



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

1st Access Home Care LLC
1st Access Home Care LLC
3920 MAPLE ROAD
LYNNWOOD, WA 98037

RE: 1st Access Home Care LLC License # 753582

Dear Provider:

This letter addresses Compliance Determination(s) 38379 (Completion Date 03/18/2024) and 36964 (Completion Date 02/21/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2024 and found that you have corrected the violations listed in the Full report dated 02/21/2024. Your home is back in compliance as of 02/25/2024 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 388-76-10805-3

The Department staff who did the on-site verification:
Hang Lu, Licensors

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

This document was prepared by Residential Care Services for the Locator website.



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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 753582	Compliance Determination # 36964
Plan of Correction	1st Access Home Care LLC	Completion Date
Page 1 of 2	Licensee: 1st Access Home Care LLC	02/21/2024

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 02/15/2024 and 02/15/2024 of:

1st Access Home Care LLC
3920 MAPLE ROAD
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:

Hang Lu, Licenser

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.

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.

This document was prepared by Residential Care Services for the Locator website.

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DSHS/ALTA/RCS

Statement of Deficiencies	License #: 753582	Compliance Determination # 36964
Plan of Correction	1st Access Home Care LLC	Completion Date
Page 2 of 2	Licensee: 1st Access Home Care LLC	02/21/2024

John S. Hill
Provider (or Representative)

2/28/24
Date

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the smoke detector in the area where 2 of 5 caregivers (Staff C and D) slept were interconnected with the rest of the smoke detectors in the home. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for injury due to a delayed warning in the event of a fire emergency.

Findings included...

Observation, on 02/15/2024 at 4:15 PM, showed the sleeping area for the live-in caregivers (Staff C and Staff D) was in the detached garage. When Staff D sounded the smoke detector in their sleeping area, it did not trigger the rest of the smoke detectors in the AFH to go off.

In an interview, on 02/15/2024 at 4:20 PM, Staff B, Caregiver, stated that the smoke detectors in the home were not all interconnected. Staff B stated that they would let Staff A, Entity Representative, know about the requirement to have interconnected smoke detectors in the AFH.

Attestation Statement

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, 1st Access Home Care LLC is or will be in compliance with this law and / or regulation on (Date) 2/25/24

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

John S. Hill
Provider (or Representative)

2/28/24
Date

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