STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

10/16/2025

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

RE: THE MUSTARD SEED ADULT FAMILY HOME LLC # 751439

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 67337 (Completion Date 10/16/2025) and 63706 (Completion Date 08/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/16/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

WAC 388-112A-0400 What is specialty training and who is required to take it?

(1) Specialty training refers to approved curricula that meets the requirements of RCW 18.20.270 and 70.128.230 to provide basic core knowledge and skills to effectively and safely provide care to residents living with mental illness, dementia, or developmental disabilities.

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(a) Developmental disabilities specialty training as described in WAC 388-112A-0420 .

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is

training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

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:

(d) Caregiver;

WAC 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(a) The local public health officer; and

(b) The department's complaint toll-free hotline number or online reporting system.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

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:

(6) Be signed and dated by the resident and kept in the resident record after signature.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

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:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

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;

(4) Criminal history disclosure and background check results as required.

The Department staff who did the On Site verification:
Hang Lu, Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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 08/05/2025 of:
THE MUSTARD SEED ADULT FAMILY HOME LLC
8906 172ND ST SE
SNOHOMISH, WA 98296

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

08/22/2025
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.

Provider (or Representative)

8/29/25
Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the water temperature at 2 of 2-bathroom sinks (Sinks 1 and 2) between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for a decreased quality of life from having water that was either too cold or too hot to use.

Findings included...

Observation and interview, on 08/05/2025 at 4:54 PM, showed the water temperature at Sink 1 (in the hallway bathroom near Bedrooms D and E) was 124.9 degrees F. Staff A, Entity Representative, stated that they would go downstairs to turn down the hot water tank right away. Staff A asked the Regulator to recheck the water temperature later.

Observation and interview, on 08/05/2025 at 5:09 PM, showed the water temperature at Sink 2 (in the bathroom near Bedrooms A and B) was 93.7 degrees F. Staff A stated that he would turn the hot water tank up a little. Staff A stated that Staff C, Caregiver, was running the dishwasher and a household member was taking a shower on the upper level.

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) _____ Date _____

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Findings included…

Observation and interview, on 08/05/2025 at 4:54 PM, showed the water temperature at Sink 1 (in the hallway bathroom near Bedrooms D and E) was 124.9 degrees F. Staff A, Entity Representative, stated that they would go downstairs to turn down the hot water tank right away. Staff A asked the Regulator to recheck the water temperature later.

Observation and interview, on 08/05/2025 at 5:09 PM, showed the water temperature at Sink 2 (in the bathroom near Bedrooms A and B) was 93.7 degrees F. Staff A stated that he would turn the hot water tank up a little. Staff A stated that Staff C, Caregiver, was running the dishwasher and a household member was taking a shower on the upper level.

Observation and interview, on 08/05/2025 at 5.20 PM, showed the water temperature at Sink 2 was 104.2 degrees. Staff A stated that it was hard to maintain the water temperature at least 105 degrees and below 120 degrees with the home's water circulation system.

Review of an email correspondence, dated 08/06/2025, showed Staff A reporting that there was a possibility that one of their two water backflow preventers had gotten clogged and not working correctly. Staff A reported that they had already contacted the plumber to fix the issue. Staff A reported that there had not been any complaints about cold showers. Staff A reported that they had asked AFH staff to make sure the water was warm enough when they gave showers (to the residents). Staff A reported that they had turned down the hot water tank so that the hottest water temperature was 115 degrees.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 10/10/25 4 & 8.

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

Provider (or Representative) — Date: 8/29/25

WAC 388-112A-0400 What is specialty training and who is required to take it?

(1) Specialty training refers to approved curricula that meets the requirements of RCW 18.20.270 and 70.128.230 to provide basic core knowledge and skills to effectively and safely provide care to residents living with mental illness, dementia, or developmental disabilities.

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(a) Developmental disabilities specialty training as described in WAC 388-112A-0420 .

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

Observation and interview, on 08/05/2025 at 5:20 PM, showed the water temperature at Sink 2 was 104.2 degrees. Staff A stated that it was hard to maintain the water temperature at least 105 degrees and below 120 degrees with the home's water circulation system.

Review of an email correspondence, dated 08/06/2025, showed Staff A reporting that there was a possibility that one of their two water backflow preventers had gotten clogged and not working correctly. Staff A reported that they had already contacted the plumber to fix the issue. Staff A reported that there had not been any complaints about cold showers. Staff A reported that they had asked AFH staff to make sure the water was warm enough when they gave showers (to the residents). Staff A reported that they had turned down the hot water tank so that the hottest water temperature was 115 degrees.

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

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Provider (or Representative) Date

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(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 caregivers (Staff C) had proof of valid cardiopulmonary resuscitation (CPR) and first aid training that included hands-on skills development. The AFH also failed to ensure Staff C, D, and E obtained the Developmental Disabilities (DD) specialty training. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of being cared for by caregivers who were not fully qualified.

Findings included…

Review of staff records showed the AFH hired Staff C, Caregiver, on 10/25/2016. Review of Staff C's record showed Staff C had a CPR/ First Aid card, dated 09/18/2024 and expired on 09/18/2026. Review of Staff C's CPR/ First Aid card showed it did not indicate hands-on skills development was included in the training.

In an interview, on 08/05/2025 at 2:08 PM, Staff C stated that they had taken the online CPR/ First Aid training course on 09/18/2024. Staff C stated that they did not know they had to take the in-person training for hands-on skills development.

Review of the Department's Secure Tracking and Reporting System showed the AFH was licensed to provide specialty care for residents with DD care needs.

Review of resident records showed the AFH admitted Resident 3 on [redacted]/2023. Review of Resident 3's record showed Resident 3 had care needs related to DD.

Review of Staff C's record showed there was no evidence Staff C had obtained DD specialty training.

Review of staff records showed the AFH hired Staff D, Caregiver, on 03/01/2025. Review of Staff D's record showed there was no evidence Staff D had obtained DD specialty training.

Review of staff records showed the AFH hired Staff E, Caregiver, on 12/22/2023. Review

of Staff E's record showed there was no evidence Staff E had obtained DD specialty training

In an interview, on 08/05/2025 at 2:30 PM, Staff A, Entity Representative, stated that they had been having a difficult time signing staff up for DD specialty training. At 4:30 PM, Staff A stated that they had thought the Population Specific DD training (that Staff C had) met the requirement.

Review of an email correspondence, dated 08/06/2025, showed the AFH reporting that Staff C was scheduled to take the DD specialty training from 09/09/2025 to 09/11/2025. The AFH also reported that Staff D and E were scheduled to take the DD specialty training from 09/16/2025 to 09/18/2025

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~10/4/25~~ & 10/4/25

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

Provider (or Representative) — Date: 8/29/25

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:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 caregivers (Staff D and E) obtained Tuberculosis (TB) testing within three days of hire. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for potential exposure to a communicable disease.

Findings included...

Review of staff records showed the AFH hired Staff D, Caregiver, on 03/01/2025. Review of Staff D's record showed Staff D had documentation of a negative TB test, dated 01/15/2024. Record review showed Staff D did not have documentation of the two-step

of Staff E's record showed there was no evidence Staff E had obtained DD specialty training.

In an interview, on 08/05/2025 at 2:30 PM, Staff A, Entity Representative, stated that they had been having a difficult time signing staff up for DD specialty training. At 4:30 PM, Staff A stated that they had thought the Population Specific DD training (that Staff C had) met the requirement.

Review of an email correspondence, dated 08/06/2025, showed the AFH reporting that Staff C was scheduled to take the DD specialty training from 09/09/2025 to 09/11/2025. The AFH also reported that Staff D and E were scheduled to take the DD specialty training from 09/16/2025 to 09/18/2025.

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, THE MUSTARD SEED 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

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 caregivers (Staff D and E) obtained Tuberculosis (TB) testing within three days of hire. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for potential exposure to a communicable disease.

Findings included…

Review of staff records showed the AFH hired Staff D, Caregiver, on 03/01/2025. Review of Staff D's record showed Staff D had documentation of a negative TB test, dated 01/15/2024. Record review showed Staff D did not have documentation of the two-step

TB skin test initiated within three days of hire.

Review of staff records showed the AFH hired Staff E, Caregiver, on 12/22/2023. Review of Staff E's record showed Staff E did not have documentation of TB testing within three days of hire.

In an interview, on 08/05/2025 at 2:15 PM, Staff A, Entity Representative, stated that they thought Staff D's TB test from 01/15/2024 met the requirement. Staff A stated that they would look for Staff E's TB test results to send to the Department.

Review of documents, received by the Department on 08/06/2025, showed the AFH did not send Staff E's TB test results.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~10/20/25~~ & 80 10/4/25

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

Provider (or Representative) — Date: 8/29/25

WAC 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(a) The local public health officer; and

(b) The department's complaint toll-free hotline number or online reporting system.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to report to the Local Health Jurisdiction (LHJ) and the Department's Complaint Resolution Unit (CRU) when 5 of 6 residents (Residents 2, 3, 4, 5, and 6) got sick with Covid-19 (an infectious disease by a virus causing respiratory illness that could result in severe impairment or death), as required. This failure placed the residents at health and safety risks.

Findings included...

TB skin test initiated within three days of hire.

Review of staff records showed the AFH hired Staff E, Caregiver, on 12/22/2023. Review of Staff E's record showed Staff E did not have documentation of TB testing within three days of hire.

In an interview, on 08/05/2025 at 2:15 PM, Staff A, Entity Representative, stated that they thought Staff D's TB test from 01/15/2024 met the requirement. Staff A stated that they would look for Staff E's TB test results to send to the Department.

Review of documents, received by the Department on 08/06/2025, showed the AFH did not send Staff E's TB test results.

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, THE MUSTARD SEED 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

WAC 388-76-10225 Reporting requirement.

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(a) The local public health officer; and

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to report to the Local Health Jurisdiction (LHJ) and the Department's Complaint Resolution Unit (CRU) when 5 of 6 residents (Residents 2, 3, 4, 5, and 6) got sick with Covid-19 (an infectious disease by a virus causing respiratory illness that could result in severe impairment or death), as required. This failure placed the residents at health and safety risks.

Findings included…

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2022, Resident 2 on [redacted]/2025, Resident 3 on [redacted]/2023. Resident 4 on [redacted]/2024, Resident 5 on [redacted]/2025, and Resident 6 on [redacted]/2025.

In an interview, on 08/05/2025 at 10:25 AM, Staff A, Entity Representative, reported that Residents 2, 3, 4, 5, and 6 got sick with Covid in the previous month. Staff A stated that they did not report to the LHJ (Snohomish Health District [SHD]) and the CRU. Staff A stated that they did not know about the reporting requirement.

In an interview, on 08/05/2025 at 10:40 AM, Staff A reported that Resident 3 was hospitalized from [redacted]/2025 to [redacted]/2025. Staff A stated that Resident 3 was given Paxlovid (a medication used to treat mild to moderate Covid-19 for those at high risk of progression to severe Covid-19) in the hospital. Staff A said, "(Residents 4 and 6) were next in line and they were hit hard". Staff A stated that Residents 4 and 6 also received Paxlovid. Staff A reported that Residents 2 and 5 got better after two days. Staff A stated that the families of Residents 2 and 5 did not want the residents on Paxlovid. Staff A stated that Resident 1 did not get sick.

Review of an email correspondence, dated 08/06/2025, showed Staff A reporting that they had contacted SHD and CRU. Staff A reported that they told the CRU that they had forgotten to report earlier.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~8/6/25~~ 10/4/25 SO

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

Provider (or Representative) — Date: 8/29/25

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

This requirement was not met as evidenced by:

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2022, Resident 2 on [redacted]/2025, Resident 3 on [redacted]/2023, Resident 4 on [redacted]/2024, Resident 5 on [redacted]/2025, and Resident 6 on [redacted]/2025.

In an interview, on 08/05/2025 at 10:25 AM, Staff A, Entity Representative, reported that Residents 2, 3, 4, 5, and 6 got sick with Covid in the previous month. Staff A stated that they did not report to the LHJ (Snohomish Health District [SHD]) and the CRU. Staff A stated that they did not know about the reporting requirement.

In an interview, on 08/05/2025 at 10:40 AM, Staff A reported that Resident 3 was hospitalized from [redacted]/2025 to [redacted]/2025. Staff A stated that Resident 3 was given Paxlovid (a medication used to treat mild to moderate Covid-19 for those at high risk of progression to severe Covid-19) in the hospital. Staff A said, "(Residents 4 and 6) were next in line and they were hit hard". Staff A stated that Residents 4 and 6 also received Paxlovid. Staff A reported that Residents 2 and 5 got better after two days. Staff A stated that the families of Residents 2 and 5 did not want the residents on Paxlovid. Staff A stated that Resident 1 did not get sick.

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(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations (related to medical tests in the AFH) by obtaining a Medical Test Site Waiver (MTSW) license to perform Covid-19 (an infectious disease by a virus causing respiratory illness that could result in severe impairment or death) testing and monitoring for 5 of 6 residents (Residents 2, 3, 4, 5 and 6). This failure placed the residents at risk of infection and illness related to unsafe medical testing.

Findings included...

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2025, Resident 3 on [redacted]/2023, Resident 4 on [redacted]/2024, Resident 5 on [redacted]/2025, and Resident 6 on [redacted]2025.

In an interview, on 08/05/2025 at 10:25 AM, Staff A, Entity Representative, reported that Residents 2, 3, 4, 5, and 6 got sick with Covid in the previous month. At 10:45 AM, Staff A reported that they informed the residents' families. Staff A reported that the residents' families brought the Covid test kits to the AFH and they (AFH staff) did the tests for the residents.

In an interview, on 08/05/2025 at 10:49 AM, Staff A stated that they had not applied for the MTSW license. Staff A stated that they would put that on their list (of things to do).

Review of an email correspondence, dated 08/06/2025, showed Staff A asking if they were mandated to have the MTSW if they didn't want the liability of doing at-home Covid tests. Staff A stated that they would rather have the families perform the Covid tests instead.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~8/6/25~~ 10/4/25 SB

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

Provider (or Representative) — Date: 8/29/25

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations (related to medical tests in the AFH) by obtaining a Medical Test Site Waiver (MTSW) license to perform Covid-19 (an infectious disease by a virus causing respiratory illness that could result in severe impairment or death) testing and monitoring for 5 of 6 residents (Residents 2, 3, 4, 5 and 6). This failure placed the residents at risk of infection and illness related to unsafe medical testing.

Findings included…

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2025, Resident 3 on [redacted]/2023, Resident 4 on [redacted]/2024, Resident 5 on [redacted]/2025, and Resident 6 on [redacted]/2025.

In an interview, on 08/05/2025 at 10:25 AM, Staff A, Entity Representative, reported that Residents 2, 3, 4, 5, and 6 got sick with Covid in the previous month. At 10:45 AM, Staff A reported that they informed the residents' families. Staff A reported that the residents' families brought the Covid test kits to the AFH and they (AFH staff) did the tests for the residents.

In an interview, on 08/05/2025 at 10:49 AM, Staff A stated that they had not applied for the MTSW license. Staff A stated that they would put that on their list (of things to do).

Review of an email correspondence, dated 08/06/2025, showed Staff A asking if they were mandated to have the MTSW if they didn't want the liability of doing at-home Covid tests. Staff A stated that they would rather have the families perform the Covid tests instead.

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, THE MUSTARD SEED 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

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and

before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide the Notice of Services (Admission Agreement) at least every 24 months to 1 of 6 residents (Residents 1). This failure placed the resident at risk of not being fully aware of their rights and the services provided by the home.

Findings included…

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2022. Record review showed Resident 1 had a Resident Representative (RR) who signed for them.

Record review showed Staff A, Entity Representative, and Resident 1's RR last signed the Admission Agreement on [redacted]/2022. Record review showed "[redacted]/2024" and Staff A's initials were written on the signature page of the Admission Agreement. Record review showed "[redacted]/2024" was also written (under the date [[redacted]/2022] line where the RR last signed). Record review showed Resident 1's RR did not sign the Admission

Agreement again on 05/12/2024.

In an interview, on 08/05/2025 at 4:30 PM, Staff A stated that they would have Resident 1's RR review and sign the Admission Agreement again.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~10/4/25~~ 10/4/25

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

Provider (or Representative) — Date: 8/29/25

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:

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Residents 1 and 5) had a signed and dated Medicaid policy on file. This failure placed the residents at risk of not being fully aware of their rights.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's record showed Resident 1 had a Resident Representative (RR) who signed for them. Record review showed Resident 1 had a copy of the home's Medicaid policy on file. Record review showed Resident 1's RR had not signed and dated the home's Medicaid policy.

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Review of Resident 5's record showed Resident 5 had a RR who signed for them. Record review showed Resident 5's RR had not signed and dated the home's Medicaid policy that was on file.

Agreement again on 05/12/2024.

In an interview, on 08/05/2025 at 4:30 PM, Staff A stated that they would have Resident 1's RR review and sign the Admission Agreement again.

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, THE MUSTARD SEED 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

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:

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Residents 1 and 5) had a signed and dated Medicaid policy on file. This failure placed the residents at risk of not being fully aware of their rights.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's record showed Resident 1 had a Resident Representative (RR) who signed for them. Record review showed Resident 1 had a copy of the home's Medicaid policy on file. Record review showed Resident 1's RR had not signed and dated the home's Medicaid policy.

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Review of Resident 5's record showed Resident 5 had a RR who signed for them. Record review showed Resident 5's RR had not signed and dated the home's Medicaid policy that was on file.

In an interview, on 08/05/2025 at 4:35 PM, Staff A, Entity Representative, stated that they would have the documents signed by the RRs.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~10/10/25~~ 10/4/25 SO

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

Provider (or Representative) — Date: 8/29/25

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident record contained a current, signed and dated Inventory of Personal Belongings (IPB) form for 4 of 6 residents (Resident 1, 2, 3, and 5). This failure placed the residents at risk for lost, stolen, or misplaced personal property.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's record showed Resident 1 had a Resident Representative (RR) who signed for them. Record review showed Resident 1 had a copy of the IPB that had been filled out. Record review showed the AFH and Resident 1's RR had not signed and dated the IPB.

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2025. Review of Resident 2's record showed Resident 2 had a RR who signed for them. Record review showed Resident 2 had a copy of the IPB that had been filled out and signed by the RR. Record review showed the RR's signature was not dated. Record review showed the AFH had not signed and dated Resident 2's IPB.

In an interview, on 08/05/2025 at 4:35 PM, Staff A, Entity Representative, stated that they would have the documents signed by the RRs.

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, THE MUSTARD SEED 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

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident record contained a current, signed and dated Inventory of Personal Belongings (IPB) form for 4 of 6 residents (Resident 1, 2, 3, and 5). This failure placed the residents at risk for lost, stolen, or misplaced personal property.

Findings included…

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's record showed Resident 1 had a Resident Representative (RR) who signed for them. Record review showed Resident 1 had a copy of the IPB that had been filled out. Record review showed the AFH and Resident 1's RR had not signed and dated the IPB.

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2025. Review of Resident 2's record showed Resident 2 had a RR who signed for them. Record review showed Resident 2 had a copy of the IPB that had been filled out and signed by the RR. Record review showed the RR's signature was not dated. Record review showed the AFH had not signed and dated Resident 2's IPB.

Review of resident records showed the AFH admitted Resident 3 on [redacted]/2023. Review of Resident 3's record showed Resident 3 had a RR who signed for them. Record review showed Resident 3 had a copy of the IPB that had been filled out. Record review showed the AFH and Resident 3's RR had not signed and dated the IPB.

Review of resident records showed the AFH admitted Resident 5 on [redacted]/2025. Review of Resident 5's record showed Resident 5 had a RR who signed for them. Record review showed Resident 5's IPB had one item (walker) listed. Record review showed the AFH and Resident 5's RR had not signed and dated Resident 5's IPB.

In an interview, on 08/05/2025 at 4:40 PM, Staff A, Entity Representative, stated that they and the RRs would sign the IPB forms.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~10/10/25~~ 10/4/25

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

Provider (or Representative) — Date: 8/29/25

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:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

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 Disclosure of Charges (DOC) form on file for 2 of 6 residents (Residents 1 and 5). This failure placed the residents at risk for not being aware of all the services and fees.

Findings included...

Review of resident records showed the AFH admitted Resident 3 on [redacted]/2023. Review of Resident 3's record showed Resident 3 had a RR who signed for them. Record review showed Resident 3 had a copy of the IPB that had been filled out. Record review showed the AFH and Resident 3's RR had not signed and dated the IPB.

Review of resident records showed the AFH admitted Resident 5 on [redacted]/2025. Review of Resident 5's record showed Resident 5 had a RR who signed for them. Record review showed Resident 5's IPB had one item (walker) listed. Record review showed the AFH and Resident 5's RR had not signed and dated Resident 5's IPB.

In an interview, on 08/05/2025 at 4:40 PM, Staff A, Entity Representative, stated that they and the RRs would sign the IPB forms.

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, THE MUSTARD SEED 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

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:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

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 Disclosure of Charges (DOC) form on file for 2 of 6 residents (Residents 1 and 5). This failure placed the residents at risk for not being aware of all the services and fees.

Findings included…

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's record showed Resident 1 had a Resident Representative (RR) who signed for them. Record review showed there was no DOC form that had been signed and dated by Resident 1's RR on file.

Review of resident records showed the AFH admitted Resident 5 on [redacted]/2025. Review of Resident 5's record showed Resident 5 had an RR who signed for them. Record review showed there was a DOC form (that had been signed by the AFH and dated 01/28/2025). Record review showed Resident 5's RR had not signed and dated the DOC form.

In an interview, on 08/05/2025 at 4:43 PM, Staff A, Entity Representative, stated that they would have the RRs sign the DOC forms and keep in the residents' records.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~10/10/25~~ 10/4/25

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

Provider (or Representative) — Date: 8/29/25

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;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have the personnel records for 2 of 5 caregivers (Staff C and D) and 1 of 1 former caregiver (Staff F) readily available for review. This failure delayed verification of staff qualifications to

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's record showed Resident 1 had a Resident Representative (RR) who signed for them. Record review showed there was no DOC form that had been signed and dated by Resident 1's RR on file.

Review of resident records showed the AFH admitted Resident 5 on [redacted]/2025. Review of Resident 5's record showed Resident 5 had an RR who signed for them. Record review showed there was a DOC form (that had been signed by the AFH and dated 01/28/2025). Record review showed Resident 5's RR had not signed and dated the DOC form.

In an interview, on 08/05/2025 at 4:43 PM, Staff A, Entity Representative, stated that they would have the RRs sign the DOC forms and keep in the residents' records.

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, THE MUSTARD SEED 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

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;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have the personnel records for 2 of 5 caregivers (Staff C and D) and 1 of 1 former caregiver (Staff F) readily available for review. This failure delayed verification of staff qualifications to

work in the home and placed Residents 1, 2, 3, 4, 5, and 6 at risk of being cared for by staff who were not fully qualified.

Findings included…

Review of personnel records showed the AFH hired Staff C, Caregiver, on 10/25/2016. Review of Staff C's record showed Staff C did not have documentation of their final Fingerprint-based Check (FBC) on file for review.

In an interview, on 08/05/2025 at 2:18 PM, Staff C stated that they believed they had done the FBC in the past. Staff C stated that they may have a copy of their FBC at home. Staff C stated that they would look for their FBC and give it to Staff A the next day.

Review of personnel records showed the AFH hired Staff D, Caregiver, on 03/01/2025. Review of Staff D's record showed Staff D did not have documentation of their final FBC on file for review.

In an interview, on 08/05/2025 at 2:20 PM, Staff A, Entity Representative, stated that they had a caregiver who no longer worked in the home. Staff A stated that they would find the records of Staff F, Former Caregiver, to show the Regulator.

In an interview, on 08/05/2025 at 2:26 PM, Staff A, Entity Representative, stated that they thought having Staff C's "rap sheet" on file was adequate. Staff A stated that they did not know they needed to have the final FBC. Staff A stated that Staff D had done an FBC for another facility. Staff A stated that they would ask Staff D to request a copy of their final FBC. At 2:45 PM, Staff A stated that they would send Staff F's documents to the Department by the next day.

Review of documents, received by the Department on 08/05/2025, showed Staff A sending information regarding Staff F's hire day, last day of work, and interim Fingerprint (FP) background check, dated 02/08/2023.

Review of an email correspondence, dated 08/05/2025, showed Staff A reporting that Staff F had the FP done on 06/09/2023. Staff A reported that they did not receive Staff F's final FBC from the Background Check Unit.

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, THE MUSTARD SEED ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) ~~10/10/25~~ 10/4/25 SC

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

Provider (or Representative) _____ Date 8/29/25

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, THE MUSTARD SEED 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

08/22/2025

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

RE: THE MUSTARD SEED ADULT FAMILY HOME LLC # 751439

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/20/2025 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:

Renee Bourque, 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 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 388-76-10650 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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

The Adult Family Home did not have a safety assessment and care plan for Resident 4 to use a [redacted]. Staff A, Entity Representative, contacted the nurse assessor to add documentation regarding Resident 4's need and ability to use the [redacted] safely on their assessment and care plan document, dated 08/05/2025. This deficiency was corrected on-site at the time of visit.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home did not have a written Succession Plan. Staff A, Entity Representative, had a Succession Plan completed and shown to the Regulator. This deficiency was corrected on-site at the time of visit.

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)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, 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:
Renee Bourque, 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 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 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 request and supporting documents to:

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