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

Peace and Pleasant Care Adult Family Home, LLC
Peace and Pleasant Care AFH II
3815 Hampton Way
Kent, WA 98032

RE: Peace and Pleasant Care AFH II License # 755776

Dear Provider:

This letter addresses Compliance Determination(s) 71889 (Completion Date 02/19/2026) and 67985 (Completion Date 11/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/19/2026 and found that you have corrected the violations listed in the Full report dated 11/20/2025. Your home is back in compliance as of 01/04/2026 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 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10490-2-b-i, WAC 388-76-10690-2-a

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 755776	Compliance Determination # 67985
Plan of Correction	Peace and Pleasant Care AFH II	Completion Date
Page 1 of 8	Licensee: Peace and Pleasant Care Adult Family Home, LLC	11/20/2025

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 10/27/2025 of:
Peace and Pleasant Care AFH II
3815 Hampton Way
Kent, WA 98032

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:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support 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

11-26-2025
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)

12/05/2025
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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 2 sampled staff (Staff B, Caregiver) had two-step Tuberculosis [(TB) a communicable disease affecting lungs] skin testing, with the initial test done within three days of employment and a second test done one to three weeks after the first test. This failure placed all residents at risk of possible exposure to TB.

Staff B

Record review of Staff B's personnel records showed that they were hired on 04/24/2025 and completed orientation on 04/22/2025 and 04/25/2025. Staff B had a TB skin test administered on 04/29/2025 that was read on 05/02/2025 with a result 8-millimeter that was negative of TB. Staff B had no other TB skin test available for review at the AFH.

In an interview on 10/27/2025 at 3:20 PM, Staff B stated that they had completed two TB skin tests. Furthermore, at 3:39 PM, Staff B stated that they had called up the clinic, and they were told that the clinic would check their TB records.

In an interview on 10/27/2025, Staff A stated that they would send Staff B's TB document to the department.

The AFH sent an email to department on 11/05/2025 that included Staff B's 11/01/2025 QuantiFERON TB test (blood test that shows TB germs in the body). The TB blood test was completed five days after the inspection of the home- which was on 10/27/2025.

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 and Pleasant Care AFH II is or will be in compliance with this law and / or regulation on (Date) 12/19/2025

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

Provider (or Representative) — Date: 12/05/2025

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(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 have a medication system in place to ensure that the medication supply had the correct dosage as prescribed for 1 of 2 sample residents (Resident 1). This failure placed Resident 1 at risk of complications from medication error.

Findings included...

Observation on 10/27/2025 at 9:40 AM showed Staff A, Entity Representative, Staff B,

Caregiver and Staff C, Caregiver with three residents (Residents 1, 2, and 3) who received care and medication assistance from AFH staff.

Review of Resident 1's AFH records showed the AFH admitted them on [redacted]/2023. Review of Resident 1's October Electronic-MAR showed Resident 1 was prescribed Melatonin 3 milligram (mg) one tablet daily at 8:00 PM. Further review of Resident 1's Electronic-MAR showed an initialed entry that it was administered from 10/01/2025 to 10/26/2025.

Observation on 10/27/2025 at 11:21 AM, showed Resident 1's medication supply had a bottle of Melaton(medication for sleep) 5 milligram with an expiration date of 06/30/2027.

In an interview on 10/27/2025 at 11:22 AM, Staff A acknowledged the Melatonin 5 mg supply they used was not the prescribed Melatonin 3 mg. Staff A stated that they thought that they had the correct dosage.

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 and Pleasant Care AFH II is or will be in compliance with this law and / or regulation on (Date) 12/19/2025

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

Provider (or Representative) — Date: 12/05/2025

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to dispose discontinued medication for 1 of 2 sampled residents (Resident 1). In addition, the AFH did not dispose expired medication for I of 2 sampled residents (Resident 2) in accordance with their medication disposal policy. These failures placed Resident 1 and Resident 2 at risk of accidentally taking expired or discontinued medications.

Findings included..

Observation on 10/27/2025 at 9:40 AM showed Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver with three residents (Residents 1, 2, and 3) who received care and medication assistance from AFH staff.

Review of the AFH undated Medication Policy stated that expired medications and medications that were discontinued will be destroyed using the RX destroyer (bottle pre-filled with ready to use chemical drug destruction solution).

Discontinued medication.

Observation on 10/27/2025 at 11:15 AM of Resident 1's medication supply showed a pharmacy dispensed bubble pack (medications are placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) labelled Pantoprazole Sodium Delayed Release (treats heartburn and conditions in which there is too much acid in the stomach) 40 milligram (mg).

Review of Resident 1's Electronic-MAR showed there was no prescription for Pantoprazole Sodium Delayed Release 40 mg.

In an interview on 10/27/2025 at 11:20 AM, Staff A stated the Pantoprazole was discontinued and they would send the document to the department.

The AFH sent an email on 10/29/2025 that included Resident 1's 09/19/2025 physician prescription that Pantoprazole was discontinued. There was a 09/22/2025 pharmacy prescription that indicated Pantoprazole was discontinued.

Further review of Resident 1's physician prescription showed that Pantoprazole medication was discontinued on 09/19/2025. The Pantoprazole medication bubble pack was observed at the AFH during the inspection on 10/27/2025 which was 38 days after the medication was discontinued.

Expired Medication

Review of Resident 2's Electronic-MAR showed a prescription for Lorazepam (slows activity in the brain to allow relaxation) 0.5 mg one tablet as needed at bedtime for Anxiety (sense of uneasiness and distress) or Insomnia (difficulty sleeping or staying sleep).

Observation on 10/27/2025 at 11:08 AM of Resident 2's medication supply showed there was no Lorazepam medication.

In an interview on 10/27/2025 at 11:09 AM, Staff A stated that Resident 2 did not take the medication for the past two years. Staff A stated that they would look for the medication supply.

Observation on 10/27/2025 at 11:10 AM, Staff A presented a pharmacy dispensed bubble pack of Lorazepam 0.5 mg with an expiration date of 07/18/2025.

In an interview on 10/27/2025 at 11:10 AM, Staff A acknowledged that the Lorazepam medication was expired.

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 and Pleasant Care AFH II is or will be in compliance with this law and / or regulation on (Date) 12/19/2025

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

Provider (or Representative) [signature] Date 12/05/2025

WAC 388-76-10690 Bedroom usable floor space In adult family homes after the effective date of this chapter.

(2) The adult family home must ensure each resident bedroom has a minimum usable floor space as follows, excluding the floor space for toilet rooms, closets, lockers,

wardrobes and vestibules:

(a) Single occupancy bedrooms with at least eighty square feet; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to ensure that 1 of 3 current residents (Resident 3) had their bedroom measured and licensed to ensure they met the required floor space of at least eighty square feet. This failure placed Resident 3 at risk of decreased quality of life.

Findings included...

Record review of the AFH's license history at department's Secure Tracking and Reporting System (STARS) on 10/16/2025 showed that the AFH was licensed on 08/11/2022 for six beds. The AFH was initially licensed on 06/24/2020 and had Change of Ownership on 08/11/2022.

In the department's local field office hanging file, the AFH had a floor plan that showed Bedrooms A, B, C, D, and E were licensed for one capacity. Bedroom F was licensed for two capacity. There was a bedroom next to Bedroom B that was not marked licensed.

Observation on 10/27/2025 at 9:40 AM showed Staff A, Entity Representative, Staff B and Staff C, Caregiver with three residents (Residents 1, 2, and 3) who received care and services from AFH staff.

Observation on 10/27/2025 at 9:41 AM showed Resident 3 lay in bed and sleeping inside the bedroom in proximity of the living room, kitchen and TV area.

In an interview on 10/27/2025 at 9:42 AM, Staff A stated that the AFH admitted Resident 3 "about five or six days ago."

On 10/27/2025 at 10:23 AM observed Bedroom D was not occupied.

In an interview on 10/27/2025 at 10:23 AM, Staff A stated the Bedroom D's door would not allow for a wheelchair to pass through, they had to place Resident 3 in another bedroom. Staff A stated that they were not sure if the bedroom that Resident 3 currently occupied was licensed.

On 10/27/2025 at 10:53 AM, department staff showed Staff A the AFH floor map signed and dated 06/16/2025 by licensor and previous owner, that the bedroom Resident 3 occupied was not licensed. Staff A questioned the reason that Bedroom D was licensed

when the door was too narrow to fit Resident 3's wheelchair. Staff A stated they needed to place Resident 3 in that bedroom as they required close supervision.

On 10/27/2025 at 10:53 AM, department staff showed Staff A the AFH floor map signed and dated 06/16/2020 by licensor and previous owner, that the bedroom Resident 3 occupied was not licensed. Staff A questioned the reason that Bedroom D was licensed when the door was too narrow to fit Resident 3's wheelchair. Staff A stated they needed to place Resident 3 in that bedroom as they required close supervision.

In an interview on 10/27/2025 at 2:22 PM, Collateral Contact 1 (CC 1) stated that the AFH admitted Resident 3 on [redacted]/2025.

On 10/27/2025 at 5:30 PM department staff informed Staff A to look for Washington Association of Building Officials (WABO) inspection document and submit to department. The inspection document would indicate if the bedroom occupied by Resident 3 passed the bedroom inspection.

The AFH sent an email on 10/29/2025 that included Resident 3's admission agreement that was signed and dated by AFH Provider and resident representative on 10/12/2025.

Record review of the AFH's initial licensing documents on 11/23/2025 from STARS showed 08/28/2019 WABO inspection that approved Bedrooms A, B, C, D, E, and F. The bedroom occupied by Resident 3 was not inspected. There was a 04/27/2019 floor plan showing the bedroom occupied by Resident 3 was marked as an office.

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 and Pleasant Care AFH II is or will be in compliance with this law and / or regulation on (Date) 12/19/2025 01/04/2026

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

Provider (or Representative) — Date 12/05/2025