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

NICA ADULT FAMILY HOME LLC

NICA ADULT FAMILY HOME LLC
20002 20TH AVE NW
SHORELINE, WA 98177

RE: NICA ADULT FAMILY HOME LLC License # 751066

Dear Provider:

This letter addresses Compliance Determination(s) 75505 (Completion Date 04/03/2026) and 74059 (Completion Date 03/13/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2026 and found that you have corrected the violations listed in the Full report dated 03/13/2026. Your home is back in compliance as of 03/20/2026 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

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 03/10/2026 of:
NICA ADULT FAMILY HOME LLC
20002 20TH AVE NW
SHORELINE, WA 98177

The following sample was selected for review during the unannounced on-site visit: 3 of 6 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 #: 751056	Compliance Determination # 74059
Plan of Correction	NICA ADULT FAMILY HOME LLC	Completion Date
Page 2 of 3	Licensee: NICA ADULT FAMILY HOME LLC	03/13/2026

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.

Residential Care Services — 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) — 03/17/2026 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 6 residents (Resident 1) had the required assessment, had received information including all risks and benefits and that negotiated care planning (NCP) for the [redacted] was completed prior to the use of a medical device. This failure placed Resident 1 at risk of injury related to the use of [redacted].

Findings included...

Record review showed Resident 1 was admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Observation of Resident 1's bed, on 03/10/2026 at 11:30 AM, showed one-half length [redacted] on both sides of the bed in the up position while Resident 1 was in bed.

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

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.

Renee' Bourque
Provider (or Representative) | 03/17/2026 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 6 residents (Resident 1) had the required assessment, had received information including all risks and benefits and that negotiated care planning (NCP) for the [redacted] was completed prior to the use of a medical device. This failure placed Resident 1 at risk of injury related to the use of [redacted]

Findings included...

Record review showed Resident 1 was admitted on [redacted] 2025 with multiple diagnoses including [redacted].

Observation of Resident 1's bed, on 03/10/2026 at 11:30 AM, showed one-half length [redacted] on both sides of the bed in the up position while Resident 1 was in bed.

Statement of Deficiencies	License #: 751088	Compliance Determination #74059
Plan of Correction	NICA ADULT FAMILY HOME LLC	Completion Date
Page 3 of 3	Licensee: NICA ADULT FAMILY HOME LLC	03/13/2026

Review of Resident 1's record showed the required assessment, the negotiated care planning for the [redacted] and the documentation which indicated Resident 1 had been informed of all the risks and benefits of [redacted] use were not present in the record.

In an interview, on 03/10/2026 at 11:35 AM, Staff A (Entity Representative) stated that Resident 1 used the [redacted] while in bed to assist with repositioning and they had been on the bed since Resident 1 was admitted. Staff A stated the documentation would be completed.

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, NICA ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 3/20/2026

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

[signature] 3-30, 2026

Provider (or Representative) Date

Review of Resident 1's record showed the required assessment, the negotiated care planning for the [redacted] and the documentation which indicated Resident 1 had been informed of all the risks and benefits of [redacted] use were not present in the record.

In an interview, on 03/10/2026 at 11:35 AM, Staff A (Entity Representative) stated that Resident 1 used the [redacted] while in bed to assist with repositioning and they had been on the bed since Resident 1 was admitted. Staff A stated the documentation would be completed.

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, NICA 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