



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Restore AFH LLC
Restore AFH LLC
14517 SE Fairwood Blvd
Renton, WA 98058

RE: Restore AFH LLC License # 756261

Dear Provider:

This letter addresses Compliance Determination(s) 65707 (Completion Date 09/16/2025) and 60696 (Completion Date 07/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/16/2025 and found that you have corrected the violations listed in the Full report dated 07/28/2025. Your home is back in compliance as of 07/31/2025 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 388-76-10265-1-a

The Department staff who did the on-site verification:
Karen Beardsley, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 756261	Compliance Determination # 60696
Plan of Correction	Restore AFH LLC	Completion Date
Page 1 of 3	Licensee: Restore AFH LLC	07/28/2025

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 06/04/2025 of:

Restore AFH LLC
14517 SE Fairwood Blvd
Renton, WA 98058

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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.

Residential Care Services	Date
<p>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.</p>	
<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Provider;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff B, Co-Provider) had completed tuberculosis (TB [infectious respiratory disease]) testing within three days of employment. This placed all the residents living in the home at potential risk of exposure to infectious illness.

Findings included...

On 06/04/2025 at 2:12 PM, during an interview, Staff A, Provider, stated that they did not have TB testing available for Staff B in the home and that they would need to check with Staff B.

On 06/05/2025 at 1:46 PM, during a telephone interview, Staff B stated that they did not provide direct care in the home and therefore did not think they needed the TB testing.

The Department record titled Provider Summary, dated 06/02/2025, showed that Staff A and Staff B were both 50% owners of Restore AFH LLC, listed as the licensee for the AFH

with a license effective date of 04/18/2023.

The Department record, Secure Tracking and reporting system (STARS [the Department system that uses to track complaint reports and licensing visits]) accessed on 07/28/2025, showed "Client Service Contract" dated 04/25/2023 to 03/31/2027, was signed by Staff B on 05/04/2023.

STARS accessed on 07/28/2025, the "Adult Family Home License Application" dated 11/15/2022, showed that Staff A and B were listed as each being 50% owner and that Staff B was listed on page 3 as a Caregiver.

On 07/28/2025 at 2:15 PM, during a telephone interview with Staff A, they confirmed that Staff B had never gotten any TB testing because they did not believe they needed any as Staff B was not a Provider.

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, Restore 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