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

Crystal Ridge AFH LLC

Crystal Ridge AFH LLC
5218 151st St SW
Edmonds, WA 98026

RE: Crystal Ridge AFH LLC License # 753827

Dear Provider:

This letter addresses Compliance Determination(s) 75324 (Completion Date 04/02/2026) and 74828 (Completion Date 03/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/02/2026 and found that you have corrected the violations listed in the Full report dated 03/26/2026. Your home is back in compliance as of 04/02/2026 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 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

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 03/25/2026 of:
Crystal Ridge AFH LLC
5218 151st St SW
Edmonds, WA 98026

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:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 753627	Compliance Determination #: 749261
Plan of Correction	Crystal Ridge AFH LLC	Completion Date
Page 2 of 3	Licensee: Crystal Ridge AFH LLC	03/26/2026

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 — 04/01/2026 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) — 04/02/2026 Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; 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 6 residents (Resident 5) had the required safety assessment, the necessary care planning and a consent form outlining the known risks and benefits of the medical device before using [redacted]. These failures placed Resident 5 at risk of harm from injury if the [redacted] were not used properly and they were unaware of unknown risks of [redacted] use.

Findings included...

Observation, on 03/25/2026 at 9:35 AM, showed Resident 5 lived in and received care from the AFH. Further observation showed Resident 5, ambulated with medical devices.

Observation of Resident 5's bedroom (bedroom [redacted], on 03/25/2026 at 11:05 AM, showed a [redacted] on the upper right side of Resident 5's bed. The [redacted] was securely installed.

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

04/01/2026
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)

Date

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Findings included...

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Observation of Resident 5's bedroom (bedroom [redacted], on 03/25/2026 at 11:05 AM, showed a [redacted] on the upper right side of Resident 5's bed. The [redacted] was securely installed.

Statement of Deficiencies	License #: 753827	Compliance Determination #74928
Plan of Correction	Crystal Ridge AFH LLC	Completion Date
Page 3 of 3	Licensee: Crystal Ridge AFH LLC	03/26/2026

Review of Resident 5's assessment, dated 05/22/2025, did not include the reasons Resident 5 needed the [redacted] and had not identified Resident 5's ability to safely use the [redacted]. Review of Resident 5's NCP, dated 06/19/2025, did not address Resident 5's [redacted] use information. Review of Resident 5's record showed there was no document of a consent form for safety and risks of [redacted] use in Resident 5's records.

In an interview, on 03/25/2026 at 12:10 PM, Staff A, Entity Representative, stated that they were aware of [redacted] use requirements. Staff A stated that they had the physical therapy order and they could not locate it. Staff A stated that they might have forgetten to update Resident 5's NCP with [redacted] information. Staff A stated that they would send the PT assessment and consent form to the department next business day (03/26/2026) by 4:00 PM.

Review of documents received by the department on 03/26/2026, showed a copy of Resident 1's primary care provider (PCP) order, dated 03/25/2026 to use [redacted] for repositioning and safe transfer.

In a telephonic interview, on 03/26/2026 at 10:44 AM, Staff A stated that they could not locate the previous [redacted] assessment and they requested a new order from Resident 1's PCP.

* We remove the [redacted] from the bed no longer in use.

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, Crystal Ridge AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/02/2026

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

Provider (or Representative) — Date: 04/02/2026

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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
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/01/2026

Crystal Ridge AFH LLC
Crystal Ridge AFH LLC
5218 151st St SW
Edmonds, WA 98026

RE: Crystal Ridge AFH LLC # 753827

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/26/2026 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:

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 (03/26/2026), no later than 05/10/2026 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

The Adult Family Home (AFH) failed to ensure to keep over the counter (OTC) supplements (Probiotic and Multivitamin gummies) locked in the fridge. This deficiency was corrected during the visit by Staff A, Entity Representative, who locked the OTC supplements before placing them back in the fridge.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date].

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

The Adult Family Home (AFH) failed to have a copy of "Residency Agreement" on file for 3 of 6 [redacted] payee residents (Residents 1, 2 and 4). This deficiency was corrected during the visit by Staff A, Entity Representative.

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;

The Adult Family Home (AFH) failed to ensure AFH staff keep the chemicals/cleaners in the cabinet underneath the kitchen sink locked after cleaning. This deficiency was corrected during the visit by Staff E, Caregiver. Staff E stated that they were distracted, and they forgot to lock the cabinet properly.

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