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

Perfect Peace Adult Family Home LLC

Perfect Peace Adult Family Home LLC
20506 Poplar Way
Lynnwood, WA 98036

RE: Perfect Peace Adult Family Home LLC License # 753148

Dear Provider:

This letter addresses Compliance Determination(s) 73937 (Completion Date 03/05/2026) and 71255 (Completion Date 01/14/2026).

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 01/14/2026. Your home is back in compliance as of 02/20/2026 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 388-76-10795-1-d, WAC 388-76-10750-1, WAC 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10750-7, WAC 388-76-10510-6, WAC 388-76-10510-7, WAC 388-76-10810-2-b, WAC 388-76-10198-1

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)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourque

Nicholette Flynn, AFH 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

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 the unannounced on-site full inspection on 01/09/2026 of:
Perfect Peace Adult Family Home LLC
20506 Poplar Way
Lynnwood, WA 98036

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 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

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.

Renae' Bourque
Residential Care Services

01/27/2026
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.

Sirgut Ashenaffi
Provider (or Representative)

02/03/2026
Date

WAC 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(a) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 2 of 5 residents (Resident 1 and Resident 5) had a window that was free from obstruction that might block or interfere with access for emergency escape or rescue. This failure placed Resident 2 and Resident 5 at risk of injury.

Findings included...

Observation, on 01/09/2026 at 11: 30 AM, showed the single window in Resident 1's bedroom had three stacked large plastic containers and a metal shelf obstructing the window. When asked to see the window opening, Staff B (Entity Representative), needed to move the containers and the shelf to gain access to the window.

Observation, on 01/09/2026 at 11:45 AM, showed the single window in Resident 5's bedroom had a metal shelf in front of the window with personal items on the shelves obstructing the window. When asked to see the window opening, Staff B needed to move the shelf to gain access to the window.

In an interview, on 01/09/2026 at 11:50 AM, Staff B stated that the items would be moved to ensure the windows were unobstructed.

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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 388-76-10795 Windows.

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 2 of 5 residents (Resident 1 and Resident 5) had a window that was free from obstruction that might block or interfere with access for emergency escape or rescue. This failure placed Resident 2 and Resident 5 at risk of injury.

Findings included…

Observation, on 01/09/2026 at 11: 30 AM, showed the single window in Resident 1's bedroom had three stacked large plastic containers and a metal shelf obstructing the window. When asked to see the window opening, Staff B (Entity Representative), needed to move the containers and the shelf to gain access to the window.

Observation, on 01/09/2026 at 11:45 AM, showed the single window in Resident 5's bedroom had a metal shelf in front of the window with personal items on the shelves obstructing the window. When asked to see the window opening, Staff B needed to move the shelf to gain access to the window.

In an interview, on 01/09/2026 at 11:50 AM, Staff B stated that the items would be moved to ensure the windows were unobstructed.

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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, Perfect Peace Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/09/2026 .

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

Sirgut Ashenaffi
Provider (or Representative)

02/03/2026
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the exterior of the home was kept in good repair, the water temperatures in the bathroom sinks used by residents was less than 120 degrees Fahrenheit, and that toxic substances were stored in secured areas. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of injury or a decreased quality of life.

Findings included...

EXTERIOR REPAIR:
Observation, on 01/09/2026 at 10:00 AM, showed the front left exterior corner of the AFH had water dripping from a hole in the corner of the roof where the gutter had previously been placed. The whole gutter section was observed to be lying on the ground. The corner of the AFH exterior side had large sections, approximately three feet on either side of the corner, with missing or peeling paint from the siding. The intact gutter along the entire left side of the AFH had a gutter guard in place over the top of

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure the exterior of the home was kept in good repair, the water temperatures in the bathroom sinks used by residents was less than 120 degrees Fahrenheit, and that toxic substances were stored in secured areas. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of injury or a decreased quality of life.

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the gutter. A thick layer of long pine needles was noted to be present on top of the gutter guard as well as under the gutter guard pushing the guard up approximately 1 inch from the gutter.

In an interview, on 01/09/2026 at 11:55 AM, Staff B (Entity Representative) stated that the large pine tree standing over the left side of the AFH shed many needles yearly. Staff B stated the gutter and siding would be repaired.

WATER TEMPERATURE:
Observation, on 01/09/2026 at 11:20 AM, of the two resident bathrooms sink water temperatures showed one sink registered at 163.0 Fahrenheit and the second sink registered at 156.0 degrees Fahrenheit.

When the water temperatures were being tested, visible steam was rising from the sink and it was not possible to test the temperature with a finger. Staff B and Staff C (Caregiver) were present and witnessed the water temperature.

In an interview, on 01/09/2026 at 11:25 AM, Staff B was asked to test the water temperature with the AFH thermometer and Staff B stated the AFH thermometer was broken. Staff B stated that the water temperature would be turned down and the AFH would get a new water heater to ensure water temperatures were consistent and safe.

TOXIC SUBSTANCES:
Observation, on 01/09/2026 at 11:10 AM, showed a plastic container under the main kitchen sink containing dishwasher pods. There was no lock on either of the under the sink cabinet doors.

In an interview, on 01/09/2026 at 11:10 AM, Staff B stated that the dishwasher pods would be moved to a secure area.

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, Perfect Peace Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02/20/2026 .

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

Sirgut Ashenaffi
Provider (or Representative)

02/03/2026
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_____ _____
Provider (or Representative) Date

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WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

(7) Is cared for in an environment that is safe, clean, comfortable, and homelike; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a homelike environment which maintained quality of life by preventing entry into the kitchen area and locking up snacks for 6 of 5 residents (Residents 1, 2, 3, 4 and 5). This failure placed Residents 1, 2, 3, 4 and 5 at risk of a decreased quality of life.

Findings included...

Observation, on 01/09/2026 at 11:00 AM, of the AFH kitchen showed a gate at either entry of the L shaped kitchen. In the kitchen was a pantry cabinet that had a lock requiring a key to open. The gates were observed to be closed from 10:00 AM until 3:45 PM during the inspection and no residents were noted to be in the kitchen area.

In an interview, on 01/09/2026 at 11:10 AM, Staff B (Entity Representative) stated that the gates and locked pantry were put in place to prevent a diabetic resident, who no longer resided in the AFH, from consuming too many snacks. Staff B stated that the locked pantry held snack foods. Staff C (Caregiver) stated that at that time the gates were present to prevent a current resident from entering the kitchen when Staff C was cooking.

Review of Resident 1 and Resident 2's negotiated care plans showed no documentation related to a restriction of the kitchen area or of the available snack food.

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, Perfect Peace Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02/20/2026 .

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

Sirgit Ashenaffi
Provider (or Representative)

02/03/2026
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Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a homelike environment which maintained quality of life by preventing entry into the kitchen area and locking up snacks for 5 of 5 residents (Residents 1, 2, 3, 4 and 5). This failure placed Residents 1, 2, 3, 4 and 5 at risk of a decreased quality of life.

Findings included…

Observation, on 01/09/2026 at 11:00 AM, of the AFH kitchen showed a gate at either entry of the L shaped kitchen. In the kitchen was a pantry cabinet that had a lock requiring a key to open. The gates were observed to be closed from 10:00 AM until 3:45 PM during the inspection and no residents were noted to be in the kitchen area.

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Provider (or Representative) Date

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WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the fire extinguisher near the kitchen area had been serviced annually. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of injury during an emergency.

Findings included...

Observation, on 01/09/2026 at 11:20 AM, of the fire extinguisher located near the AFH kitchen had a tag which showed the last service date was in 12/2024.

In an interview, on 01/09/2026 at 3:30 PM, Staff B (Entity Representative) stated that the fire extinguisher would be serviced.

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, Perfect Peace Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/09/2026 .

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

Sirgut Ashenaffi
Provider (or Representative)

02/03/2026
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:

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

This requirement was not met as evidenced by:

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Based on record review and interview, the Adult Family Home (AFH) failed to ensure 7 of 7 current staff members (Staff A, B, C, D, E, F and G) had the required address and contact information present in their personnel records. 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 7 current staff member personnel records showed none of the records contained staff information such as addresses or contact information.

In an interview, on 01/09/2026 at 3:45 PM, Staff B (Entity Representative) stated that the information would be added to the staff 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, Perfect Peace Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02/20/2026 .

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

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Date

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Findings included…

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