



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600**

October 22, 2025

**ELECTRONIC-FACSIMILE AND
CERTIFIED MAIL 9489 0090 0027 6340 5674 07**

Licensee, THE MUSTARD SEED ADULT FAMILY HOME LLC
THE MUSTARD SEED ADULT FAMILY HOME LLC
8906 172ND ST SE
SNOHOMISH, WA 98296

Adult Family Home License # **751439**
Entity Representative: STEVEN GUSTAFSON

**IMPOSITION OF CONDITIONS ON A LICENSE AND
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On October 13, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow up visit at your facility. This letter is formal notice of the imposition of conditions on a license and stop placement order prohibiting admissions on the license of your adult family home, located at **8906 172ND ST SE, SNOHOMISH**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The conditions on a license and stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **October 13, 2025**.

Stop Placement Order Prohibiting Admissions

WAC 388-76-10700 (2)(b) Building official—Inspection and approval.

The licensee failed ensure that three added half bathrooms (toilet and sink) were approved and inspected by Snohomish building officials for four residents to be safe to use. This failure placed the four residents at risk for using bathrooms not meeting building requirements and placed them at risk for privacy violation and decreased quality of life.

This is an uncorrected deficiency previously cited on August 26, 2025.

The stop placement order prohibiting admissions to your adult family home is effective upon **verbal** notice to you on **October 21, 2025**, and electronic facsimile receipt and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Nicholette Flynn, Field Manager, at (206) 348-9350.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Conditions on License

WAC 388-76-10700 (2)(b) Building official—Inspection and approval.

The licensee failed ensure that three added half bathrooms (toilet and sink) were approved and inspected by Snohomish building officials for four residents to be safe to use. This failure placed the four residents at risk for using bathrooms not meeting building requirements and placed them at risk for privacy violation and decreased quality of life.

This is an uncorrected deficiency previously cited on August 26, 2025.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) Provider must submit evidence that Snohomish building officials have inspected and approved the three added half bathrooms in bedrooms A, B, and C to the Department by Wednesday, November 12, 2025.***
- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

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These conditions are effective upon **verbal** notice to you on **October 21, 2025**, and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: This is the violation, which resulted in the conditions on your license and stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Nichollette Flynn, Field Manager
Region 2, Unit B
3906 172nd St NE Suite 100
Arlington, WA 98223
Phone: (206) 348-9350/ Fax: (360) 651-6940
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter. You **must** use an **IDR Request Form** for **each** citation or enforcement action you plan to dispute. You can find this **revised** form and guidelines on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>.

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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents

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submitted after the **20 working day deadline**. For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Please **email** your request(s) and supporting documentation to:

RCSIDR@dshs.wa.gov

OR

FAX to: 360-725-3225

Formal Administrative Hearing

You may contest the conditions and stop placement by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the conditions, and stop placement. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

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If you have any questions, please contact Nicholette Flynn, Field Manager, at (206) 348-9350.

Sincerely,

A handwritten signature in black ink that reads "Alfredo Brown". The script is cursive and fluid.

Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit B
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: _____, Field Manager, Region ____ Unit ____

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Licensee or Designee Signature

Date