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

Circle of Friends Assisted Living LLC
Circle of Friends II
3816 SOUTH 198TH ST
SEATAC, WA 98188

RE: Circle of Friends II License # 755705

Dear Provider:

This letter addresses Compliance Determination(s) 74234 (Completion Date 03/13/2026) and 72518 (Completion Date 02/06/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/13/2026 and found that you have corrected the violations listed in the Full report dated 02/06/2026. Your home is back in compliance as of 02/20/2026 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 388-76-10161-3, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10420-7-b, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10485-1, WAC 388-76-10685-2-b, WAC 388-76-10685-11, WAC 388-76-10805-4, WAC 388-76-10810-2-b

The Department staff who did the on-site verification:
Linda Dunn, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, 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

Statement of Deficiencies	License #: 755705	Compliance Determination # 72518
Plan of Correction	Circle of Friends II	Completion Date
Page 1 of 13	Licensee: Circle of Friends Assisted Living LLC	02/06/2026

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 02/02/2026 of:
Circle of Friends II
3816 SOUTH 198TH ST
SEATAC, WA 98188

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Linda Dunn, Nursing Consultant Institutional
Michele Grumke, AFH Licensor

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

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

2-11-2026
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)

2/20/26
Date

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

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 5 staff (Staff E, Non-Caregiver/Maintenance) had a Washington state name and date of birth Background Inquiry (BGI). This failure placed all residents (Residents 1, 2, 3, 4, 5, 6, and 7) at risk of harm from staff with an unknown current criminal background.

Findings included...

During a visit on 02/02/2026 at 8:35 AM, observation showed the AFH had a centrally located living room with the dining area and kitchen on the left-hand side and on the right-hand side was a hallway. Further observation showed Bedroom [redacted], used by Resident 6 and Resident 7, was at the end of the hallway.

On 02/02/2026 at 12:56 PM, observation showed Staff C, Caregiver, was outside the AFH assisting Resident 3 in the driveway and Staff D, Caregiver, was leading an activity with residents at a dining table next to the kitchen. Additional observation showed Staff E was standing on a ladder in a hallway connected to Bedroom [redacted] and was working on repairing ceiling lights. Observation showed Staff E was not in view of Staff C or Staff D.

On 02/02/2026 at 1:21 PM, observation showed Staff C and Staff D were at the dining table and Staff E was in the hallway near Bedroom [redacted], out of staff line of sight.

Review of the AFH administrative records showed no BGI for Staff E.

In an interview on 02/02/2026 at 1:48 PM, Staff A, Entity Representative, stated that they did not have a current BGI for Staff E.

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, Circle of Friends II is or will be in compliance with this law and / or regulation on (Date) 2/20/26

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

Provider (or Representative) Date 2/20/26

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington state name and date of birth Background Inquiry (BGI) for 1 of 5 staff (Staff C, Caregiver). This failure placed all residents (Residents 1, 2, 3, 4, 5, 6, and 7) at risk of harm from staff with an unknown current criminal background.

Findings included...

During a visit on 02/02/2026 at 8:35 AM, observation showed Residents 1, 2, 3, 4, 5, 6, and 7 lived in and received care at the AFH. Further observation showed Staff C worked in the AFH.

A review of Staff C's personnel records showed a hire date of 09/08/2023. Further review showed Staff C's BGI expired on 09/11/2025.

In an interview on 02/02/2026 at 2:01PM, Staff A, Entity Representative, stated that they did not have a current BGI for Staff C.

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, Circle of Friends II is or will be in compliance with this law and / or regulation on (Date) 2/20/26.

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

Provider (or Representative) Date 2/20/26

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure food handling procedures were followed by 1 of 3 staff (Staff D, Caregiver) when they prepared lunch for 4 of 7 residents' (Residents 1, 3, 4, and 5). This failure placed Residents 1, 3, 4, and 5 at risk of food borne illness.

Findings included...

A review of "Washington State Food Worker Manual" dated 2022 from the Washington Department of Health, showed when handling food, clean gloves helped to prevent germs from contaminating food.

On 02/02/2026 at 11:33 AM, observation showed Staff D was in the kitchen of the AFH

preparing lunch for the resident's and was wearing gloves. Observation further showed Staff D was holding the handle of a pan in their left hand and a serving spoon in their right, placing pasta on plates located on the kitchen counter. In addition, observation showed Staff D returned the pan to the stovetop and retrieved a pot and a serving spoon. Staff D placed broccoli on the plates and returned the pot to the stovetop. Staff D retrieved a plate with cornbread and, with the same gloved hands, Staff D placed cornbread on each plate.

In an interview on 02/02/2026 at 11:36 AM, Staff D stated that they were nervous and had forgotten to change their gloves.

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, Circle of Friends II is or will be in compliance with this law and / or regulation on (Date) 2/20/26.

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

Provider (or Representative) — Date 2/20/26

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication logs for 2 of 2 sampled residents (Resident 2 and Resident 5) were kept current and failed to ensure 1 of 2 sampled residents (Resident 5) received medication as prescribed. These failures placed Resident 2 and Resident 5 at risk of medication errors and placed Resident 5 at risk of worsening of condition.

Findings included...

Resident 2

In an interview on 02/02/2026 at 2:30 PM, Staff A, Entity Representative, stated that the AFH had begun using a computerized medication system in November 2025. Staff A further stated that the electronic medication system was connected directly to a pharmacy and the pharmacy was responsible for uploading all medication orders into the system.

In an interview on 02/02/2026 at 2:30 PM, Staff C, Caregiver, stated that they were responsible for giving Resident 2 daily medications and initialed on the electronic medication log when the medications were given.

On 02/02/2026 at 2:32 PM, observation showed a bottle of Nature Made Vitamin C Extra Strength 1000 milligrams (mg) located in the medication storage area designated for Resident 2's medication. Observation showed the Vitamin C did not have a label indicating who was prescribed the medication, frequency, dosage, or time the medication was to be given.

In an interview on 02/02/2026 at 2:32 PM, Staff C stated that the Vitamin C was given daily to Resident 2 by Staff C. Staff C stated that Resident 2 purchased the bottle of Vitamin C independently.

A review of Resident 2's 02/02/2026 electronic medication list showed no entry for Vitamin C Extra Strength 1000 mg.

In a telephone interview on 02/06/2026 at 12:48 PM, Collateral Contact 2 (CC 2) stated that Resident 2 had a physician's order dated 08/17/2021, for Vitamin C 500 mg tab to be given twice daily with breakfast and dinner.

Resident 5

On 02/02/2026 at 2:56 PM observation showed Resident 5 had a bubble pack of Melatonin, for insomnia, 3 mg, take 1 tablet by mouth daily at bedtime. Further observation showed there were missing tablets from the bubble pack.

A review of Resident 5's January 2026 electronic medication log showed no entry for Melatonin 3 mg.

In an interview on 02/02/2026 at 3:00 PM, Staff A stated that Resident 5's Melatonin 3 mg was a new medication recently prescribed by Resident 5's primary care physician.

In an interview on 02/02/2026 at 3:13 PM, Staff C stated that they did not know why the initialed entries for Resident 5's Melatonin was not showing up in the AFH's electronic medication system.

In an interview on 02/03/2026 at 4:13 PM, Collateral Contact 1 (CC1) stated that Resident 5's Melatonin 3 mg had been filled with a 28 day supply and delivered to the AFH on 01/15/2026.

In a phone interview on 02/05/2026 at 11:31 AM, Staff A stated that Resident 5 had begun taking Melatonin on the day it was delivered to the AFH on 01/15/2026. Staff A further stated that there were 18 Melatonin tablets missing from the bubble pack. From 01/15/2026 until 02/04/2026 there was 21days, which means 3 additional tablets should have been missing from the bubble pack.

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, Circle of Friends II is or will be in compliance with this law and / or regulation on (Date) 2/20/26.

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

Provider (or Representative) Date 2/20/26

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 residents' (Resident 2 and Resident 3) medication remained in locked storage. This failure placed all ambulatory residents' (Residents 1, 3, and 5) at risk of accessing and taking medication not prescribed for their use.

Findings included...

On 02/02/2026 at 8:41 AM, observation showed Resident 3 was seated at the kitchen table. Further observation showed Resident 3 self-transferred from a kitchen chair to a standing position. In addition, observation showed Resident 3 walked independently into the living room with the use of a walker.

On 02/02/2026 at 9:29 AM, observation showed Resident 5 ambulated independently from the sofa in the living room, down the hallway to the bathroom.

On 02/02/2026 at 11:06 AM, observation of Bedroom [redacted]'s (used by Resident 3 and Resident 5) bathroom showed a medication cabinet over the toilet. Observation further showed 1 opened container of Vicks VapoRub and 3 unopened packages of Mentholatum, both topical medications used to ease cough and congestion, in the medication cabinet.

In an interview on 02/02/2026 at 11:07 AM, Staff A, Entity Representative, stated that Resident 3's family had visited and must have purchased the Vicks VapoRub and Mentholatum for the resident.

On 02/02/2026 at 11:24 AM, observation of Bedroom [redacted], used by Resident 2, showed a bottle of Peroxide and a bottle of alcohol, both disinfectants, used to prevent infection, in the bedroom closet.

In an interview on 02/02/2026 at 11:25 AM, Staff A stated that Resident 2 received services through a Home Health (HH) agency, in-home medical care. Staff A further stated that the Peroxide and alcohol were used by HH when providing wound care to Resident 2.

On 02/02/2026 at 2:23 PM, observation showed Resident 1 ambulated independently from the sofa and down the hallway.

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, Circle of Friends II is or will be in compliance with this law and / or regulation on (Date) 2/20/26.

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

Provider (or Representative) [signature] Date 2/20/26

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a window in 1 of 5 bedrooms (Bedroom [redacted]) used by 1 of 1 resident (Resident 1) had a window screen, and the AFH failed to ensure 3 of 7 resident's (Resident 1, Resident 5, and Resident 6) had a way of alerting staff in an emergency or always had a staff member within hearing distance of the resident's bedrooms. These failures placed Resident 1 at risk of insect-borne diseases and placed Residents 1, 5, and 6 at risk of serious harm or injury in the event of an emergency.

Findings included...

Window Screen

On 02/02/2026 at 11:16 AM, observation showed the window in Bedroom [redacted] had no window screen.

In an interview on 02/02/2026 at 11:17 AM, Staff A, Entity Representative, stated that the screen must have fallen out of the window.

In a follow up interview during the exit on 02/02/2026 at 5:09 PM, Staff A stated that they were unable to locate the window screen for Bedroom [redacted].

Call Bell

On 02/02/2026 at 8:35 AM, observation showed the AFH had a centrally located living room with a hallway on each side. Observation further showed Bedroom [redacted], used by Resident 6 and Resident 7, and a staff bedroom were located down one hallway. Bedroom [redacted], used by Resident 4, Bedroom [redacted], used by Resident 2, Bedroom [redacted], used by Resident 3 and Resident 5, and Bedroom [redacted], used by Resident 1, were located down the other hallway and out of range of the staff bedroom.

On 02/02/2026 at 10:52 AM, observation of Bedroom [redacted], used by Resident 6 and Resident 7, showed Resident 7 had a call bell. Observation further showed Staff A, Entity Representative, searched Resident 6's side of the bedroom, looking for the resident's call bell. In addition, observation showed Staff A picked up a call bell, that was located not less than 5 feet from Resident 6's [redacted] and out of the resident's reach.

In an interview on 02/02/2026 at 10:53 AM, Staff A stated that Resident 6 had a history of throwing their call bell and kept the call bell out of the resident's reach. Staff A further stated that if Resident 6 required something they called out for staff.

On 02/02/2026 at 10:54 AM, observation showed the only staff bedroom on the first floor of the 2 story AFH was located not less than 8 feet from Resident 6's bedroom.

On 02/02/2026 at 11:03 AM, observation showed a call bell sounded from Bedroom [redacted].

On 02/02/2026 at 11:04 AM, observation showed a call bell sounded from Bedroom [redacted].

On 02/02/2026 at 11:05 AM, observation showed Resident 3, who sat on the living room sofa, informed staff, "call bell."

On 02/02/2026 at 11:10 AM, observation showed Resident 5 did not have a call bell in their bedroom.

In an interview on 02/02/2026 at 11:11 AM, Staff A stated that they were unable to locate Resident 5's call bell.

On 02/02/2026 at 11:14 AM, observation showed Resident 1 did not have a call bell in their bedroom.

In an interview on 02/02/2026 at 11:15 AM, Staff A stated that they were unable to locate the call bell.

In a follow up interview during the exit on 02/02/2026 at 5:11 PM, Staff A stated that they had ordered additional call bells.

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, Circle of Friends II is or will be in compliance with this law and / or regulation on (Date) 2/20/26

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

Provider (or Representative) Date 2/20/26

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the smoke alarm in 1 of 1 staff residence was kept in working condition at all times. This failure placed all residents (Residents 1, 2, 3, 4, 5, 6 and 7) at risk of harm or serious injury in the event of a fire emergency.

Findings included...

During a visit on 02/02/2026 at 8:35 AM, observation showed the AFH was a two level home. The AFH was on the ground floor and staff residence on the top floor. Observation further showed Residents 1, 2, 3, 4, 5, 6, and 7 lived in and received care on the ground floor level of the AFH.

On 02/02/2026 at 10:37 AM, observation showed Staff A, Entity Representative, attempted to activate the upstairs smoke alarm by pressing the test button on the alarm and no alarm sounded. Further observation showed Staff A attempted to activate the alarm by repeatedly pressing the test button and no sound was produced.

In an interview on 02/02/2026 at 10:38 AM, Staff A stated that the upstairs area was a staff residence. Staff A stated that they would contact their contractor to repair the upstairs smoke alarm immediately.

In an interview on 02/02/2026 at 4:16 PM, Staff A stated that their contractor made repairs to the upstairs smoke alarm.

On 02/02/2026 at 4:28 PM, observation showed Staff A attempted to test the upstairs smoke alarm by repeatedly pressing the test button. Further observation showed no sound emitted from the smoke alarm when tested.

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, Circle of Friends II is or will be in compliance with this law and / or regulation on (Date) 2/20/26.

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

Provider (or Representative) [signature] Date 2/20/26

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 fire extinguisher (Fire Extinguisher 1) had been inspected and serviced annually. This failure placed all residents (Residents 1, 2, 3, 4, 5, 6, and 7) at risk of serious harm or injury in the event of a fire emergency.

Findings included...

During a visit on 02/02/2026 at 8:35 AM, observation showed Residents 1, 2, 3, 4, 5, 6, and 7 lived in and received care on the ground floor level of the two story AFH.

In an interview on 02/02/2026 at 10:37 AM, Staff A, Entity Representative, stated that the upstairs level of the home was a staff residence.

On 02/02/2026 at 10:37 AM, observation showed fire extinguisher 1 was mounted on a wall in the upstairs kitchenette area. Further observation showed fire extinguisher 1 was last serviced in February 2024.

In an interview on 02/02/2026 at 10:37 AM, Staff A, stated that they thought fire extinguisher 1 had been inspected and serviced in 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, Circle of Friends II is or will be in compliance with this law and / or regulation on (Date) 2/20/26

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

Provider (or Representative) Date 2/20/26