



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 74148 (Completion Date 03/11/2026) and 73099 (Completion Date 02/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/11/2026 and found that you have corrected the violations listed in the Complaint report dated 02/24/2026. Your home is back in compliance as of 02/19/2026 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3, WAC 388-76-10025-4,
WAC 388-76-10025

The Department staff who did the on-site verification:

Spomenka Hodzic, NCI

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nichollette Flynn on behalf of Renee' Bourque

Nichollette Flynn, AFH Field Manager
Region 2, Unit I
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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

Statement of Deficiencies	License #: 756870	Compliance Determination #73099
Plan of Correction	PEACEFUL ABODE AFH LLC	Completion Date
Page 1 of 3	Licensee: Peaceful Abode AFH LLC	02/24/2026

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 an unannounced on-site complaint investigation on 02/18/2026 of:

PEACEFUL ABODE AFH LLC
19607 HEINZ PL
LYNNWOOD, WA 98036

This document references the following complaint number(s): 209675

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 756870	Compliance Determination # 73099
Plan of Correction	PEACEFUL ABODE AFH LLC	Completion Date
Page 2 of 3	Licenses: Peaceful Abode AFH LLC	02/24/2026

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' Bourgeois
Residential Care Services

02/26/2026
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.

[Signature]
Provider (or Representative)

03/06/26
Date

WAC 399-76-10025 License annual fee.

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060.
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, and record review, the Adult Family Home (AFH) failed to ensure they paid their annual AFH license fee of \$2700 before the due date on 11/15/2025. This failure resulted in the AFH having an unpaid license fee since 11/16/2025.

Findings included...

Review of the Department's Secure Tracking and Reporting System (STARS), on 02/18/2026, showed the AFH did not pay their annual licensing fee. The Department database showed the balance as \$2700.

Observation, on 02/18/2026 at 10:35 AM, showed that facility was operating without interruptions to any necessary services (electricity, water) and had supplies needed for care.

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

02/26/2026
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 388-76-10025 License annual fee.

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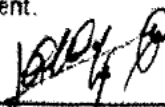
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Statement of Deficiencies	License #: 756870	Compliance Determination # 73099
Plan of Correction	PEACEFUL ABODE AFH LLC	Completion Date
Page 3 of 3	Licenses: Peaceful Abode AFH LLC	02/24/2026

In an interview, on 02/18/2026 at 1:27 PM, Staff A, Provider, stated that they thought that they had paid annual license fee. Staff A stated that they would make payment for annual license fee.

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) 02/19/2026.

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



Provider (or Representative)

03/08/26

Date

In an interview, on 02/18/2026 at 1:27 PM, Staff A, Provider, stated that they thought that they had paid annual license fee. Staff A stated that they would make payment for annual license fee.

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

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