



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

Petra Comfort Homes LLC  
Petra Comfort Homes LLC  
1721 S 80th St  
Tacoma, WA 98408

RE: Petra Comfort Homes LLC License # 755712

Dear Provider:

This letter addresses Compliance Determination(s) 56563 (Completion Date 03/20/2025) and 54999 (Completion Date 02/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/20/2025 and found that you have corrected the violations listed in the Full report dated 02/19/2025. Your home is back in compliance as of 03/01/2025 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 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-a-iv, WAC 388-76-10146-2-e, WAC 388-76-10895-2-a

The Department staff who did the off-site verification:  
Hung Bui, Adult Family Home RN Licensors

If you have any questions, please contact me at (253)983-3826.

Sincerely,

*Jennifer LeMaster* Adult Family Home Field Manager, 3G

For: Lisa Cramer, Adult Family Home Field Manager  
Region 3, Unit A  
Residential Care Services



STATE OF WASHINGTON  
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Statement of Deficiencies	License #: 755712	Compliance Determination # 54999
Plan of Correction	Petra Comfort Homes LLC	Completion Date
Page 1 of 4	Licensee: Petra Comfort Homes LLC	02/19/2025

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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 02/18/2025 of:

Petra Comfort Homes LLC  
1721 S 80th St  
Tacoma, WA 98408

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:

Hung Bui, Adult Family Home RN Licenser

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3 , Unit A  
PO Box 99250  
Lakewood, WA 98496

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Page 2 of 4	Licensee: Petra Comfort Homes LLC	02/19/2025

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.

*Lisa Cramer*

Residential Care Services

02/21/2025

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.

*Peter Kanyiba*  
 Provider (or Representative)

*03/06/2025*  
 Date

**WAC 388-76-10146 Qualifications Training and home care aide certification.**

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

**WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 4 staff members (Provider), completed the required twelve (12) hours of continuing education by their birthday each year. This failure placed all five residents at risk of not receiving the most current standard of care.

Findings included...

Statement of Deficiencies	License #: 755712	Compliance Determination # 54999
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On 02/18/2025 at 1:10 PM, review of administrative records showed that the Provider had three (3) hours of continuing education from 06/16/2023 to 06/16/2024 (birthday year).

On 02/18/2025 at 2:15 PM, observation showed the Provider was unable to locate documentation of additional continuing education hours for the period of 06/16/2023 to 06/16/2024.

On 02/18/2025 at 2:30 PM, during interview, the Provider stated that they did not have the required continuing education hours.

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, Petra Comfort Homes LLC is or will be in compliance with this law and / or regulation on (Date) 03/01/2025

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

Peter Kamukhe - 03/06/2025  
 Provider (or Representative) Date

**WAC 388-76-10895 Emergency evacuation drills Frequency and participation.**

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 5 evacuation drills were conducted at least every sixty days over the past twelve (12) months. This failure placed all five residents at risk for harm due to delays in the event they needed to evacuate the AFH.

Findings included:

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





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**PO Box 99250, Lakewood, WA 98496**

Petra Comfort Homes LLC  
Petra Comfort Homes LLC  
1721 S 80th St  
Tacoma, WA 98408

RE: Petra Comfort Homes LLC # 755712

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/19/2025 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:

Lisa Cramer, Adult Family Home Field Manager  
Residential Care Services  
Region 3, Unit A  
Preferred methods:

eFax: (253) 589-7240

Email: rcsregion3email@dshs.wa.gov

Optional method:

PO Box 99250

Lakewood, WA 98496

- 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:**

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language the resident understands;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and kept in the resident record after signature.

On 02/18/2025, review of Resident 2's (R2) record showed no Medicaid Policy on file. On 02/19/2025, the Provider resolved the issue by emailing a copy of the updated Medicaid Policy, signed and dated by R2.

**WAC 388-76-10532 Resident rights Department standardized disclosure forms.**

- (2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:
  - (a) Provide a copy to each resident prior to or upon admission to the home;
  - (b) Provide a copy upon resident request; and
  - (c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 02/18/2025, review of resident records showed that Disclosure of Charges forms

were unavailable for both Resident 2 (R2) and Resident 4 (R4). On 02/19/2025, the Provider resolved the issue by emailing copies of the updated Disclosure of Charges forms, signed and dated by R2 and R4.

**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 (253)983-3826.

Sincerely,

*Lisa Cramer*

Lisa Cramer, Adult Family Home Field Manager  
Region 3, Unit A  
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:

Lisa Cramer, Adult Family Home Field Manager  
Residential Care Services  
Region 3, Unit A

Preferred methods:

eFax: (253) 589-7240  
Email: rcsregion3email@dshs.wa.gov  
Optional method:  
PO Box 99250  
Lakewood, WA 98496

### 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 find this form and directions on the IDR Adult Family Home 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 request and supporting documents to:

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