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

Brightlight Care AFH LLC

Brightlight Care AFH LLC
14032 53rd Ave W
Edmonds, WA 98026

RE: Brightlight Care AFH LLC License # 755749

Dear Provider:

This letter addresses Compliance Determination(s) 66382 (Completion Date 09/30/2025) and 65483 (Completion Date 09/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/30/2025 and found that you have corrected the violations listed in the Full report dated 09/19/2025. Your home is back in compliance as of 09/11/2025 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 388-76-10166-1, WAC 388-76-10532-2-c

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

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 09/11/2025 of:
Brightlight Care AFH LLC
14032 53rd Ave W
Edmonds, WA 98026

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

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

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 #: 755749	Compliance Determination #:55483
Plan of Correction	Brightlight Care AFH LLC	Completion Date
Page 2 of 4	Licensee: Brightlight Care AFH LLC	09/19/2025

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

09/23/2025
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.

Etsegenet Kefsela
Provider (or Representative)

09/25/2025
Date

WAC 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

(1) The adult family home must not allow individuals specified in WAC 388-76-10161 (3) to have unsupervised access to residents until the home receives results of the Washington state name and date of birth background check from the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that a Washington Name and Date of Birth (WNDOB) Background Inquiry (BGI) was completed for 1 of 3 household (HH) members (HH2, non-caregiving relative). This failure placed Residents 1 and 2 at risk of having unsupervised access to someone with an unknown criminal history.

Findings included...

In an interview, on 09/11/2025 at 8:30 AM, Staff A, Entity Representative, stated that they had relatives living in the AFH who were not AFH staff. At 2:25 PM, Staff A stated that all necessary WNDOB BGIs had been completed for the HH members. Staff A was unable to locate the WNDOB BGI check for HH2.

Staff A logged into the Background Check Central Unit website on their phone. Staff A located the application for the WNDOB BGI for HH2. Record review of the WNDOB BGI application for HH2 showed that the application was created on 10/29/2024. The application status was listed as "expired." It further stated that the application was created however not submitted.

In an interview, on 09/11/2025 at 2:30 PM, Staff A stated that they did not realize the

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

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Provider (or Representative) | Date

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Findings included…

In an interview, on 09/11/2025 at 9:30 AM, Staff A, Entity Representative, stated that they had relatives living in the AFH who were not AFH staff. At 2:25 PM, Staff A stated that all necessary WNDOB BGIs had been completed for the HH members. Staff A was unable to locate the WNDOB BGI check for HH2.

Staff A logged into the Background Check Central Unit website on their phone. Staff A located the application for the WNDOB BGI for HH2. Record review of the WNDOB BGI application for HH2 showed that the application was created on 10/29/2024. The application status was listed as “expired.” It further stated that the application was created however not submitted.

In an interview, on 09/11/2025 at 2:30 PM, Staff A stated that they did not realize the

WNDOB BGI application for HH2 was not submitted.

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, Brightlight Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 09/11/2025.

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

Etsegenet Ketsela
Provider (or Representative)

09/25/2025
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 a signed Disclosure of Charges (DOC) form was kept in the resident records for 2 of 2 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of not being fully aware of the costs of their care and services.

Findings included...

Record review, of Resident 1's records, showed the AFH admitted Resident 1 on [redacted]/2023. Further review showed no DOC form in Resident 1's records.

Record review, of Resident 2's records, showed the AFH admitted Resident 2 on [redacted]/2023. Further review showed no DOC form in Resident 2's records.

In an interview, on 09/11/2025 at 11:23 AM, Staff A, Entity Representative, stated that they would look for Resident 1 and Resident 2's DOC forms. At 1:30 PM, Staff A stated that they were unable to locate the DOC forms.

In a fax, received by the Department on 09/12/2025, Staff A provided a copy of the DOC

WNDOB BGI application for HH2 was not submitted.

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

Provider (or Representative) Date

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Findings included…

Record review, of Resident 1's records, showed the AFH admitted Resident 1 on [redacted]/2023. Further review showed no DOC form in Resident 1's records

Record review, of Resident 2's records, showed the AFH admitted Resident 2 on [redacted]/2023. Further review showed no DOC form in Resident 2's records.

In an interview, on 09/11/2025 at 11:23 AM, Staff A, Entity Representative, stated that they would look for Resident 1 and Resident 2's DOC forms. At 1:30 PM, Staff A stated that they were unable to locate the DOC forms.

In a fax, received by the Department on 09/12/2025, Staff A provided a copy of the DOC

Statement of Deficiencies	License # 755749	Compliance Determination # 85483
Plan of Correction	Brightlight Care AFH LLC	Completion Date
Page 4 of 4	Licensee: Brightlight Care AFH LLC	09/19/2025

forms for Resident 1 and Resident 2. Record review of these forms showed the DOCs were signed by Resident 1's representative and Resident 2's representative on 09/11/2025.

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, Brightlight Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 09/11/2025 .

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

Etsegenet Ketsela
Provider (or Representative)

09/25/2025
Date

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Provider (or Representative) Date

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

09/23/2025

Brightlight Care AFH LLC
Brightlight Care AFH LLC
14032 53rd Ave W
Edmonds, WA 98026

RE: Brightlight Care AFH LLC # 755749

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/19/2025 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 days, 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 that all medications were kept in locked storage. Observation showed a box of Ozempic (a medication used to treat diabetes [a condition impacting the way the body processes blood sugar]) on top of a medication lock box inside a refrigerator in a staff office. The office door had a lock on it. Staff A, Entity Representative, corrected this deficiency on site at the time of inspection. Staff A placed the Ozempic inside the lockbox.

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 that all toxic chemicals were secured in locked storage. Observation showed cleaning supplies including dish soap, Lysol spray, Windex glass cleaner, and stainless steel spray in a cupboard underneath the kitchen sink. The cupboard was secured with a child proof locking device. Staff A, Entity Representative, corrected this deficiency on site at the time of inspection. Staff A contacted a contractor who came to the AFH and installed a lock and key device on the cupboard.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

The Adult Family Home (AFH) failed to ensure that Resident 2’s Negotiated Care Plan (NCP) was updated at least every 12 months. Resident 2’s NCP was last updated on

08/20/2025. Staff A, Entity Representative, stated that they were still working on updating the NCP. Staff A corrected this deficiency by updating the NCP on 09/11/2025.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

The Adult Family Home (AFH) failed to ensure that Resident 2’s Notice of Rights and Services (Admission Agreement) was updated at least every 24 months. Staff A, Entity Representative, stated that she had the Admission Agreement document prepared and they were waiting for Resident 2’s representative to sign the document. This deficiency was corrected by Staff A, who had Resident 2’s representative sign and date the Admission Agreement on 09/11/2025.

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 find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

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.

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INFORMAL DISPUTE RESOLUTION [RCW 70.128]

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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 find this form and directions on the IDR Adult Family Home 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 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 request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225