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

Dorotea Ristig
CARLSON CARE AFH II
10425 NE 201ST STREET
BOTHELL, WA 98011

RE: CARLSON CARE AFH II License # 751142

Dear Provider:

This letter addresses Compliance Determination(s) 76679 (Completion Date 05/05/2026) and 73942 (Completion Date 03/12/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/05/2026 and found that you have corrected the violations listed in the Full report dated 03/12/2026. Your home is back in compliance as of 04/23/2026 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 388-76-10506-1, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-4-a, WAC 388-76-10506-5, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10750-1, WAC 388-76-10750-7, WAC 388-76-10420-4, WAC 388-76-10810-2-b, WAC 388-76-10485-1, WAC 388-76-10460-2, WAC 388-76-10430-2-d, WAC 388-76-10315-1-d-iii, WAC 388-76-10315-1-g, WAC 388-76-10230-3

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

Statement of Deficiencies	License #: 751142	Compliance Determination # 73942
Plan of Correction	CARLSON CARE AFH II	Completion Date
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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 03/06/2026 of:
CARLSON CARE AFH II
20205 107th Ave NE
Bothell, WA 98011

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:

Farrah Sirous, Long Term Care Surveyor

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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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.

Nicholette Flynn on behalf of Renee' Bourgeois
Residential Care Services

03/13/2026
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.

Dorotea D Ristig
Provider (or Representative)

3-17-2026
Date

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date].

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed Residents 1, 2, 3, 4, and 5 at risk of not being fully aware of their rights.

Findings included...

Review of Residents 1, 2, 3, 4, and 5's records showed they were [redacted] payees. Further review showed Residents 1, 2, 3, 4, and 5 did not have Residency Agreement for residents with [redacted] as a payor as required.

In an interview, on 03/06/2026 at 2:10 PM, Staff A, Provider, stated that they were not aware of the new requirement to have a signed and dated Residency Agreement for each of their [redacted] residents.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4/23/2026

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

Dorotea D. Ristig
Provider (or Representative)

3-17-2026
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the home environment clean and in good repair. Additionally, the AFH failed to ensure all toxic substances and hazardous materials were stored in locked storage. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for experiencing decreased

quality of life and harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 03/06/2026 at 9:35 AM, showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Observation showed Residents 1, 2, 4, and 5 ambulated independently and Resident 3 ambulated with assistive devices in the AFH.

<Chemicals>
Observation, on 03/06/2026 at 11:15 AM, showed cabinets underneath the kitchen sink located on the lower level of the AFH had no locks. Observation further showed AFH staff stored chemical and cleaner supplies unlocked and unsecured underneath the kitchen sink. Observation of the cabinets underneath the kitchen sink located on the upper level of the AFH showed the cabinet had nonworking plastic latch locks. Observation further showed AFH staff stored chemical and cleaner supplies, including bleach, unlocked and unsecured underneath the kitchen sink.

<Home Environment>
Observation of the AFH kitchen (on the lower level), on 03/06/2026 at 11:17 AM, showed dirty dishes in the kitchen sink, breadcrumbs on the stove, burned marks on the toaster, dirt and debris on the floor, food marks on the wall near washer in the kitchen. Observation of the AFH refrigerators (on the lower and upper levels) showed they had to be cleaned, and food spills and spots removed on the shelves and the fridge compartments. Observation showed dirt and debris on the floors in the hallways, stairs to the upper level, dining room and by the laundry room. Observation showed that bathroom floors and bathroom cabinets had to be cleaned. Observation of the bathroom located on the lower level of the AFH showed yellow color spots on the right side of the bathroom cabinet (next to the commode). Observation of the bathroom located on the lower level of the AFH showed the base of the cabinet on the lower right side was rotten and needed to be fixed. Observation of the bathroom on the upper level of the AFH showed the storage cabinets on the wall. Observation of the bathroom storage cabinet on the wall showed the left door hinge on the left side was not holding the cabinet door and needed to be fixed.

The living room area was cluttered with miscellaneous items including but not limited to papers, toys on the table, jackets and coats on the chair, uncleaned fish tanks with white material built up on the water surface. Observation of the dining table on the lower level of AFH showed empty glasses, used medication cups and paper. Observation of the filing cabinet/desk in the dining area of the lower level of the AFH showed paperwork, plastic baskets, medication cups and binders were on the desk.

<Bedroom [redacted]>
Observation of bedroom [redacted], on 03/06/2026 at 11:50 AM, showed Resident 1 resided in room [redacted] on the upper level of the AFH and had no roommate. Observation showed one of the outlets was hanging (adjacent to the window) and the wires were out. Observation showed previously the outlet was secured with the packing tape.

In an interview, on 03/06/2026 at 11:53 AM, Staff B, Caregiver, stated that they locked the kitchen at night and they kept it open during the day. Staff B stated that they needed to clean the kitchen, bathrooms, hallways and common areas. Staff B stated that they would remove the chemicals and cleaners.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4-23-2026

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

Dorotea D. Ristig
Provider (or Representative)

3-17-2026
Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement (protein powder) to 2 of 5 residents (Residents 1 and 3). This failure placed Residents 1 and 3 at risk for dietary problems and possible health complications.

Findings included...

<Resident 1>
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple medical diagnoses. Review of Resident 1's record showed there was no written approval or documentation from Resident 1's physician for the use of the Sixstar protein supplement.

<Resident 3>
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2017 with multiple medical diagnoses. Review of Resident 3's record showed there was no written

approval or documentation from Resident 3's physician for the use of the Orgain protein supplement.

Observation, on 03/06/2026 at 11:30 AM, showed a container of Sixstar protein powder on the kitchen counter on the upper level of the AFH. Observation further showed Residents 1 and 5 resided on the upper level of the AFH.

In an interview, on 03/06/2026 at 11:32 AM, Staff B, Caregiver, stated that they gave protein shakes to Resident 3 once a day. Staff B stated that Resident 3 was independent and they supplied protein powder. Staff B stated that they were not sure who used Sixstar protein powder. Staff B further stated that it might belong to Resident 1. Staff B stated that they were unaware of doctor's order requirement for nutritional supplements. Staff B stated that they would call the doctor to obtain written approval.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4-23-2026

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

Dorotea O. Ristig
Provider (or Representative)

3-17-2026
Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 fire extinguishers (Extinguishers 1 and 2) were inspected and serviced annually. This failure placed residents and staff at risk of harm in the event of a fire.

Findings included...

Observation, on 03/06/2026 at 9:35 AM, showed Residents 1, 2, 3, 4 and 5 lived in and

received care from the AFH.

Observation, on 03/06/2026 at 11:20 AM showed a fire extinguisher mounted on the wall in the AFH lower-level kitchen (Extinguisher 1). Observation of the fire Extinguisher 1's tag showed last inspection was in December 2024. Observation showed a second fire extinguisher (Extinguisher 2) in the AFH upper-level kitchen. Observation of the Extinguisher 2's tag showed last inspected in December 2024. Both extinguishers were more than one year and 4 months overdue for inspection and servicing.

In an interview, on 03/06/2026 at 11:25 AM, Staff B, Caregiver, stated that they inspected the fire extinguishers annually. Department Staff requested Staff B to provide the receipt. Staff B stated that they would send the receipt if they found it on the next business day (03/09/2026) by 12 PM.

Requested records were not received from Staff B as of 03/11/2026.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4-23-2026

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

Dorotea D. Ristig — Provider (or Representative)

3-17-2026 — Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included:..

Observation, on 03/06/2026 at 9:35 AM, showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Observation showed Residents 1, 2, 4 and 5 ambulated independently and Resident 3 ambulated with assistive devices in the AFH.

Observation of the AFH bathroom (located on the lower level) on 03/06/2026 at 11:37 AM, showed a storage cabinet on the wall. Observation of the storage cabinet showed a cabinet had no locks. Observation further showed a tube of Renew Demethicone with vitamins A+D&E cream (used for skin irritation), a tube of Kroger Athlete's Foot cream (used for fungal infection) and a tube of McKesson skin protectant ointment with vitamin A+D (used for skin irritation).

In an interview, on 03/06/2026 at 11:39 AM, Staff B, Caregiver, stated that their residents were independent and they bought over the counter (OTC) medications. Staff B stated that they were unaware of locking the OTC medications.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4-23-2026

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

Dorotea D. Ristig
Provider (or Representative)

3-17-2026
Date

WAC 388-76-10460 Medication Negotiated care plan. The adult family home must ensure that each resident's negotiated care plan addresses:

(2) How the resident will get their medications when the resident is away from the home or when a family member or resident representative is assisting with medications is not available.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult family Home (AFH), failed to follow their medication system for 1 of 5 residents (Resident 4) to address how they would receive their medications when they were away from the home. This failure placed Resident 4 at risk of medication error and worsening the condition.

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Finding included...

Observation and interview, on 03/03/2026 at 9:35 AM, showed Resident 4 lived in and received care from the AFH. Staff A, Provider, stated that staff managed Resident 4's medications.

Review of Resident 4's records showed the AFH admitted Resident 4 on [redacted]/2024 with multiple medical diagnoses. Review of Resident 4's assessment dated 07/16/2025, showed Resident 4 needed caregiver assistance with their medications. Review of Resident 4's Negotiated Care Plan (NCP) dated 02/03/2026, showed Resident 4 needed assistance with their medications. Further review of Resident 4's NCP under the medication management showed when resident was out of home, the AFH staff would document and inform "what medications were sent, when they were sent, who received them and any changes in medications orders." Review of Resident 4's records showed no documentation about what medications were sent and who would document if Resident 4 took their medications.

In an interview, on 03/06/2026 at 12:03 PM, Resident 4 stated that they managed their medications when they were out of the home. Resident 4 stated that they kept their medications in their bag, and they would tell Staff B, Caregiver, when they took them when they were out of the home.

In an interview, on 03/03/2026 at 12:05 PM, Staff B stated that they followed Resident 4's NCP to send their medications when they were out of home and they only missed the documentation. Staff B stated that when Resident 4 took their medication they would call/text Staff B to let them know to initial the Medication Log (ML).

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4-23-2026

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

Dorotea D. Ristig
Provider (or Representative)

3-17-2026
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident,

the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 2 sampled Residents (Resident 3) had all prescribed medications available on site. These failures placed Resident 3 at risk of harm and medication errors.

Findings included...

Observation and interview, on 03/06/2026 at 9:35 AM, showed Resident 3 lived in and received care from the AFH. Staff A, Provider, stated that AFH staff managed resident's medications.

Review of Resident 3's Negotiated Care Plan (NCP), dated 02/10/2026, showed Resident 3 was admitted to the AFH on [redacted]/2017 with multiple medical diagnoses. The NCP showed Resident 3 required assistance with their medications. Review of Resident 3's assessment, dated 04/07/2025, showed Resident 3 required assistance with medications.

Review of Resident 3's March 2026 Medication Log (ML) showed a medication entry that read, "Tamsulosin 0.4 Milligram (mg) (used for urine flow): take one capsule every day.
The medication matched the doctor's order dated 06/08/2017. Review of Resident 3's March 2026 ML showed staff did not initial the ML on 03/05/2026 and 03/06/2026 to indicate the Tamsulosin was given to Resident 3. A medication entry that read, "Senna 8.6 mg (used for constipation): take two tablets twice a day PRN (as needed). The medication matched the doctor's order dated 03/02/2023. A medication entry that read, "Benzonatate 200 mg (used for cough): take one capsule three times a day PRN. The medication matched the doctor's order dated 10/13/2022.

Observation, on 03/06/2026 at 2:15 PM, showed Resident 3's medication storage bin had no supplies of Tamsulosin capsule, Senna tablet and Benzonatate capsule.

In an interview, on 03/06/2026 at 2:20 PM, Staff B, Caregiver, stated that Resident 3's insurance had changed and their primary care physician would not accept the new insurance. Staff B stated that this Friday (03/13/2026) Resident 3 had scheduled appointment to see a new doctor and they would request refills for the Tamsulosin and PRN medications.

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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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4-23-2026

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

Dorotea D. Ristig — Provider (or Representative)

3-17-2026 — Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(d) Are only released to the following persons:

(iii) To department representatives; and

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure 4 of 5 residents (Residents 2, 3, 4, and 5) records were complete and available for review as required. This failure placed Residents 2, 3, 4 and 5 at risk of unmet and recognized care needs.

Findings Included...

Observation, on 03/06/2026 at 9:35 AM, showed Residents 2, 3, 4, and 5 lived in and received care from the AFH.

<Resident 2>
Review of Resident 2's records showed the AFH admitted Resident 2 on [redacted]/2018 with multiple medical diagnoses. Review of Resident 2's records showed no current records of nurse delegation visit on file. Review of Resident 2's records showed available nurse delegation visit on file was from 2023.

<Resident 3>
Review of Resident 3's records showed the AFH admitted Resident 3 on [redacted]/2017 with multiple medical diagnoses. Review of Resident 3's records showed no current records

of nurse delegation visit on file. Review of Resident 3's records showed available nurse delegation visit on file was from 2023.

<Resident 4>
Review of Resident 4's records showed the AFH admitted Resident 4 on [redacted]/2024 with multiple medical diagnoses. Review of Resident 4's records showed no records of nurse delegation visit on file.

<Resident 5>
Review of Resident 5's records showed the AFH admitted Resident 5 on [redacted]/2016 with multiple medical diagnoses. Review of Resident 5's records showed no current records of nurse delegation visit on file. Review of Resident 5's records showed available nurse delegation visit on file was from 2023.

In an interview and observation, on 03/06/2026 at 2:20 PM, Staff A, Provider, stated that the RND would come every 3 months and would provide the AFH with a record of the visit. Staff A stated the last visit of the RND was last in December 2025. Observation showed Staff A were filling out the nurse delegation visits form. When asked Staff A if they were the RND for their home. Staff A stated that they had resident's nurse delegation visit records and they could not locate them. Staff A stated that they would send the RND visit for Residents 2, 3, 4 and 5 to the department on the next business day (03/09/2026) by 12 PM.

Review of fax received from the AFH on 03/11/2026 at 07:30 AM, showed copies of Residents 2, 3, 4 and 5's nurse delegation visits.

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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4-23-2026.

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

Dorothea D. Ristig
Provider (or Representative)

3-17-2026
Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 pet (cat) maintained up-to-date rabies vaccinations. This failure placed residents and staff at risk of potential exposure to infection.

Findings included...

During the tour of the premises on 03/06/2026 at 11:55 AM, Staff A, Provider, stated that they had a dog "[redacted]", Resident 1 had a cat in their room and Resident 5 had a dog "[redacted]".

Review of the pet's records showed there were no records of up-to-date rabies vaccinations on file for Resident 1's cat.

In an interview, on 03/06/2026 at 3:15 PM, Staff A stated that they did not have Resident 1's cat vaccine records.

In an interview, on 03/06/2026 at 3:40 PM, Resident 1 stated that they gave their pet's vaccine records to the provider and they needed a copy of their records.

Review of documents received by the department on 03/09/2026 showed copies of [redacted] and [redacted]'s vaccine records. There were no records of Resident 1's cat's vaccination.

Review of documents received by the department on 03/12/2026 showed copies of Resident 1's cat vaccine record had expired on 05/13/2025.

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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, CARLSON CARE AFH II is or will be in compliance with this law and / or regulation on (Date) 4-23-2026

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

Dorotea D. Ristig
Provider (or Representative)

3-17-2026
Date

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

03/13/2026

Dorotea Ristig
CARLSON CARE AFH II
10425 NE 201ST STREET
BOTHELL, WA 98011

RE: CARLSON CARE AFH II # 751142

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/12/2026 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:

Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (03/12/2026), no later than 04/26/2026 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

The Adult Family Home (AFH) failed to ensure 2 of 3 current staff (Staffs B and C, Caregivers) had continuing education (CE) hours for 2025. Review of Staff B's records showed CE was due by January 2026 and Staff C's CE was due by March 2026. Review of records received by the department showed Staff B and C completed their twelve hours of CE by 03/08/2026.

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 (206)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourque

Nicholette Flynn, AFH Field Manager
Region 2, Unit I
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:
Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 make an IDR request and find directions on the IDR 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 IDR**s 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 supporting documents to:

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