STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

ROHOBOOT LLC
Welcome Home
10918 140th Street E
Puyallup, WA 98374

RE: Welcome Home License # 754008

Dear Provider:

This letter addresses Compliance Determination(s) 74860 (Completion Date 03/25/2026) and 73089 (Completion Date 02/23/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/25/2026 and found that you have corrected the violations listed in the Full report dated 02/23/2026. Your home is back in compliance as of 02/24/2026 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 388-76-10715-1

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 754008	Compliance Determination # 73089
Plan of Correction	Welcome Home	Completion Date
Page 1 of 3	Licensee: ROHOBOOT LLC	02/23/2026

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 02/18/2026 of:
Welcome Home
10918 140th Street E
Puyallup, WA 98374

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 754008	Compliance Determination # 73089
Plan of Correction	Welcome Home	Completion Date
Page 2 of 3	Licensee: ROHOBOOT LLC	02/23/2026

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 — 02/24/2026 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) — 2/24/2026 Date

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(1) Every bedroom and bathroom door opens from the inside and outside;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 bedrooms (Bedroom C) and 1 of 4 bathrooms (Bathroom 3) could be opened from the outside. This failure placed a future resident at risk for entrapment or delay in evacuation in case of an emergency.

Findings included...

On 02/18/2026 at 10:30 AM observation showed that Bedroom C (vacant) did not have a key to open the door from the outside. Bedroom C is also attached to a bathroom/laundry room (Bathroom 3) that leads outside to the kitchen. Bathroom 3's door also did not have a key to open from the outside. The Provider tried to open both doors using different keys but to no avail.

On 02/18/2026 at 1:20 PM, during interview the Provider stated that they had the keys to Bedroom C and Bathroom 3 but could not find them so they removed both doorknobs and would replace them with ones which did not lock.

This is a deficiency previously written as a consultation on 12/05/2023.

Statement of Deficiencies	License #: 754008	Compliance Determination # 73089
Plan of Correction	Welcome Home	Completion Date
Page 3 of 3	Licensee: ROHOBOOT LLC	02/23/2026

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, Welcome Home is or will be in compliance with this law and / or regulation on (Date) 2/24/2026.

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

mchyf
Provider (or Representative)

2/24/2026
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

ROHOBOOT LLC
Welcome Home
10918 140th Street E
Puyallup, WA 98374

RE: Welcome Home # 754008

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/23/2026 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:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/23/2026), no later than 04/09/2026 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.

(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;

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

On 02/18/2026, record review revealed that Resident 1 ([redacted] client) was not provided with a written residency agreement document. The Provider immediately provided the document to Resident 1 before completion of the onsite visit to correct the issue.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

On 02/18/2026, record review revealed Resident 1's Negotiated Care Plan (NCP) dated 01/22/2026 was not signed and dated by the resident. On 02/18/2026 at 1:20 PM, during interview the Provider stated that they forgot to print the signature page of Resident 1's NCP and have them sign the document. The Provider immediately had Resident 1 sign and date the document before completion of the onsite visit to correct the issue.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(3) Tuberculosis testing results.

On 02/18/026, record review of personnel files revealed that the Resident Manager's (RM) initial tuberculosis (TB, a communicable disease) skin test results were not readily available for review. On 02/18/2026 at 1:20 PM, during interview the Provider stated that they would look for the RM's missing document and send a copy to the Department for review. On 02/19/2026, the Department received via email from the Provider a copy of the RM's missing initial TB skin test result (dated 01/07/2025, negative for TB) to correct the issue.

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of the following professional licenses are exempt from this requirement:

(a) Physician licensed under chapter 18.71 RCW;

(b) Osteopathic physician licensed under chapter 18.57 RCW;

(c) Osteopathic physician assistant licensed under chapter 18.57A RCW;

(d) Physician assistant licensed under chapter 18.71A RCW; or

(e) Registered nurse, advanced registered nurse practitioner, or licensed practical nurse licensed under chapter 18.79 RCW;

On 02/18/2026, record review of personnel files revealed no documentation to show that the Resident Manager (RM, designated on 02/18/2025 [one year ago]) completed 1,000 hours of successful direct caregiving experience. On 02/18/2026 at 1:20 PM, during interview the Provider stated that they just recently designated the RM to be in-charge of the Adult Family Home (AFH). On 02/19/2026, the Department received via email from the Provider a copy of the RM's Caregiving Experience Attestation (CEA, notarized on 02/18/2026) document, to correct the issue.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

On 02/18/2026, review of the evacuation drill record revealed all drills conducted between 01/21/2025 and 01/21/2026 were all done between 12:00 PM and 3:00 PM. On 02/18/2026 at 12:50 PM, during interview the Provider stated that they were not aware of the requirement to have the drills be conducted in different shifts.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(4) Whether the drill was a full or partial emergency evacuation; and

On 02/18/2026, review of the evacuation drill record revealed no documentation to show a full evacuation was conducted between 01/21/2025 and 01/21/2026. On 02/18/2026 at 12:50 PM, during interview the provider stated that a full evacuation was conducted 07/21/2025 but forgot to identify it on the evacuation drill record.

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 (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
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:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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

---

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 IDRs** 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