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

Peace & Comfort AFH LLC

Peace & Comfort AFH LLC
19037 104th Ave NE
Bothell, WA 98011

RE: Peace & Comfort AFH LLC License # 754754

Dear Provider:

This letter addresses Compliance Determination(s) 71810 (Completion Date 01/22/2026) and 69120 (Completion Date 12/02/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2026 and found that you have corrected the violations listed in the Full report dated 12/02/2025. Your home is back in compliance as of 12/30/2025 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10320-4, WAC 388-76-10320-8, WAC 388-76-10532-2-c, WAC 388-76-10146-2-c, WAC 388-76-10146-1, WAC 388-76-10198-1

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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 11/20/2025 of:

Peace & Comfort AFH LLC
19037 104th Ave NE
Bothell, WA 98011

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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 #: 754754	Compliance Determination # 69120
Plan of Correction	Peace & Comfort AFH LLC	Completion Date
Page 2 of 8	Licensee: Peace & Comfort AFH LLC	12/02/2025

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

12/09/2025
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.

Hirut Dessie Gul
Provider (or Representative)

12-11-2025
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:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(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 2 of 4 residents (Resident 1 and Resident 3) had the required assessment, consent form and negotiated care planning completed prior to the use of a medical device. This failure placed Resident 1 and Resident 3 at risk of injury related to the use of [redacted]

Findings included...

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted]/2023 with multiple diagnoses including [redacted]

Observation of Resident 1's bed, on 11/20/2025 at 11:00 AM, showed one-half length

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' Bourgue
Residential Care Services

12/09/2025
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

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(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 2 of 4 residents (Resident 1 and Resident 3) had the required assessment, consent form and negotiated care planning completed prior to the use of a medical device. This failure placed Resident 1 and Resident 3 at risk of injury related to the use of [redacted].

Findings included...

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted]/2023 with multiple diagnoses including [redacted].

Observation of Resident 1's bed, on 11/20/2025 at 11:00 AM, showed one-half length

[redacted] on both sides of the bed.

Review of Resident 1's record showed a [redacted] consent form, titled "[redacted] Safety Information and Informed Consent Form", present in Resident 1's record with no signature or date. Resident 1's negotiated care plan (NCP), dated 03/25/2025, did not address the safe use of the [redacted] and there was not a safety assessment present in the record.

In an interview, on 11/20/2025 at 3:30 PM, Staff A (Provider) stated when Resident 1 was in bed both [redacted] were in the up position to assist with repositioning. Staff A stated they would complete the required documents for the safe use of the [redacted]

Note:- Both [redacted] (left & Right) were down position HD
RESIDENT 3: they never been used & removed at 4:30 pm. not 11/20/25
Record review showed Resident 3 was admitted on [redacted]/2024 with multiple diagnoses including [redacted].

Observation, on 11/20/2025 at 11:10 AM, showed Resident 3 in bed with a one-half length [redacted] in the up position on the left side of the bed. The right side of the bed was against the wall.

Review of Resident 3's record showed a [redacted] consent form signed, dated 6/1/2024. A "Therapy Evaluation for Bed Transfer/Positioning Devices" was present and signed/dated 06/20/2025. The NCP for Resident 3, dated 05/19/2025, did not address the safe use of the [redacted].

In an interview, on 11/20/2025 at 3:30 PM, Staff A stated Resident 3's NCP would be updated.

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, Peace & Comfort AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2025 4:30 PM

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

Hirut Dessie — 12/11/25

Provider (or Representative) — Date

[redacted] on both sides of the bed.

Review of Resident 1's record showed a [redacted] consent form, titled "[redacted] Safety Information and Informed Consent Form", present in Resident 1's record with no signature or date. Resident 1's negotiated care plan (NCP), dated 03/25/2025, did not address the safe use of the [redacted] and there was not a safety assessment present in the record.

In an interview, on 11/20/2025 at 3:30 PM, Staff A (Provider) stated when Resident 1 was in bed both [redacted] were in the up position to assist with repositioning. Staff A stated they would complete the required documents for the safe use of the [redacted].

RESIDENT 3:
Record review showed Resident 3 was admitted on [redacted]/2024 with multiple diagnoses including [redacted].

Observation, on 11/20/2025 at 11:10 AM, showed Resident 3 in bed with a one-half length [redacted] in the up position on the left side of the bed. The right side of the bed was against the wall.

Review of Resident 3's record showed a [redacted] consent form signed, dated 6/1/2024. A "Therapy Evaluation for Bed Transfer/Positioning Devices" was present and signed/dated 06/20/2025. The NCP for Resident 3, dated 05/19/2025, did not address the safe use of the [redacted].

In an interview, on 11/20/2025 at 3:30 PM, Staff A stated Resident 3's NCP would be updated.

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, Peace & Comfort AFH 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

WAC 388-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(4) The resident assessment information;

(8) The resident's Social Security number;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) did not have the current assessment information available in the resident record for 3 of 4 residents (Residents 1, 2 and 3). In addition, the AFH did not have the required Social Security number present in the resident records for 2 of 4 residents (Residents 1 and 2). These failures placed Residents 1, 2 and 3 at risk for unmet care needs.

Findings included...

RESIDENT 1:
Record review of Resident 1's record showed Resident 1 was admitted on [redacted]/2023 and there was no assessment located in the record. Resident 1's Social Security number was not located in their record.

RESIDENT 2:
Record review of Resident 2's record showed Resident 2 was admitted on [redacted]/2022 and there was no assessment located in Resident 2's record. Resident 2's Social Security number was not located in their record.

RESIDENT 3:
Record review of Resident 3's record showed Resident 3 was admitted on [redacted]/2024 and there was no assessment located in Resident 3's record. Resident 3's Social Security number was not located in their record.

In an interview, on 11/20/2025 at 12:15 PM, Staff A (Provider) stated they would print the most recent assessments and include the Social Security numbers in the resident records.

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, Peace & Comfort AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2025.

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

Hirut Dessie Fuit — Provider (or Representative)

12/11/2025 — Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 2) had the required disclosure of charges form signed and dated upon admission. This failure placed Resident 2 at risk of being unaware of the charges for services.

Findings included...

Record review showed Resident 2 was admitted on [redacted]/2022 and the disclosure of charges present in the record was not signed or dated.

In an interview, on 11/20/2025 at 3:30 PM, Staff A (Provider) stated they were not aware of the requirement to keep a signed and dated copy in the record.

I do understand the requirment; the signed page was misplaced but still in file. Resident.
HD 12/11/25

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, Peace & Comfort AFH 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

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(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 2) had the required disclosure of charges form signed and dated upon admission. This failure placed Resident 2 at risk of being unaware of the charges for services.

Findings included...

Record review showed Resident 2 was admitted on [redacted]/2022 and the disclosure of charges present in the record was not signed or dated.

In an interview, on 11/20/2025 at 3:30 PM, Staff A (Provider) stated they were not aware of the requirement to keep a signed and dated copy in the record.

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, Peace & Comfort AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/2025

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

Hirut Dessie Hirut — Provider (or Representative)

12-11-25 — Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 staff (Staff C and Staff F, Caregivers) had the required specialty or nurse delegation training. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included...

STAFF C:
Record review showed Staff C was hired on 09/03/2025 and there were no certifications present for the required nurse delegation core or nurse delegation diabetic focus training.

STAFF F:
Record review showed Staff F was hired on 09/03/2025 as well and there were no certifications present for the training required for dementia or mental health specialties.

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, Peace & Comfort AFH 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

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(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 staff (Staff C and Staff F, Caregivers) had the required specialty or nurse delegation training. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included...

STAFF C:
Record review showed Staff C was hired on 09/03/2025 and there were no certifications present for the required nurse delegation core or nurse delegation diabetic focus training.

STAFF F:
Record review showed Staff F was hired on 09/03/2025 as well and there were no certifications present for the training required for dementia or mental health specialties.

In an interview, on 11/20/2025 at 3:40 PM, Staff A (Provider) stated they would have the training completed.

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, Peace & Comfort AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/30/25.

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

Hirut Desin

Provider (or Representative) Date 12/11/25

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:

(1) Staff information such as address and contact information.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure staff contact information was present in the personnel records for 3 of 6 staff (Staff C, E and F). This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of staff personnel records showed no contact information was found for Staff C (Caregiver), Staff E (Caregiver) or Staff F (Caregiver).

In an interview, on 11/20/2025 at 3:45 PM, Staff A (Provider) stated they were not aware of the requirement and would include staff contact information.

In an interview, on 11/20/2025 at 3:40 PM, Staff A (Provider) stated they would have the training completed.

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, Peace & Comfort AFH 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

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:

(1) Staff information such as address and contact information.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure staff contact information was present in the personnel records for 3 of 6 staff (Staff C, E and F). This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of staff personnel records showed no contact information was found for Staff C (Caregiver), Staff E (Caregiver) or Staff F (Caregiver).

In an interview, on 11/20/2025 at 3:45 PM, Staff A (Provider) stated they were not aware of the requirement and would include staff contact information.

Statement of Deficiencies	License #: 754754	Compliance Determination # 69120
Plan of Correction	Peace & Comfort AFH LLC	Completion Date
Page 8 of 8	Licensee: Peace & Comfort AFH LLC	12/02/2025

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, Peace & Comfort AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/20/25 .

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

Hina Deepe 12/11/25

Provider (or Representative) Date

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

Provider (or Representative) Date