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

A Caring Haven Adult Family Home LLC

A Caring Haven Adult Family Home LLC
7209 NE 152ND PL
KENMORE, WA 98028

RE: A Caring Haven Adult Family Home LLC License # 753188

Dear Provider:

This letter addresses Compliance Determination(s) 73179 (Completion Date 02/19/2026) and 72144 (Completion Date 02/04/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/19/2026 and found that you have corrected the violations listed in the Full report dated 02/04/2026. Your home is back in compliance as of 02/05/2026 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 388-76-10490-2-b-i, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

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

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 01/29/2026 of:

A Caring Haven Adult Family Home LLC
7209 NE 152ND PL
KENMORE, WA 98028

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

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.

Statement of Deficiencies	License # 753188	Compliance Determination # 72144
Plan of Correction	A Caring Haven Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: A Caring Haven Adult Family Home LLC	02/04/2026

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

02/05/2026
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)

2/5/2026
Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the AFH Medication Disposal Policy was followed for disposing of an expired medication within 48 hours for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of harm or injury if the expired medication was taken.

Findings included...

Record review of the AFH's Medication Disposal Policy, undated, showed the AFH would dispose of any expired medications for current residents within 48 hours.

Record review showed the AFH admitted Resident 1 on [redacted]/2021. Further review showed Resident 1 was prescribed multiple medications.

Observation, on 01/28/2026 at 1:20 PM, of Resident 1's medication supply, showed a

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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 _____

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This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the AFH Medication Disposal Policy was followed for disposing of an expired medication within 48 hours for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of harm or injury if the expired medication was taken.

Findings included…

Record review of the AFH's Medication Disposal Policy, undated, showed the AFH would dispose of any expired medications for current residents within 48 hours.

Record review showed the AFH admitted Resident 1 on [redacted]/2021. Further review showed Resident 1 was prescribed multiple medications.

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Statement of Deficiencies	License #: 753188	Compliance Determination #72144
Plan of Correction	A Caring Haven Adult Family Home LLC	Completion Date
Page 3 of 4	Licensee: A Caring Haven Adult Family Home LLC	02/04/2026

Ziploc bag containing multiple individually packaged suppository (administered rectally) medications. There was a prescription label on the exterior of the Ziploc bag which read, "bisacodyl 10 milligram (mg) suppository." The bisacodyl 10 mg prescription label had an expiration date of 07/19/2025.

In an interview, on 01/29/2026 at 1:27 PM, Staff A, Entity Representative, stated that they believed the AFH caregivers were reusing the same Ziploc bag to hold new bisacodyl 10 mg suppositories. Staff A stated that they would provide education to the caregivers to ensure they did not reuse old prescription labels or containers to hold newer medications.

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, A Caring Haven Adult Family Home LLC 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) 2/5/2026 Date

WAC 388-76-10760 Safety and maintenance. The adult family home must:

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

This requirement was not met as evidenced by:

The Adult Family Home (AFH) failed to ensure all toxic chemicals were kept in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury or illness if they accessed the toxic chemicals.

Findings included...

Observation, on 01/29/2026 at 10:36 AM, of the unlocked cupboard underneath the kitchen sink, showed a container of Lysol disinfecting wipes.

In an interview, on 01/29/2026 at 10:36 AM, Staff A, Entity Representative, stated that they did not realize disinfecting wipes needed to be in locked storage. Staff A immediately moved the Lysol wipes to a locked storage area.

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Ziploc bag containing multiple individually packaged suppository (administered rectally) medications. There was a prescription label on the exterior of the Ziploc bag which read, “bisacodyl 10 milligram (mg) suppository.” The bisacodyl 10 mg prescription label had an expiration date of 07/19/2025.

In an interview, on 01/29/2026 at 1:27 PM, Staff A, Entity Representative, stated that they believed the AFH caregivers were reusing the same Ziploc bag to hold new bisacodyl 10 mg suppositories. Staff A stated that they would provide education to the caregivers to ensure they did not reuse old prescription labels or containers to hold newer medications.

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, A Caring Haven Adult Family Home LLC 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

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

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

This requirement was not met as evidenced by:

The Adult Family Home (AFH) failed to ensure all toxic chemicals were kept in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury or illness if they accessed the toxic chemicals.

Findings included…

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In an interview, on 01/29/2026 at 10:36 AM, Staff A, Entity Representative, stated that they did not realize disinfecting wipes needed to be in locked storage. Staff A immediately moved the Lysol wipes to a locked storage area.

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Statement of Deficiencies	License # 753188	Compliance Determination # 72144
Plan of Correction	A Caring Haven Adult Family Home LLC	Completion Date
Page 4 of 4	Licensee: A Caring Haven Adult Family Home LLC	02/04/2026

Observation, on 01/29/2026 at 10:46 AM, of the ensuite bathroom in bedroom [redacted] (Resident 4's bedroom), showed a container of Clorox disinfecting wipes in the unlocked cupboard underneath the sink.

In an interview, on 01/29/2026 at 10:46 AM, Staff A stated that they would move the Clorox wipes to locked storage.

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, A Caring Haven Adult Family Home LLC 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) 2-5-2026 Date

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

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

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Provider (or Representative) Date

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

02/05/2026

A Caring Haven Adult Family Home LLC
A Caring Haven Adult Family Home LLC
7209 NE 152ND PL
KENMORE, WA 98028

RE: A Caring Haven Adult Family Home LLC # 753188

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/04/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

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

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/04/2026), no later than 03/21/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(4) Whether the drill was a full or partial emergency evacuation; and

The Adult Family Home (AFH) failed to ensure the evacuation drill logs showed a full evacuation drill was completed. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative, who corrected the drill log, dated 05/13/2025, to show a full evacuation drill had occurred.

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

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

The Adult Family Home (AFH) failed to ensure Resident 1’s inventory of personal belongings (IPB) form was signed and dated by the AFH and the resident or their representative. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative. Staff A and Resident 1’s representative signed the IPB form.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

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

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

The Adult Family Home (AFH) failed to ensure Resident 1's admission agreement was updated at least every 24 months. This deficiency was corrected over the course of inspection by Staff A, Entity Representative, who had Resident 1's representative review and sign the admission agreement.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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

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(d) The monthly or per diem rate charged to private pay residents to live in the home;

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(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

The Adult Family Home (AFH) failed to ensure Resident 1’s admission agreement was updated at least every 24 months. This deficiency was corrected over the course of inspection by Staff A, Entity Representative, who had Resident 1’s representative review and sign the admission agreement.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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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Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

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

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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A Caring Haven Adult Family Home LLC Response to Citations and Plan of Correction

Dear Licensor/Department Representative:

On behalf of A Caring Haven Adult Family Home, we would like to thank you for visiting our home and for providing us with the opportunity to review our practices and make improvements. We take great pride in the care we provide to our residents and value your guidance in helping us maintain full compliance and high standards of care.

Below is our response to the cited findings and the corrective actions taken:

1. Expired Bisacodyl Suppository
An expired bisacodyl suppository was found stored in an old, expired medication bag. While the medication had already been discontinued and was no longer in use, we acknowledge that storing it in an outdated bag was incorrect. This issue was corrected immediately. Going forward, we will ensure that all discontinued or expired medications are disposed of within 48 hours in accordance with our policy and placed only in the appropriate ziplock disposal bags provided. We will continue routine medication monitoring to ensure that all PRN medications are current and properly stored. The provider formally discontinued this medication on the day of inspection.

2. Resident Personal Belongings Inventory
The resident's personal belongings inventory form was updated and signed the following day. We will continue to ensure that all resident belongings inventories are completed, signed, and kept current at all times.

3. Resident Admission Agreements
We acknowledge the need to ensure admission agreements are reviewed and signed every two years, including for residents converting to DSHS services. Moving forward, we will ensure all admission agreements are reviewed, updated, and signed within the required timeframe without delay.

4. Storage of Cleaning and Chemical Supplies
Lysol sanitizing wipes and other chemical products are now securely locked. This issue has been fully corrected on the day of the visit, and we will continue to ensure that all potentially toxic chemicals are stored in locked cabinets to maintain resident safety.

We appreciate the opportunity to address these findings and to continue improving our processes. Thank you for your guidance and support as we strive to provide safe, compliant, and compassionate care to our residents.

Sincerely,

Senait Tesfay, owner of
A Caring Haven Adult Family Homes

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