundred and five dollars ($105.00) for them (Staff A) to cash at the beginning of each month. Staff A stated that when Resident 1 asked to go shopping, they (Staff A) gave the cash to Resident 1. Staff A stated that they did not have an itemized spending record for Resident 1. Staff A stated that they could not recall having a signed agreement to manage Resident 1's money and they cannot locate any written agreement to manage money in Resident 1's file.

In an interview on 02/09/2026 at 1:04PM, CC1 stated that they sent a spending allowance check in the amount of one hundred and five dollars ($105.00) on the third of each month for Staff A to cash and manage for Resident 1. CC1 stated that they had not asked Staff A for Resident 1's spending record for each month. CC1 stated that they had been doing this since Resident 1 moved to the AFH because Resident 1 cannot cash any checks on their own. CC1 stated that they cannot find any signed written agreement for Staff A to manage Resident 1 spending allowance.

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) 3/10/2026

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

Provider (or Representative) — Date: 3/10/2026

In an interview on 01/08/2026 at 11:12AM, Resident 1 stated that Staff A had control over their (Resident 1) monthly spending, but they did not know how much each month. Resident 1 stated that the check goes to Staff A each month and Staff A cashed the check. Resident 1 stated that Staff A did not give the money to them (Resident 1) right away. Resident 1 stated that they must ask for a long time before Staff A gave them (Resident 1) some money to spend. Resident 1 stated that they did not think Staff A gave them (Resident 1) all their spending allowance money each month. Resident 1 stated that Staff A only gave a portion of the money each time they (Resident 1) asked to go shopping. Resident 1 stated that they did not know how much money was missing or how much money they had left each month. Resident 1 stated that they did not recall signing any agreement and they did not know if there was a written agreement about Staff A managing their monthly spending money.

In an interview on 01/08/2026 at 12:18PM, Staff A stated that they manage Resident 1's monthly spending check. Staff A stated that Collateral Contact 1 (CC1), Payee, would send a check to the AFH in the amount of one hundred and five dollars ($105.00) for them (Staff A) to cash at the beginning of each month. Staff A stated that when Resident 1 asked to go shopping, they (Staff A) gave the cash to Resident 1. Staff A stated that they did not have an itemized spending record for Resident 1. Staff A stated that they could not recall having a signed agreement to manage Resident 1's money and they cannot locate any written agreement to manage money in Resident 1's file.

In an interview on 02/09/2026 at 1:04PM, CC1 stated that they sent a spending allowance check in the amount of one hundred and five dollars ($105.00) on the third of each month for Staff A to cash and manage for Resident 1. CC1 stated that they had not asked Staff A for Resident 1's spending record for each month. CC1 stated that they had been doing this since Resident 1 moved to the AFH because Resident 1 cannot cash any checks on their own. CC1 stated that they cannot find any signed written agreement for Staff A to manage Resident 1 spending allowance.

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

Plan of Correction

Adult Family Home: Living in Comfort
WAC Cited: 388-76-10560
Date of Correction: 2/18/2026

Under WAC 388-76-10560, the home must ensure resident personal funds are safeguarded, properly documented, and managed in accordance with regulatory requirements.

The cited resident does not maintain a personal bank account. Her monthly personal needs allowance was sent directly to the provider for cashing. The home had a process in place where each time the resident withdrew funds, a video recording was taken. In the recording, the resident verbally stated the date, time, amount withdrawn, and remaining balance. However, the system did not include a formal written agreement or structured ledger process consistent with WAC requirements. Additionally, the resident at times requested funds exceeding her monthly allowance and was informally loaned money by the provider, which was not repaid.

Immediate Correction:

Effective immediately, the provider has discontinued the practice of loaning personal funds to the resident to prevent commingling or financial liability concerns. The resident will only have access to her available personal funds balance.

A formal Personal Funds Management Policy has been developed and implemented. Any resident who chooses to have funds held or managed by the provider must now sign a written agreement authorizing the home to assist with financial management.

An individual written ledger has been created for the resident documenting all deposits, withdrawals, balances, and receipts. All transactions are now documented in writing with resident signature verification.

All resident funds are maintained separately from provider funds and secured in a locked location.

Systemic Changes to Prevent Reoccurrence:

Moving forward, Living in Comfort will ensure every resident who has funds managed by the home signs a Personal Funds Authorization Agreement.

The home will maintain a detailed individual ledger for each resident with deposits,