STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Genesis AFH LLC
Genesis AFH II LLC
17126 37TH AVE W
LYNNWOOD, WA 98037

RE: Genesis AFH II LLC License # 753413

Dear Provider:

This letter addresses Compliance Determination(s) 70842 (Completion Date 12/31/2025) and 69818 (Completion Date 12/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/31/2025 and found that you have corrected the violations listed in the Full report dated 12/12/2025. Your home is back in compliance as of 12/12/2025 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 388-76-10750-6-c, 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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 12/09/2025 of:
Genesis AFH II LLC
17126 37TH AVE W
LYNNWOOD, WA 98037

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

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License # 753413	Compliance Determination # 698816
Plan of Correction	Genesis AFH II LLC	Completion Date
Page 2 of 3	Licensee: Genesis AFH LLC	12/12/2025

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

12/17/2025
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)

DEC 23, 2025
Date

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

(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:

(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 hot water temperature was at least 105 degrees Fahrenheit (F) at the bathroom sink and the kitchen sink. The AFH also failed to ensure all toxic substances were kept in locked storage. These failures placed 2 of 2 residents (Residents 1 and 2) at risk of injury or illness due to access to toxic substances. These failures also placed Residents 1 and 2 at risk of decreased quality of life due to not having water hot enough to use.

Findings included...

<Water Temperature>

Observation, on 12/09/2025 at 10:15 AM, of the main bathroom used by residents (located near bedrooms [redacted] and [redacted]), showed the water temperature at the sink was 101.4 degrees F.

In an interview, on 12/09/2025 at 10:15 AM, Staff A, Entity Representative, stated that

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

12/17/2025
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)

Date

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

(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:

(c) Sinks;

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the hot water temperature was at least 105 degrees Fahrenheit (F) at the bathroom sink and the kitchen sink. The AFH also failed to ensure all toxic substances were kept in locked storage. These failures placed 2 of 2 residents (Residents 1 and 2) at risk of injury or illness due to access to toxic substances. These failures also placed Residents 1 and 2 at risk of decreased quality of life due to not having water hot enough to use.

Findings included...

<Water Temperature>

Observation, on 12/09/2025 at 10:15 AM, of the main bathroom used by residents (located near bedrooms [redacted] and [redacted], showed the water temperature at the sink was 101.4 degrees F.

In an interview, on 12/09/2025 at 10:15 AM, Staff A, Entity Representative, stated that

they check the water temperature routinely. Staff A stated that the washing machine was running which may have lowered the water temperature.

Observation, on 12/09/2025 at 1:43 PM, of the main bathroom, showed the water temperature at the sink was 100.2 degrees F using the State-issued thermometer. Staff A then used the AFH's thermometer to measure the water temperature in the kitchen sink which showed a temperature of 104.5 degrees F. Observation, of the water temperature in the kitchen sink using a State-issued thermometer, showed a temperature of 103.5 degrees F. Staff A then used the AFH's thermometer to measure the water temperature in the main bathroom which showed a temperature of 102.8 degrees F.

In an interview, on 12/09/2025 at 1:49 AM, Staff A stated that the water temperature may have been impacted due to a household member using a shower at that time. Staff A stated that they would manually adjust the temperature of the water heater.

<Cleaning Supplies>

Observation, on 12/09/2025 at 10:10 AM, showed a child lock device used to secure the cupboard underneath the kitchen sink. Observation inside the cupboard showed liquid dish soap and Lysol disinfecting wipes.

In an interview, on 12/09/2025 at 10:10 AM, Staff A and Staff C, Caregiver, stated that they did not know child locks did not constitute locking devices.

This was corrected on site at the time of inspection by Staff A, who immediately removed the dish soap and Lysol wipes and placed them in a locked storage 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, Genesis AFH II LLC is or will be in compliance with this law and / or regulation on (Date) DEC 12, 2025

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

Provider (or Representative) — Date: DEC 29, 2025

they check the water temperature routinely. Staff A stated that the washing machine was running which may have lowered the water temperature.

Observation, on 12/09/2025 at 1:43 PM, of the main bathroom, showed the water temperature at the sink was 100.2 degrees F using the State-issued thermometer. Staff A then used the AFH's thermometer to measure the water temperature in the kitchen sink which showed a temperature of 104.5 degrees F. Observation, of the water temperature in the kitchen sink using a State-issued thermometer, showed a temperature of 103.5 degrees F. Staff A then used the AFH's thermometer to measure the water temperature in the main bathroom which showed a temperature of 102.5 degrees F.

In an interview, on 12/09/2025 at 1:49 AM, Staff A stated that the water temperature may have been impacted due to a household member using a shower at that time. Staff A stated that they would manually adjust the temperature of the water heater.

<Cleaning Supplies>

Observation, on 12/09/2025 at 10:10 AM, showed a child lock device used to secure the cupboard underneath the kitchen sink. Observation inside the cupboard showed liquid dish soap and Lysol disinfecting wipes.

In an interview, on 12/09/2025 at 10:10 AM, Staff A and Staff C, Caregiver, stated that they did not know child locks did not constitute locking devices.

This was corrected on site at the time of inspection by Staff A, who immediately removed the dish soap and Lysol wipes and placed them in a locked storage 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, Genesis AFH II 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Genesis AFH LLC
Genesis AFH II LLC
17126 37TH AVE W
LYNNWOOD, WA 98037

RE: Genesis AFH II LLC # 753413

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/12/2025 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:

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 days, 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 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

The Adult Family Home (AFH) failed to maintain verification showing the fire extinguishers on the upper level and the lower level of the home were inspected annually. This deficiency was corrected on site at the time of inspection by Staff D, Non-Caregiving Staff, who purchased new fire extinguishers for the upper level and lower level of the home.

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 ;

The Adult Family Home (AFH) failed to ensure Resident 1's December 2025 Medication Log (ML) had an entry for PRN (used as needed) ibuprofen. This deficiency was corrected on site at the time of inspection by Staff C, Caregiver, who added the entry to Resident 1's December 2025 ML.

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

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.

Send your supporting documents to:

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

GENESIS AFH LLC

LICENSE NO. 753413

17126 37th AVE W LYNNWOOD, WA 98037

December 23,2025

Renee Bourque, Field Manager

Region 2, Unit I

Residential Care Services

RE: Plan of Correction

To whom it may Concern,

This is in response to your letter dated on 12/17/2025

1. WAC 388-76-10750 Safety and maintenance.

The adult family home will:

(6) Ensure hot water temperature is at least 150 degrees and does not exceed 120 degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

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

Thank you for your kind consideration.

Sincerely,

Kate Guintu

PROVIDER/OWNER