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

Loving Time Adult Family Home LLC

Loving Time Adult Family Home LLC
19301 86th Ave W
Edmonds , WA 98026

RE: Loving Time Adult Family Home LLC License # 756419

Dear Provider:

This letter addresses Compliance Determination(s) 77988 (Completion Date 05/26/2026) and 76561 (Completion Date 05/06/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/26/2026 and found that you have corrected the violations listed in the Full report dated 05/06/2026. Your home is back in compliance as of 05/10/2026 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10750-6-c

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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

HOME AND COMMUNITY LIVING 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 04/29/2026 of:
Loving Time Adult Family Home LLC
19301 86th 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:

Katherine Randall, Nursing Care Consultant, NCC

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 #: 756419	Compliance Determination #: 76561
Plan of Correction	Loving Time Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: Loving Time Adult Family Home LLC	05/06/2026

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.

Sara' Bourque — Residential Care Services

05/08/2026 — 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.

DAWET MAMO — Provider (or Representative)

05/10/2026 — Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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 residents (Resident 2) had the required assessment, consent form and negotiated care planning completed prior to the use of a medical device. This failure placed Resident 2 at risk of injury related to the use of [redacted].

Findings included...

Record review showed Resident 2 was admitted on [redacted]2023 with multiple diagnoses including [redacted].

Observation of Resident 2's bed, on 04/29/2026 at 11:20 AM, showed one-quarter length [redacted] on right side of their bed in the up position.

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

05/08/2026
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)

Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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 residents (Resident 2) had the required assessment, consent form and negotiated care planning completed prior to the use of a medical device. This failure placed Resident 2 at risk of injury related to the use of [redacted].

Findings included...

Record review showed Resident 2 was admitted on [redacted] 2023 with multiple diagnoses including [redacted].

Observation of Resident 2's bed, on 04/29/2026 at 11:20 AM, showed one-quarter length [redacted] on right side of their bed in the up position.

Statement of Deficiencies	License #: 756419	Compliance Determination #: 765561
Plan of Correction	Loving Time Adult Family Home LLC	Completion Date
Page 3 of 4	Licensee: Loving Time Adult Family Home LLC	05/06/2026

Review of Resident 2's record showed the required [redacted] consent form was not available, Resident 2's negotiated care plan (NCP), dated 09/29/2025, did not address the safe use of the [redacted] and there was not a safety assessment available in their record.

In an interview, on 04/29/2026 at 2:20 PM, Staff A (Provider) stated when Resident 2 was in bed the [redacted] was in the up position to assist with repositioning. Staff A stated the family bought the [redacted] for Resident 2 and they did not remember when it was installed. Staff A stated that they would complete the required documents for the safe use of the [redacted].

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, Loving Time Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/10/2026.

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

DAWIT MAMO — Provider (or Representative)

05/10/2026 — Date

WAC 388-76-10760 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the hot water temperatures at all fixtures accessible by residents did not exceed one-hundred and twenty degrees Fahrenheit (F). This failure placed 2 of 2 residents (Residents 1 and 2) at risk of injury.

Findings included...

Observation, on 04/29/2026 at 11:10 AM, showed the sink in the main resident bathroom in a hallway had a temperature of one-hundred thirty-point one (130.1) degrees F.

Review of Resident 2's record showed the required [redacted] consent form was not available, Resident 2's negotiated care plan (NCP), dated 09/29/2025, did not address the safe use of the [redacted] and there was not a safety assessment available in their record.

In an interview, on 04/29/2026 at 2:20 PM, Staff A (Provider) stated when Resident 2 was in bed the [redacted] was in the up position to assist with repositioning. Staff A stated the family bought the [redacted] for Resident 2 and they did not remember when it was installed. Staff A stated that they would complete the required documents for the safe use of the [redacted].

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, Loving Time Adult Family Home LLC 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

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the hot water temperatures at all fixtures accessible by residents did not exceed one-hundred and twenty degrees Fahrenheit (F). This failure placed 2 of 2 residents (Residents 1 and 2) at risk of injury.

Findings included...

Observation, on 04/29/2026 at 11:10 AM, showed the sink in the main resident bathroom in a hallway had a temperature of one-hundred thirty-point one (130.1) degrees F.

Statement of Deficiencies	License #: 756419	Compliance Determination #76551
Plan of Correction	Loving Time Adult Family Home LLC	Completion Date
Page 4 of 4	Licensee: Loving Time Adult Family Home LLC	05/06/2026

In an interview, on 04/29/2026 at 11:10 AM, Staff A (Provider) stated that they would decrease the water temperature for the AFH.

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, Loving Time Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/10/2026.

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

DAWOT MAMO — Provider (or Representative)

05/10/2026 — Date

In an interview, on 04/29/2026 at 11:10 AM, Staff A (Provider) stated that they would decrease the water temperature for the AFH.

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, Loving Time Adult Family Home LLC 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

Loving Time Adult Family HOME

19301 86th Ave W
Edmonds, WA 98026
FAX: (425) 744-0610

To Whom It May Concern,

Regarding the [redacted] medical device deficiency for Resident 2, I spoke with the resident's family after the inspection. After the inspection, I explained to the family that proper documentation is required before any medical device can be used in the home and we removed the [redacted]. I also informed them that the resident assessment, negotiated care plan, consent form, and safety documentation must be updated and completed regarding the use of the [redacted]. Corrective actions have been initiated to ensure all required documentation is completed and maintained in the resident's record moving forward.

In addition, regarding the water temperature deficiency, immediate corrective action was taken after the inspection. The hot water temperature at the resident-accessible sink was adjusted from 130.1 degrees Fahrenheit to 119 degrees Fahrenheit to comply with state regulations. Pictures were taken and submitted as evidence showing the corrected water temperature.

Moving forward, Loving Time Adult Family Home LLC will continue monitoring compliance with all licensing regulations to ensure resident safety and proper documentation requirements are maintained at all times.

Thank you for the opportunity to address these concerns.

- Dawit Mamo

Provider/Representative

Loving Time Adult Family Home LLC