STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

BRIDLE TRAILS SENIOR CARE INC
Bridle Trails Senior Care II
5551 116th Ave NE
Kirkland, WA 98033

RE: Bridle Trails Senior Care II License # 753570

Dear Provider:

This letter addresses Compliance Determination(s) 72753 (Completion Date 02/10/2026) and 71932 (Completion Date 01/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/10/2026 and found that you have corrected the violations listed in the Full report dated 01/26/2026. Your home is back in compliance as of 02/02/2026 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 388-76-10825-1, WAC 388-76-10825-3

The Department staff who did the on-site verification:
Jimmie Jordan, 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

HOME AND COMMUNITY LIVING ADMINISTRATION

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

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 01/23/2026 of:

Bridle Trails Senior Care II
5551 116th Ave NE
Kirkland, WA 98033

The following sample was selected for review during the unannounced on-site visit: 0 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 753570	Compliance Determination #: 71932
Plan of Correction	Bridle Trails Senior Care II	Completion Date
Page 2 of 3	Licensee: BRIDLE TRAILS SENIOR CARE INC	01/26/2026

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.

Residential Care Services — 1-26-2026 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) — 2/2/2026 Date

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(1) The adult family home must not use oil, gas, kerosene, or electric space heaters that have not been certified by an organization listed as a nationally recognized testing laboratory.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 1 of 7 Residents (Resident 1) had a space heater that was Underwriters Laboratories [(UL) A global safety science company that conducts rigorous testing and writes safety standards for various products including electrical equipment] certified. Additionally, they failed to ensure that this space heater that was hot to the touch had a non-flammable, heat-resistant barrier around it. This failure placed Resident 5 at risk of bodily harm from burns.

Findings included...

An observation on 01/23/2026 at 9:33 AM, with Staff C, Caregiver, showed a space heater located in Bedroom [redacted]. The observation showed that the space heater was on and was hot to the touch. Observation showed the space heater did not have a flame-resistant barrier that does not get hot to the touch.

Observation on 01/23/2026 at 4:20 PM showed the space heater was a Lasko Model CT22445, with a label that stated, "conforms to ANSI/UL STD 1278."

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 388-76-10825 Space heaters, fireplaces, and stoves.

(1) The adult family home must not use oil, gas, kerosene, or electric space heaters that have not been certified by an organization listed as a nationally recognized testing laboratory.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 1 of 7 Residents (Resident 1) had a space heater that was Underwriters Laboratories [(UL) A global safety science company that conducts rigorous testing and writes safety standards for various products including electrical equipment] certified. Additionally, they failed to ensure that this space heater that was hot to the touch had a non-flammable, heat-resistant barrier around it. This failure placed Resident 5 at risk of bodily harm from burns.

Findings included...

An observation on 01/23/2026 at 9:33 AM, with Staff C, Caregiver, showed a space heater located in Bedroom [redacted]. The observation showed that the space heater was on and was hot to the touch. Observation showed the space heater did not have a flame-resistant barrier that does not get hot to the touch.

Observation on 01/23/2026 at 4:20 PM showed the space heater was a Lasko Model CT22445, with a label that stated, “conforms to ANSI/UL STD 1278.”

Statement of Deficiencies	License #: 753570	Compliance Determination #71932
Plan of Correction	Bridle Trails Senior Care II	Completion Date
Page 3 of 3	Licensee: BRIDLE TRAILS SENIOR CARE INC	01/26/2026

During an interview on 01/23/2026 at 9:33 AM, Staff C stated that Resident 1 is always cold in the morning, so they use the space heater to warm up Resident 1. Staff C stated that when they are done with the space heater, they place it in Resident 1's bedroom closet.

In an interview on 01/23/2026 at 4:30 PM, Staff A, Provider/Resident Manager, stated that Resident 1's family brought in the space heater, and they didn't know if this was UL certified. Staff A stated that the AFH did not have a protective covering for the space heater.

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, Bridle Trails Senior Care II is or will be in compliance with this law and / or regulation on (Date) 2/2/2026.

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

Provider (or Representative) — Date: 2/2/2026

On 1/23/2026 at 9:40am, space heater was removed from AFH. Alternative measures are now in place to keep resident warm during showers. [signature], owner.

During an interview on 01/23/2026 at 9:33 AM, Staff C stated that Resident 1 is always cold in the morning, so they use the space heater to warm up Resident 1. Staff C stated that when they are done with the space heater, they place it in Resident 1's bedroom closet.

In an interview on 01/23/2026 at 4:30 PM, Staff A, Provider/Resident Manager, stated that Resident 1's family brought in the space heater, and they didn't know if this was UL certified. Staff A stated that the AFH did not have a protective covering for the space heater.

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, Bridle Trails Senior Care II 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