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

Sam Care Solution AFH LLC
Crystal Ridge 2
5214 151 St SW
Edmonds, WA 98026

RE: Crystal Ridge 2 License # 755327

Dear Provider:

This letter addresses Compliance Determination(s) 73608 (Completion Date 02/27/2026) and 72797 (Completion Date 02/11/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/27/2026 and found that you have corrected the violations listed in the Complaint report dated 02/11/2026. Your home is back in compliance as of 02/12/2026 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 388-76-10025-3, WAC 388-76-10025-1

The Department staff who did the on-site verification:
Theresia Karundeng, NCI
Nicholette Flynn, AFH Field Manager

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourque

Nicholette Flynn, AFH 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

Statement of Deficiencies	License #: 755327	Compliance Determination # 72797
Plan of Correction	Crystal Ridge 2	Completion Date
Page 1 of 3	Licensee: Sam Care Solution AFH LLC	02/11/2026

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 an unannounced on-site complaint investigation on 02/11/2026 of:

Crystal Ridge 2
5214 151st St SW
Edmonds , WA 98026

This document references the following complaint number(s): 210585

The following sample was selected for review during the unannounced on-site visit: 0 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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 #: 755327	Compliance Determination #72797
Plan of Correction	Crystal Ridge 2	Completion Date
Page 2 of 3	Licensee: Sam Care Solution AFH LLC	02/11/2026

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.

Renee' Bourque
Residential Care Services

02/12/2026
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)

02/12/2026
Date

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay the annual licensing fee before the due date on 12/15/2025. This failure resulted in 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) living in the AFH that has been operating with an unpaid license fee since 12/16/2025.

Findings included...

An observation, on 02/11/2026 at 10:33 AM, showed the AFH had six residents and two staff in the AFH.

Review of the Department's Secure Tracking and Reporting System, on 02/11/2026, showed the AFH had not paid their annual licensing fee that was due on 12/15/2025. The Department database showed a balance of $2700.

In an interview, on 02/11/2026 at 2:01 PM, Staff B, Resident Manager, stated that they had not paid the annual license fee that was due on 12/15/2025. Staff B stated they could not show proof of payment.

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 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay the annual licensing fee before the due date on 12/15/2025. This failure resulted in 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) living in the AFH that has been operating with an unpaid license fee since 12/16/2025.

Findings included...

An observation, on 02/11/2026 at 10:33 AM, showed the AFH had six residents and two staff in the AFH.

Review of the Department’s Secure Tracking and Reporting System, on 02/11/2026, showed the AFH had not paid their annual licensing fee that was due on 12/15/2025. The Department database showed a balance of $2700.

In an interview, on 02/11/2026 at 2:01 PM, Staff B, Resident Manager, stated that they had not paid the annual license fee that was due on 12/15/2025. Staff B stated they could not show proof of payment.

Statement of Deficiencies	License #: 755327	Compliance Determination #72797
Plan of Correction	Crystal Ridge 2	Completion Date
Page 3 of 3	Licensee: Sam Care Solution AFH LLC	02/11/2026

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, Crystal Ridge 2 is or will be in compliance with this law and / or regulation on (Date) 02/12/2026

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

Provider (or Representative) — Date: 02/12/2026

Plan of Corraction taken the Same day

1. on 02/12/2026 by sending the payment via overnight mail. Attached is the proof of receipt.

2. For next year, We add a reminder to our annual Calender to ensure that this payment is not missed again.

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 2 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