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

Elite AFH LLC

Elite AFH LLC
18528 70th Ave W
Lynnwood, WA 98037

RE: Elite AFH LLC License # 752805

Dear Provider:

This letter addresses Compliance Determination(s) 67294 (Completion Date 10/16/2025) and 66285 (Completion Date 10/01/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/16/2025 and found that you have corrected the violations listed in the Full report dated 10/01/2025. Your home is back in compliance as of 10/10/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10420-4, WAC 388-76-10485-1, WAC 388-76-10750-6-c, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-h, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10532-3

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

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 09/29/2025 of:

Elite AFH LLC
18528 70th Ave W
Lynnwood, WA 98037

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

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

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' Bourgue — 10/01/2025
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) — OCTOBER 10, 2025
Date

**WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:**

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff C and D, Caregivers) had their initial two-step Tuberculosis (TB) skin testing within three days of hire and completed their second TB test within one to three weeks later. This failure placed Residents 1 and 2 at risk for potential exposure to a communicable disease.

Findings included...

Review of personnel records showed the AFH hired Staff C on 05/06/2022. Review of Staff C's record showed Staff C had the first TB skin test on 12/15/2023 with a negative result. There was no evidence a second TB skin test had been completed one to three weeks after the first TB skin test.

Staff D
Review of personnel records showed the AFH hired Staff D on 05/06/2022. Review of Staff D's record showed Staff D had the first TB skin test on 02/28/2025 with a negative result. There was no evidence a second TB skin test had been completed one to three weeks after the first TB skin test.

In an interview, on 09/30/2025 at 3:10 PM, Staff B, Resident Manager, stated that Staff C and D had obtained their two step TB testing before. Staff B stated that they would contact Concerta (a medical clinic) to see if they had records of Staff C and D's previous two step TB skin test results. Staff B stated that they would send Staff C and D's TB test records to the department next business day (09/30/2025 by 4:00 PM). Staff B stated that they would make sure Staff C, and D took another TB skin test if the previous two step TB test results were not found.

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, Elite AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/10/25 .

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

Provider (or Representative)

OCTOBER 10, 2025
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 record review and interview, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement (Protein Shake) to 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for dietary problems and possible health complications.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple medical diagnoses.

In an interview, on 09/29/2025 at 10:35 AM, Staff C, Caregiver, stated that they gave protein shake to Resident 1 once a day. Staff C stated that Resident 1's family supplied the protein shake for Resident 1.

Review of Resident 1's record showed there was no written approval or documentation from Resident 1's physician for the use of the protein shake supplement.

In an interview, on 09/29/2025 at 11:00 AM, Staff B, Resident Manager, stated that they would get the doctor's order for the protein shake. Observation showed Staff C contact Resident 1's doctor's office.

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, Elite AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/10/2025.

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

Provider (or Representative)

OCTOBER 10, 2025
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 observation and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of harm or injury if they inappropriately took unlocked/unsecured medications.

Findings included...

Observation, on 09/29/2025 at 10:15 AM, showed Residents 1 and 2 lived in and received care from the AFH. Observation further showed Resident 1 ambulated with staff assistance and Resident 2 was [redacted] in the AFH.

Observation on 09/29/2025 at 11:30 AM, showed a container of Tylenol tablets (used for pain) unsecured on the dining table in the kitchen. Observation showed a bottle of Warfarin tablets (used for blood clots) on the dining table in the kitchen. Observation

showed a bottle of medication vial on the counter in the kitchen. Observation of the pharmacy generated label showed the medication was Warfarin tablets. Observation of the pharmacy label showed the medication was for Staff D, Caregiver. Observation showed a bottle of NyQuil liquid on the kitchen counter next to the fridge.

During an observation and interview, on 09/29/2025 at 11:35 AM, Staff C, Caregiver, stated that the medication was for their spouse (Staff D). Observation showed Staff C moved the unlocked medications to the locked storage in the garage.

In an interview, on 09/29/2025 at 11:40 AM, Staff B, Resident Manager, stated that they kept resident's medications locked and they were unaware of requirement to keep staff's medications locked as well.

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, Elite AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/10/25 .

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

Provider (or Representative) — Date: OCTOBER 10, 2025

**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 ensure the water temperature in a community bathroom did not exceed 120 degrees Fahrenheit. This failure placed 2 of 2 residents (Residents 1 and 2) at risk from hot water burns.

Findings included...

Observation, on 09/29/2025 at 10:15 AM, showed Residents 1 and 2 lived in and received care from the AFH. Observation further showed Resident 1 ambulated with

staff assistance and Resident 2 was [redacted] in the AFH.

Observation, on 09/29/2025 at 12:00 PM, showed the water temperature in the sink of the main bathroom (located in the hallway), used by Residents 1 and 2 was 136.9 degrees Fahrenheit.

In an interview, on 09/29/2025 at 12:03 PM, Staff B, Resident Manager, stated that they fixed the water heater recently and they might had forgot to adjust the water temperature.

Observation, on 09/29/2025 at 2:10 PM, showed the AFH staff attempted to adjust the water temperature. Observation showed the water temperature in the sink of the main bathroom was 133.7 degrees Fahrenheit.

In an interview, on 09/29/2025 at 2:15 PM, Staff B stated that they would contact a professional to check and adjust the water temperature.

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, Elite AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/10/25 .

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

Provider (or Representative)

OCTOBER 10, 2025
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.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an updated signed and dated copy of the notice of rights and services was on file for 1 of 2 sampled residents (Resident 2). This failure placed Resident's 2 at risk for not being aware of all the services and rights for their care.

Findings included...

Observation, on 09/29/2025 at 10:15 AM, showed Resident 2 lived in and received care and services from the AFH.

Review of Resident 2's record showed Resident 2 had been admitted into the AFH on [redacted]/2016 with multiple medical diagnoses. Review of records showed the updated Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) were signed by Resident 2's representative on 02/28/2021. There were no other admission agreements found in Resident 2's record.

In an interview, on 09/29/2025 at 1:15 PM, Staff B, Resident Manager, stated that they had Resident 2's reviewed admission agreement at home and they would send it to the department next business day (09/30/2025).

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, Elite AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/10/25 .

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

Provider (or Representative)

OCTOBER 10, 2025
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:

(a) Provide a copy to each resident prior to or upon admission to the home;

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

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

**This requirement was not met as evidenced by:**

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to keep a signed and dated copy of the Disclosure of Charges (DOC) form on file for 1 of 2 residents (Resident 1). This failure placed Resident 1 at risk of not being aware of the charges for their care.

Findings included...

Observation, on 09/29/2025 at 10:15 AM, showed Resident 1 lived and received care from the AFH.

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses. There was no DOC located in Resident 1's record.

In an interview, on 09/29/2025 at 12:45 PM, Staff B, Resident Manager, stated that Resident 1's representative was aware of charges. Staff B stated that they had Resident 1's DOC at home and they would send it to the department next business day (09/30/2025 by 4:00 PM).

Review of a corresponding email received by the department on 09/30/2025 from Staff B showed a copy of Resident 1's signed DOC on 09/30/2025.

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, Elite AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/10/25 .

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

Provider (or Representative)

OCTOBER 10, 2025
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***

10/03/2025

**CERTIFIED MAIL**

94890090002760730033 95

Elite AFH LLC
Elite AFH LLC
18528 70th Ave W
Lynnwood, WA 98037

RE: Elite AFH LLC # 752805

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/01/2025 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 follcwing deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10161 Background checks Who is required to have.**

(1) An adult family home applicant and anyone affiliated with an applicant must have the following background checks before licensure:

(a) A Washington state name and date of birth background check; and

The Adult Family Home (AFH) failed to ensure 3 of 3 Household Members (HHM), (HHM 1, 2 and 3) over the age of twelve had a current Washington Name of Birth Background Inquiry (WNOB BGI) on file. This deficiency was corrected during the visit on 09/29/2025 by Staff B, Resident Manager. Staff B renewed household members WNOB BGI.

**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 (AFH) failed to have a written Succession Plan as required. This failure placed Residents 1 and 2 at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home. This deficiency was corrected during the visit on 09/29/2025 by Staff B, Resident Manager.

**WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:**

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

The Adult Family Home (AFH) failed to ensure an emergency evacuation map was posted on the lower floor of the AFH. This failure was corrected by Staff B, Resident Manager, during the visit on 09/29/2025. Staff B posted an emergency evacuation map

on the lower level of the AFH.

**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 IDRs** 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