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

Peaceful Abode AFH LLC
PEACEFUL ABODE AFH LLC
19607 HEINZ PL
LYNNWOOD, WA 98036

RE: PEACEFUL ABODE AFH LLC License # 756870

Dear Provider:

This letter addresses Compliance Determination(s) 58896 (Completion Date 05/01/2025) and 56413 (Completion Date 03/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/01/2025 and found that you have corrected the violations listed in the Complaint report dated 03/31/2025. Your home is back in compliance as of 04/07/2025 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 388-76-10360, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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 an unannounced on-site complaint investigation on 03/17/2025 of:

PEACEFUL ABODE AFH LLC
19607 HEINZ PL
LYNNWOOD, WA 98036

This document references the following complaint number(s): 167946

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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 #: 756870	Compliance Determination # 56413
Plan of Correction	PEACEFUL ABODE AFH LLC	Completion Date
Page 2 of 4	Licensee: Peaceful Abode AFH LLC	03/31/2025

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

04/02/2025
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)

04/02/2025
Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult family home (AFH) failed to ensure a negotiated care plan (NCP) was completed within 30 days of admission for 1 of 3 residents (Residents 1). This failure placed Resident 1 at risk for unmet care needs and a decreased quality of life.

Findings included...

Review of Resident 1's demographic page showed Resident 1 was admitted to the AFH on [redacted]2024 with multiple medical diagnosis.

Review of Resident 1's record showed there was no NCP. Resident 1's NCP was overdue by one month and 29 days.

In an interview, on 03/17/2025 at 10:45 AM, Staff B, Caregiver, stated that Resident 1's NCP was not completed yet.

In an interview, on 03/27/2025 at 1:56 PM, Staff A, Provider, stated that the NCP should be completed within 30 days of admission. Staff A acknowledged that Resident 1's NCP was not completed within 30 days. Staff A stated that they were working on Resident 1's NCP.

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

04/02/2025
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)

Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult family home (AFH) failed to ensure a negotiated care plan (NCP) was completed within 30 days of admission for 1 of 3 residents (Residents 1). This failure placed Resident 1 at risk for unmet care needs and a decreased quality of life.

Findings included...

Review of Resident 1's demographic page showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple medical diagnosis.

Review of Resident 1's record showed there was no NCP. Resident 1's NCP was overdue by one month and 29 days.

In an interview, on 03/17/2025 at 10:45 AM, Staff B, Caregiver, stated that Resident 1's NCP was not completed yet.

In an interview, on 03/27/2025 at 1:56 PM, Staff A, Provider, stated that the NCP should be completed within 30 days of admission. Staff A acknowledged that Resident 1's NCP was not completed within 30 days. Staff A stated that they were working on Resident 1's NCP.

Statement of Deficiencies	License #: 756870	Compliance Determination # 56413
Plan of Correction	PEACEFUL ABODE AFH LLC	Completion Date
Page 3 of 4	Licensee: Peaceful Abode AFH LLC	03/31/2025

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, PEACEFUL ABODE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/07/2025.

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

Provider (or Representative) — Date: 04/02/2025

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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) received medications per physician's orders, and documentation in medication log (ML) was up to date. This failure placed Resident 2 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included...

Review of Resident 2's Negotiated Care Plan (NCP), dated 10/02/2024, showed Resident 2 was admitted to the AFH on [redacted]2024, with multiple medical diagnoses. Further review showed Resident 2 required caregiver assistance with medication administration.

Review of Resident 2's ML, dated March 2025, showed the following:
-Fish oil (supplement) capsule by mouth every morning with a start date of 08/29/2024. The March 2025 ML showed Resident 2 did not receive fish oil capsules from 03/01/2025-03/17/2025 (17 days). The March 2025 ML showed documentation was left blank.
-Sucralfate suspension (medication used to treat stomach conditions) take by mouth twice a day with a start date of 01/22/2025. The March 2025 ML showed Resident 2 did not receive sucralfate suspension from 03/01/2025-03/17/2025 (17 days). The March 2025 ML showed documentation was left blank.
-Therapeutic-M (multivitamins) tablet take one tablet by mouth every morning with a

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, PEACEFUL ABODE AFH 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 388-76-10430 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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) received medications per physician's orders, and documentation in medication log (ML) was up to date. This failure placed Resident 2 at risk for harm related to medication errors, medical complications, and unmet care needs.

Findings included...

Review of Resident 2's Negotiated Care Plan (NCP), dated 10/02/2024, showed Resident 2 was admitted to the AFH on [redacted]/2024, with multiple medical diagnoses. Further review showed Resident 2 required caregiver assistance with medication administration.

Review of Resident 2's ML, dated March 2025, showed the following:
-Fish oil (supplement) capsule by mouth every morning with a start date of 08/29/2024. The March 2025 ML showed Resident 2 did not receive fish oil capsules from 03/01/2025-03/17/2025 (17 days). The March 2025 ML showed documentation was left blank.
-Sucralfate suspension (medication used to treat stomach conditions) take by mouth twice a day with a start date of 01/22/2025. The March 2025 ML showed Resident 2 did not receive sucralfate suspension from 03/01/2025-03/17/2025 (17 days). The March 2025 ML showed documentation was left blank.
-Therapeutic-M (multivitamins) tablet take one tablet by mouth every morning with a

start date of 08/29/2024. The March 2025 ML showed Resident 2 did not receive Therapeutic-M tablet from 03/01/2025-03/17/2025 (17 days). The March 2025 ML showed documentation was left blank.

In an interview, on 03/27/2025 at 1:56 PM, Staff A, Provider, stated that they expected the ML to be current and up to date. Staff A stated that they were getting a discontinuing order from the doctor on Resident 2's medications (fish oil, therapeutic-m and sucralfate) due to insurance coverage and family not supplying the supplements. Staff A acknowledged that Resident 2's ML was not up to date.

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, PEACEFUL ABODE AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/07/2025.

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

Provider (or Representative)  Date 04/02/2025

start date of 08/29/2024. The March 2025 ML showed Resident 2 did not receive Therapeutic-M tablet from 03/01/2025-03/17/2025 (17 days). The March 2025 ML showed documentation was left blank.

In an interview, on 03/27/2025 at 1:56 PM, Staff A, Provider, stated that they expected the ML to be current and up to date. Staff A stated that they were getting a discontinuing order from the doctor on Resident 2's medications (fish oil, therapeutic-m and sucralfate) due to insurance coverage and family not supplying the supplements. Staff A acknowledged that Resident 2's ML was not up to date.

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, PEACEFUL ABODE AFH 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 _____