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

Premier Care Lynnwood LLC

Premier Care Lynnwood LLC
1229 175th Street SW
Lynnwood, WA 98037

RE: Premier Care Lynnwood LLC License # 753013

Dear Provider:

This letter addresses Compliance Determination(s) 71501 (Completion Date 01/15/2026) and 70150 (Completion Date 12/16/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/15/2026 and found that you have corrected the violations listed in the Full report dated 12/16/2025. Your home is back in compliance as of 01/08/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5, WAC 388-76-10485-3

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 12/16/2025 of:
Premier Care Lynnwood LLC
1229 175th Street SW
Lynnwood, WA 98037

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:

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

Statement of Deficiencies	License #: 753013	Compliance Determination # 70150
Plan of Correction	Premier Care Lynnwood LLC	Completion Date
Page 2 of 4	Licensee: Premier Care Lynnwood LLC	12/18/2025

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

12/30/2025
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)

Jan 8, 2026
Date

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to complete a Preliminary Service Plan for 1 of 6 residents (Resident 1) when they admitted Resident 1 to the AFH. This failure placed Resident 1 at risk of not receiving the required care and services to safely meet their needs.

Findings included...

Observation, on 12/26/2025 at 9:30 AM, showed Resident 1 lived in and received care from the AFH.

Review of Resident 1's Negotiated Care Plan, dated 10/14/2025, showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses. Review of Resident 1's records showed there were no records of a Preliminary Service Plan on file.

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
Residential Care Services

12/30/2025
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)

Date

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(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to complete a Preliminary Service Plan for 1 of 6 residents (Resident 1) when they admitted Resident 1 to the AFH. This failure placed Resident 1 at risk of not receiving the required care and services to safely meet their needs.

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Statement of Deficiencies	License #: 753013	Compliance Determination #70150
Plan of Correction	Premier Care Lynnwood LLC	Completion Date
Page 3 of 4	Licensee: Premier Care Lynnwood LLC	12/16/2026

In an interview, on 12/16/2025 at 12:00 PM, Staff A, Entity Representative, stated that they were not aware of Preliminary Service Plan requirements.

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, Premier Care,Lynnwood LLC is or will be in compliance with this law and / or regulation on (Date) 1/8/26.

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

Provider (or Representative) — Date: 1/08/26

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator 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 in the fridge were kept secured in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included...

Observation, on 12/16/2025 at 9:30 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Residents 1 and 4 ambulated independently. Residents 2, 5 and 6 ambulated with staff assistance and Resident 3 ambulated with medical devices independently.

Observation, on 12/16/2025 at 11:20 AM, showed two unlocked/unsecured open boxes of insulin (medication used to lower the amount of sugar in the blood) pens in the top door compartment of the fridge. Observation of the pharmacy generated label showed the insulin pens were for Resident 3.

In an interview, on 12/16/2025 at 11:23 AM, Staff A, Entity Representative, stated that AFH staff might have given Resident 3's medication and they forgot to lock them.

In an interview, on 12/16/2025 at 12:00 PM, Staff A, Entity Representative, stated that they were not aware of Preliminary Service Plan requirements.

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, Premier Care Lynnwood 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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In an interview, on 12/16/2025 at 11:23 AM, Staff A, Entity Representative, stated that AFH staff might have given Resident 3's medication and they forgot to lock them.

Statement of Deficiencies	License #: 753013	Compliance Determination # 70150
Plan of Correction	Premier Care Lynnwood LLC	Completion Date
Page 4 of 4	Licensee: Premier Care Lynnwood LLC	12/16/2026

Observation, on 12/16/2025 at 11:23 AM, showed Staff C, Caregiver, locking the insulin pens in the medication box in the fridge.

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, Premier Care Lynnwood LLC is or will be in compliance with this law and / or regulation on (Date) 1/8/26.

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

Provider (or Representative) — Date: 1/8/26

Observation, on 12/16/2025 at 11:23 AM, showed Staff C, Caregiver, locking the insulin pens in the medication box in the fridge.

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, Premier Care Lynnwood 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

12/30/2025

CERTIFIED MAIL

9489009000276383899602

Premier Care Lynnwood LLC
Premier Care Lynnwood LLC
1229 175th Street SW
Lynnwood, WA 98037

RE: Premier Care Lynnwood LLC # 753013

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/16/2025 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 388-76-10015 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

The Adult Family Home (AFH) failed to have a Medical Test Site Waiver (MTSW) license prior to performing blood sugar testing and monitoring as required for 1 of 6 residents (Resident 3). Records review showed the AFH staff had applied for a MTSW license on 12/02/2025.

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;

(e) Staff; and

The Adult Family Home (AFH) hired Staff C, Caregiver, on 04/29/2023. Staff C obtained their first step Tuberculosis (TB) skin test on 05/25/2023. Additionally, the AFH hired Staff D, Caregiver, on 06/19/2024. Staff D obtained their TB blood test on 07/03/2024. AFH hired Staff E, Caregiver, on 09/01/2025. Staff E obtained their TB blood test on 06/25/2025. Staff A, Entity Representative, stated that they would make sure all new staff obtained TB testing within 3 days of hire moving forward.

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

The Adult Family Home (AFH) hired Staff D, Caregiver, on 06/19/2024. Staff D's Tuberculosis (TB) blood test showed positive results. Staff D obtained their X-Ray on

09/10/2024. Staff A, Entity Representative, stated that they would make sure all new staff with positive TB results obtained the chest X-ray within 7 days moving forward.

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 make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel 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 supporting documents to:

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