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

HASET ADULT FAMILY HOME LLC
"Beautiful" Living AFH
19711 Whitman Ave N
Shoreline, WA 98133

RE: "Beautiful" Living AFH License # 755967

Dear Provider:

This letter addresses Compliance Determination(s) 72995 (Completion Date 02/18/2026) and 71049 (Completion Date 01/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/18/2026 and found that you have corrected the violations listed in the Full report dated 01/08/2026. Your home is back in compliance as of 02/10/2026 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 388-76-10015-1, WAC 388-76-10400-1, WAC 388-76-10400-2, WAC 388-76-10400-4, WAC 388-76-10430-2-d, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

Statement of Deficiencies	License #: 755967	Compliance Determination # 71049
Plan of Correction	"Beautiful" Living AFH	Completion Date
Page 1 of 10	Licensee: HASET ADULT FAMILY HOME LLC	01/08/2026

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 01/07/2026 of:
"Beautiful" Living AFH
3918 172ND STREET SW
LYNNWOOD, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

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 #: 755967	Compliance Determination # 71049
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Page 2 of 10	Licensee: HASET ADULT FAMILY HOME LLC	01/08/2026

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' Bourgue
Residential Care Services

01/13/2026
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)

01/15/2026
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) to perform medical testing (blood sugar testing and monitoring) as required for 1 of 5 residents (Resident 1). This failure placed Resident 1 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses including [redacted].
Review of Resident 1's assessment, dated 12/09/2025, showed to record Resident 1's blood sugar daily. Review of Resident 1's dual assessment and Negotiated Care Plan (NCP), dated 11/24/2025, showed to monitor Resident 1's blood sugar once a day.

In an interview, on 01/07/2026 at 10:40 AM, Staff A, Entity Representative, stated that AFH staff did not check Resident 1's blood sugar and Resident 1 was independent with monitoring their blood sugar. Staff A stated that they did not have an MTSW license. Staff A stated that they were unaware of requirements.

Review of facility records showed no record of the MTSW license available.

Statement of Deficiencies	License #: 755967	Compliance Determination # 71049
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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, "Beautiful" Living AFH is or will be in compliance with this law and / or regulation on (Date) 02/10/2026

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

Provider (or Representative) [signature] Date 01/15/2026

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to deliver necessary care and services identified for 1 of 5 residents (Resident 1). This failure placed Resident 1 at risk of medical complications and worsening conditions.

Findings included...

Observation and interview, on 01/07/2026 at 9:30 AM, showed Resident 1 lived in and received care from the AFH. Staff B, Caregiver, stated that staff managed Resident 1's medications. Staff B stated that Resident 1 was able to self-administer their medications.

Review of Resident 1's assessment dated, 12/09/2025 showed Resident 1 had diagnoses of [redacted]. Review of Resident 1's assessment under caregiver instruction indicated "record blood sugars." Review of Resident 1's dual assessment and Negotiated Care Plan (NCP), dated 11/24/2025 showed Resident 1 required blood sugars monitoring once a day. Review of Resident 1's

NCP, dated 12/31/2025, under medication assistance there were no documentation of monitoring blood sugars. Review of Resident 1's January 2026 Medication Log (ML) showed an entry that read "check blood sugars once a day before breakfast.

Observation, on 01/07/2026 at 9:50 AM, showed Resident 1 walked with a walker independently to the dining table to have breakfast. Observation further showed Resident 1's blood sugar was not recorded by AFH staff.

In an interview, on 01/07/2026 at 1:05 PM, Staff A, Entity Representative, stated that Resident 1 was independent and they monitored their blood sugars independently. Staff A stated that Resident 1 was new and recently admitted into AFH. Staff A stated that they were working with Resident 1's Case Manager to get a referral for nurse delegation and monitoring Resident 1's blood sugars.

In an interview, on 01/07/2026 at 2:55 PM, Resident 1 stated that they did not check their blood sugars since they moved in. Resident 1 stated that staff tried once to figure out how to use their blood sugars monitoring device and they could not use it.

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, "Beautiful" Living AFH is or will be in compliance with this law and / or regulation on (Date) 01/15/2026

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

Provider (or Representative) [signature] Date 01/15/2026

WAC 388-76-10430 Medication system.

(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, records review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 2 of 5 residents (Residents 1 and 2) had all prescribed medications available on site. This failure placed Residents 1 and 2 at risk of harm and medications errors.

Findings included...

Observation, on 01/07/2026 at 9:30 AM, showed Residents 1 and 2 lived in and received care from the AFH.

In an interview, on 01/07/2026 at 10:30 AM, Staff A, Entity Representative, stated that the AFH staff managed Resident's medications.

Review of Resident 1's Negotiated Care Plan (NCP), dated 12/31/2025, showed Resident 1 was admitted to the AFH on [redacted]/2025 with multiple medical diagnoses. The NCP showed Resident 1 required assistance with their medications. Review of Resident 1's assessment, dated 12/09/2025, showed Resident 1 required assistance with medications.

Review of Resident 1's January 2026 Medication Log (ML) showed a medication entry that read, "Diclofenac Sodium Gel (used for pain): apply four grams (g) topically to the affected area four times a day (family supply)." The medication matched the doctor's order dated 12/12/2025. A medication entry that read, "Deep Sea 0.65% Nose Spray (used for congestion): place two sprays in both nostrils every one hour as needed (PRN) family supplies. The medication matched the doctor's order dated 12/12/2025. A medication entry that read, "Diphenhydramine (used for allergy) tablet: take two tablets at bedtime PRN, family supplies. The medication matched the doctor's order dated 12/12/2025. A medication entry that read, "Oxymetazoline Spray 0.05% (used for congestion): place one spray in both nostrils twice a day PRN for up to three congestion days, family supply. The medication matched the doctor's order dated 12/12/2025. A medication entry that read, "Acetaminophen tablet (used for pain): take two tablets every four hours PRN. The medication matched the doctor's order dated 12/12/2025.

Observation of Resident 1's medication storage bin, on 01/07/2026 at 1:10 PM, showed AFH had no supplies of the Diclofenac gel, Deep Sea nasal spray, Diphenhydramine tablet, Oxymetazoline spray and Acetaminophen tablet.

In an interview, on 01/07/2026 at 1:20 PM, Staff A stated that they did not have PRN medication supplies for Resident 1. Staff A stated that the PRN medications were family supplies and Resident 1 had to pay out of pocket. Staff A stated that they talked to Resident 1, and they said they would buy them when they had money.

<Resident 2>
Review of Resident 2's NCP, dated 07/10/2025, showed Resident 2 was admitted to the AFH on [redacted]/2022 with multiple medical diagnoses. The NCP showed Resident 2 required assistance with their medications. Review of Resident 2's assessment, dated

08/01/2025, showed Resident 2 required assistance with medications.

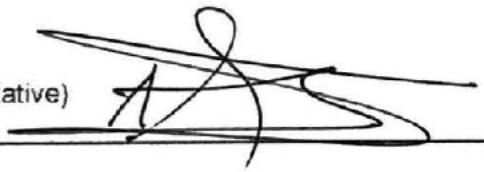
Review of Resident 2's January 2026 ML showed a medication entry that read, "Colchicine 0.6 milligram (mg) tablet (used for gout): take 1 tablet once to twice daily until flares resolved." The medication matched the doctor's order dated 10/03/2025. A medication entry that read, "Epinephrine pen (used for severe allergic reaction): inject as directed by the doctor PRN. The medication matched the doctor's order dated 03/24/2025.

Observation of Resident 2's medication storage bin, on 01/07/2026 at 1:40 PM, showed the AFH had no supplies of the Colchicine tablet and Epinephrine pen.

In an interview, on 01/07/2026 at 1:45 PM, Staff A stated that they did not have the Colchicine tablet and Epinephrine pen supplies and they would request refills for Resident 2's PRN medications.

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, "Beautiful" Living AFH is or will be in compliance with this law and / or regulation on (Date) 01/20/2026

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

Provider (or Representative)  Date 01/20/2026

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to ensure directions given by the practitioner and documented in the Assessment were followed to record the blood sugar for 1 of 5 residents (Resident 1). This failure placed Resident 1 at risk of negative outcomes and worsening health conditions.

Findings included...

Observation, on 01/07/2026 at 9:30 AM, showed Resident 1 lived in and received care from the AFH.

In an interview, on 01/07/2026 at 10:30 AM, Staff A, Entity Representative, stated that the AFH staff managed Resident 1's medications.

Review of Resident 1's Negotiated Care Plan (NCP), dated 12/31/2025 showed Resident 1 was admitted on [redacted]/2025 with multiple medical diagnoses including [redacted]. Review of Resident 1's recent assessment, dated 12/09/2025 under medication management, caregiver instruction indicated "records blood sugars" "no RND (Registered Nurse Delegation) needed". Review of Resident 1's dual assessment and Negotiated Care Plan (NCP), dated 11/24/2025 showed monitor blood sugars once daily. Further review showed ND needed. Review of Resident 1's recent NCP, dated 12/31/2025 had no indication of monitoring blood sugars.

Observation and review, on 01/07/2026 at 1:00 PM, showed Resident 1's January 2026 pharmacy-generated Medication Administration Record (MAR) showed "check blood sugars once a day before breakfast." Further review of Resident 1's January 2026 MAR showed staff did not initiate the MAR to indicate they recorded Resident 1's blood sugars. There was no documentation to indicate staff recorded Resident 1's blood sugars once a day.

In an interview, on 01/07/2026 at 1:05 PM, Staff A stated that Resident 1 recently moved into AFH and they were new. Staff A stated that they were working on Resident 1's medications and recording blood sugar.

In an interview, on 01/07/2026 at 2:55 PM, Resident 1 stated that they did not check their blood sugars since they moved in. Resident 1 stated that staff tried once to figure out how to use their blood sugars monitoring device and they could not use it.

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, "Beautiful" Living AFH is or will be in compliance with this law and / or regulation on (Date) 01/15/2026

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

Provider (or Representative) 01/15/2026 Date

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;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. Additionally, the AFH failed to ensure the medications in the fridge were kept locked. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included...

Observation, on 01/07/2026 at 9:30 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 3 ambulated independently, Residents 1, 2 and 5 ambulated with medical devices independently and Resident 4 ambulated with staff assistance in the AFH.

Observation of the AFH fridge on 01/07/2026 at 11:05 AM, showed a bottle of opened Latanoprost eye drops (used for pressure in eyes) and a bottle of Gabapentin solution (used for pain) unlocked/unsecured in the top door compartment of the AFH fridge. Observation of the pharmacy generated label showed both medications were for Resident 1.

In an interview, on 01/07/2026 at 11:07 AM, Staff A, Entity Representative, stated that they had a lock box and they were unaware of unlocked medications in the fridge. Staff A moved unlocked medications from the AFH fridge in the kitchen to the locked fridge in

the garage.

Observation, on 01/07/2026 at 11:15 AM, showed a mounted metal First Aid kit on the wall close to the bedroom 4 (located on the wall behind the fireplace in the living room). Observation of the First Aid kit showed the kit had regular latch locks . Observation further showed a tube of Benadryl cream (used for itching), a tube of Neosporin ointment (antibiotic), a bottle of Kroger brand Cetirizine (used for allergy), a bottle of Tums (antiacid) and two single packs of Tylenol tablet (used for pain) in the First Aid kit.

In an interview, on 01/07/ 2026 at 11:17 AM, Staff A stated that they were unaware of unlocked medications in the First Aid Kit. Staff A moved unlocked medications from the First Aid kit to the locked storage cabinet in the laundry room.

Observation, on 01/07/2026 at 11:45 AM, showed Residents 1 and 2 were roommates and resided in bedroom [redacted]. Observation showed Resident 1 had two pets (cat) in their room. Observation showed a tube of Neomycin Sulfate, Polymyxin B Sulfate and Dexamethasone ointment on the nightstand next to Resident 1's bed (used for eyes bacterial infection). Observation of the pharmacy generated label showed the eye ointment was for Resident 1's pet.

In an interview, on 01/07/2026 at 11:48 AM, Staff A stated that Resident 1 was independent and they managed their pet's medications. Staff A stated that they would provide a lockbox for Resident 1 to keep their pet medications locked.

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, "Beautiful" Living AFH is or will be in compliance with this law and / or regulation on (Date) 01/07/2026

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

Provider (or Representative) Date 01/15/2026

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;

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Plan of Correction	"Beautiful" Living AFH	Completion Date
Page 10 of 10	Licensee: HASET ADULT FAMILY HOME LLC	01/08/2026

This requirement was not met as evidenced by:

Based on observation and interview, The Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 01/07/2026 at 9:30 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 3 ambulated independently, Residents 1, 2 and 5 ambulated with medical devices independently and Resident 4 ambulated with staff assistance in the AFH.

Observation, on 01/07/2026 at 11:00 AM, showed the cabinet underneath the kitchen sink had child safety strap locks on the top and bottom of the cabinet. Observation of the cabinet underneath the kitchen sink showed a bottle of Lysol spray, a bottle of Oxi Clean spray and a container of Comet bleach powder. Observation showed a bottle of Lysol spray on the AFH kitchen counter next to the fridge. Observation further showed the cabinet underneath the bathroom sink (located in the hallway) had no locks. Observation showed a Sprayway spray, four different types of Lysol sprays and a Windex spray in the cabinet underneath the bathroom sink.

In an interview, on 01/07/2026 at 11:25 AM, Staff A stated they would move the chemicals and cleaner supplies from the kitchen and bathroom cabinets to the locked storage.

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, "Beautiful" Living AFH is or will be in compliance with this law and / or regulation on (Date) 01/07/2026

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

Provider (or Representative) Date 01/15/2026

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

01/13/2026

HASET ADULT FAMILY HOME LLC
"Beautiful" Living AFH
19711 Whitman Ave N
Shoreline, WA 98133

RE: "Beautiful" Living AFH # 755967

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/08/2026 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 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

The Adult Family Home (AFH) failed to ensure 1 of 2 cats ([redacted]) maintained up-to-date rabies vaccinations. This deficiency was corrected during the visit. The AFH scheduled an appointment during the visit. Review of records received by the department from the AFH showed cat ([redacted]) rabies vaccination completed on 01/08/2026.

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 make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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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 IDRs** 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 supporting documents to:

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