STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Tranquil AFH LLC

Tranquil AFH LLC
PO Box 3574
Bellevue, WA 98009

RE: Tranquil AFH LLC License # 753365

Dear Provider:

This letter addresses Compliance Determination(s) 69298 (Completion Date 11/24/2025) and 66333 (Completion Date 10/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/24/2025 and found that you have corrected the violations listed in the Full report dated 10/07/2025. Your home is back in compliance as of 11/07/2025 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 388-76-10255-1, WAC 388-76-10290-2, WAC 388-76-10530-1, WAC 388-76-10805-4

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753365	Compliance Determination # 66333
Plan of Correction	Tranquil AFH LLC	Completion Date
Page 1 of 7	Licensee: Tranquil AFH LLC	10/07/2025

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 the unannounced on-site full inspection on 09/25/2025 of:
Tranquil AFH LLC
16825 NE 18th St
Bellevue, WA 98008

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI
Lydia Owusu-Acheampong, Community Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

10-17-2025
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)

10 / 26 / 2025
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that infection control procedure was followed by 2 of 2 caregivers (Staff C, Caregiver and Staff D, Caregiver) when they provided care for 2 of 3 residents (Residents 2 and Resident 3). This failure placed Resident 2 and Resident 3 at risk of acquiring infectious disease.

Findings included...

Washington State Department of Social and Health Services website under Information for Adult Family Home Providers had a quick link for Standard Precaution Table. The Standard Precaution Table had Hand hygiene topic. It stated to clean hands immediately before touching a patient and after touching a patient or patient's surroundings. The Standard Precaution Table had a "know when to change gloves and clean hands" topic. It stated if moving from work on a soiled body site to clean body site on the same patient. It stated if moving from care on one person to another person.

Observation on 09/25/2025 at 9:41 AM showed Staff C, and Staff D with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

In an interview on 09/25/2025 at 10:14 AM, Staff C stated that Resident 2 and Resident

3 were incontinent.

Observation on 09/25/2025 at 1:14 PM showed Staff C with gloves on removed Resident 3's incontinent briefs. Staff C then wiped Resident 3's private area. Staff C wore the same gloves, obtained new clean incontinent briefs and placed them to Resident 3.

In an interview on 09/25/2025 at 1:16 PM, Staff C had no response when department staff asked them about their gloves. Staff D, who was also present in the room, stated Staff C should have changed their gloves before getting the clean incontinent briefs. Staff C verbalized understanding after department staff's explanation that their gloves were contaminated after wiping Resident 3's private area.

Observation on 09/25/2025 at 1:18 PM showed Staff C removed Resident 3's incontinent briefs and removed their gloves. Staff C donned new gloves and obtained new clean incontinent briefs. Staff C and Staff D wore new gloves when they transferred Resident 3 to their wheelchair. Staff D wore gloves when they wheeled Resident 3 out of their bedroom to the living room area. Staff C and Staff D with their gloves on transferred Resident 3 from their wheelchair to the recliner chair.

Observation on 09/25/2025 at 1:20 PM showed Staff C and Staff D with the same gloves walked into Resident 2's bedroom. Staff C and Staff D stated they were going to provide incontinent care to Resident 2. Staff C removed Resident 2's blanket. Department staff asked Staff C and Staff D to stop the procedure.

In an interview on 09/25/2025 at 1:21 PM, Staff C stated that they had changed their gloves before transferring Resident 3 to their wheelchair when department staff asked them about their gloves and handwashing. Staff D stated acknowledged that they should have washed their hands after providing care to Resident 3 and before providing care to Resident 2.

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, Tranquil AFH LLC is or will be in compliance with this law and / or regulation on (Date) 09 / 25 / 2025 .

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

Provider (or Representative) — Date: 10 / 26 / 2025

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) with a positive Tuberculosis [([TB)] a communicable disease affecting lungs]) test had a TB signs and symptoms evaluation when they were hired. This failure placed all the residents at the AFH at risk of exposure to TB.

Findings included...

Review of WAC 388-76-10275 (1) stated positive skin test is ten or more millimeters (mm) induration.

Observation on 09/25/2025 at 9:41 AM showed Staff C, and Staff D, Caregiver with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

In an interview on 11:00 AM, Staff C stated they worked full time and lived at the AFH.

Review of Staff C's personnel records showed the AFH hired them on 03/08/2025. Staff C had a skin test read on 11/08/2024 with 15 mm result. Staff C had a chest x-ray on 11/08/2025 with negative result for TB. Further review showed no record of TB signs and symptoms evaluation was completed when they were hired.

In an interview on 09/25/2025 at 4:30 PM, Staff C stated they did not have any TB signs

and symptoms evaluation.

In an interview on 10/7/2025 at 12:44 PM, Staff A, Entity Representative stated that Staff C did not have any TB test when they were hired as they had the chest- ray completed.

The AFH sent an email on 10/7/2025 that included Staff C's 06/09/2025 chest x-ray that was negative for TB. In the email Staff A stated that Staff C would go to the physician for the TB signs and symptoms evaluation.

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, Tranquil AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11 / 07 / 2025 .

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

Provider (or Representative) Date 10 / 26/ 2025

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 twenty-four months from the date of the resident's admission and must include the following:

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the AFH's admission agreement (notice of rights and services agreement) with 1 of 2 sampled residents (Resident 2) every 24 months after their admission. This failure placed Resident 2 at risk of unmet care needs.

Findings included...

Observation on 09/25/2025 at 9:41 AM showed Staff C, Caregiver and Staff D, Caregiver with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

Review of Resident 2's AFH records showed that the AFH admitted them on [redacted]/2020. Resident 2's admission agreement was signed and dated on 06/20/2023. There was no other admission agreement found in Resident 2's file.

In an interview on 09/25/2025 at 5:30 PM, department staff requested Resident 2's recent admission agreement. Staff C stated that they would ask Staff A, Entity Representative.

On 09/29/2025, the AFH sent an email to department that included Resident 2's admission agreement that was signed and dated 09/30/2025. The admission agreement was signed and dated 27 months and 10 days after the last review. The admission agreement was signed five days after the inspection.

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, Tranquil AFH LLC is or will be in compliance with this law and / or regulation on (Date) 09 / 29 / 2025 .

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

Provider (or Representative) _____ Date 10 / 26 / 2025

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the smoke detector in 2 of 4 Resident's bedrooms were kept in working condition at all times. This failure placed all residents (Residents 1, 2, and 3) at risk of harm or serious injury in the event of a fire emergency. Findings included...

Observation on 09/25/2025 at 9:41 AM showed Staff C, Caregiver and Staff D, Caregiver with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

During the bedroom tour on 09/25/2025 at 11:03 AM, observation showed Bedroom A, currently vacant's, smoke detector did not alarm when pressed by Staff C.

In an interview on 09/25/2025 at 11:04 AM, Staff C stated they might need to change the smoke detector's battery.

During the bedroom tour on 09/25/2025 at 11:11 AM, observed Bedroom D, currently vacant's smoke detector, did not alarm when Staff C pressed the alarm to test.

In an interview on 09/25/2025 at 11:17 PM, Staff C stated they would change the batteries of the smoke detectors in Bedroom A and Bedroom D.

Observation on 09/25/2025 at 4:56 PM and 4:59 AM, showed Bedroom A's and Bedroom D's smoke detectors alarm when tested.

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, Tranquil AFH LLC is or will be in compliance with this law and / or regulation on (Date) 09 / 25 / 2025 .

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

Provider (or Representative) — Date: 10 / 26 / 2025