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) 66672 (Completion Date 10/03/2025) and 63395 (Completion Date 09/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/03/2025 and found that you have corrected the violations listed in the Complaint report dated 09/09/2025. Your home is back in compliance as of 09/30/2025 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-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Alina Zaharie, 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

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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753365	Compliance Determination # 63395
Plan of Correction	Tranquil AFH LLC	Completion Date
Page 1 of 4	Licensee: Tranquil AFH LLC	09/09/2025

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 an unannounced on-site complaint investigation on 07/30/2025 and 08/22/2025 of:

Tranquil AFH LLC
16825 NE 18th St
Bellevue, WA 98008

This document references the following complaint number(s): 187399, 189022

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Alina Zaharie, NCI

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 — 9-10-2025 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) — 09 / 19 / 2025 Date

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(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 have a medication system in place to ensure 2 of 3 sampled residents (Residents 1 and 2) received medications as required and medication log was kept current for 1 of 3 residents (Resident 1). They also failed to ensure that 1 of 3 sampled residents (Resident 2) had their as needed (PRN) medications available in the facility. These failures placed Residents 1 and 2 at risk of not receiving medications as prescribed.

Findings included...

Resident 1

Record review of Resident 1's Negotiated Care Plan (NCP) dated 02/04/2025 showed the AFH admitted Resident 1 on [redacted]2025. Resident 1 required assistance with medication management as needed.

Record review of Resident 1's pharmacy generated July 2025 Medication Log showed Resident 1 was prescribed Ciclopirox 8 percent (%) solution on 02/17/2025 (a topical treatment used to treat a fungal infection of the nails) apply every day to affected nails

at bedtime with a duration of the treatment 48 weeks. Resident 1's pharmacy generated July 2025 medication log showed Resident 1 was prescribed on Miconazole 2% cream (medication to treat facial rash), on 03/28/2025, apply twice daily PRN.

Record Review, on 07/30/2025 at 2:00 PM, of Resident 1's electronic Synkwise medication log (a cloud-based web application created for providers to effectively manage residents care and medications) for June 2025 and July 2025 showed no entry for Ciclopirox 8% solution under Resident 1's Routine medication list. Resident 1's electronic Synkwise medication log showed no entry for Miconazole 2% cream for June 2025. Resident 1's electronic Synkwise medication log showed an entry of Miconazole 2% cream was manually created under Resident 1's PRN's medication list with a start date 07/30/2025 (same date of department visit).

During an interview on 07/30/2025 at 2:00 PM, Staff A (Entity Representative), stated that they had read the Ciclopirox 8 % solution order as needed for 8 weeks instead of 48 weeks. Staff A stated that they had not called Resident 1's Pharmacy to verify the order. Staff A stated that the PRN Miconazole 2% cream for Resident 1 had been given but for some unknown reason it dropped from Resident 1's electronic medication log.

During an interview on 07/30/2025 at 12:59 PM, Resident 1 stated that Staff F (Caregiver) had not gave them the medication ointment needed for treating their nail fungus as was prescribed by their doctor. Resident 1 stated that they had received the ointment three times within 6 months period.

Resident 2

Record review of Resident 2's Negotiated Care Plan (NCP) dated 06/13/2025 showed the AFH admitted Resident 2 on [redacted]/2024 and Resident 2's required medication administration PRN.

Record review of Resident 2's electronic medication log for July 2025 showed Resident 2 had prescribed multiple PRN's medications included Polyethylene glycol (Medication used to prevent and treat constipation) and Quetiapine Fumurate 25 mg (medication used to treat anxiety).

Observation with Staff A on 07/30/2025 at 2:38 PM, showed Resident 2's prescribed Polyethylene glycol and Quetiapine Fumurate 25 mg were not available in the AFH.

During an interview, Staff A stated that they failed to notice that those PRN's medications were not available in the AFH. Staff A stated that AFH caregivers were supposed to check Residents medications and ensure no issues, and they had not checked.

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Page 4 of 4	Licensee: Tranquil AFH LLC	09/09/2025

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/ 30 / 2025 .

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

Provider (or Representative)

09 / 19 / 2025

Date