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

Care with Dignity AFH LLC

Care With Dignity AFH LLC
6306 234TH ST SW
MOUNTLAKE TERRACE, WA 98043

RE: Care With Dignity AFH LLC License # 753387

Dear Provider:

This letter addresses Compliance Determination(s) 62006 (Completion Date 07/02/2025) and 59696 (Completion Date 05/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/02/2025 and found that you have corrected the violations listed in the Full report dated 05/20/2025. Your home is back in compliance as of 06/30/2025 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 388-76-10230-3, WAC 388-76-10165-1-a

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

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

Statement of Deficiencies	License #: 753387	Compliance Determination # 59696
Plan of Correction	Care With Dignity AFH LLC	Completion Date
Page 1 of 4	Licensee: Care with Dignity AFH LLC	05/20/2025

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 05/15/2025 of:
Care With Dignity AFH LLC
6306 234TH ST SW
MOUNTLAKE TERRACE, WA 98043

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:

Chrissy Exe, Long-Term Care 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

05/22/2025
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)

5/28/2025
Date

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

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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to maintain an up-to-date rabies vaccination for 1 of 1 pets (Pet A). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of potential exposure to a viral illness.

Findings included...

Record review showed a rabies vaccination certificate for Pet A that was administered on 09/17/2021. The expiration date of the rabies vaccination was 09/17/2022. Further review showed no additional rabies certificates for Pet A.

In an interview, on 05/15/2025 at 3:59 PM, Staff A, Entity Representative, stated that there were no additional rabies vaccination certificates for Pet A.

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, Care With Dignity AFH LLC is or will be in compliance with this law and / or regulation on (Date) 6/30/2025.

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

Provider (or Representative) 5/28/2025 Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have valid Washington State Name and Date of Birth (WNDOB) Background Checks (BGC) for 2 of 10 former caregivers (Staff M and O). The AFH also failed to have a valid WNDOB BGC for a non-caregiving volunteer (Staff P) who provided services on-site at the AFH. This failure placed residents 1, 2, 3, 4, 5, and 6 at risk of having unsupervised access to individuals with unknown criminal backgrounds.

Findings included...

<Staff M>

Review of staff records showed the AFH hired Staff M on 08/13/2023. Staff M departed from employment at the AFH on 03/01/2024. Further review of records showed the WNDOB BGC for Staff M expired on 02/08/2023.

<Staff O>

Review of staff records showed the AFH hired Staff O on 06/10/2022. Staff O departed

from employment at the AFH on 07/18/2023. Further review of records showed the WNDOB BGC for Staff O expired on 12/10/2022.

In an interview, on 05/15/2025 at 3:05PM, Staff A, Entity Representative, stated that they were not aware that Interim Fingerprint checks, which include a WNDOB BGC, were only valid for 6 months.

<Staff P>

Review of records showed the AFH completed a WNDOB BGC for an individual who visited the AFH. Further review of records showed the WNDOB BGC for this individual expired on 08/18/2019.

In an interview, on 05/15/2025 at 2:24 PM, Staff A stated that this person was a hair stylist who provided monthly services to the residents at the AFH. Staff A acknowledged that the WNDOB BGC for the hair stylist was expired.

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, Care With Dignity AFH LLC is or will be in compliance with this law and / or regulation on (Date) 6/30/2025.

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

Provider (or Representative) [signature] Date 5/28/2025

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

05/22/2025

Care with Dignity AFH LLC
Care With Dignity AFH LLC
6306 234TH ST SW
MOUNTLAKE TERRACE, WA 98043

RE: Care With Dignity AFH LLC # 753387

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/20/2025 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:

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

The Adult Family Home (AFH) failed to obtain informed consent for the use of [redacted] for 1 of 6 residents (Resident 4). This deficiency was corrected on-site at the time of visit by Staff A, Entity Representative, who had Resident 4's representative sign and date the informed consent document.

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

The Adult Family Home (AFH) failed to ensure the medication logs (ML) were accurate for 2 of 2 sampled residents (Residents 1 and 2). Staff A, Entity Representative, corrected this deficiency on-site at the time of visit by making the necessary corrections to the MLs.

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