STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Home Again AFH LLC

Home Again AFH LLC
18504 2nd Ave NW
Shoreline, WA 98177

RE: Home Again AFH LLC License # 753709

Dear Provider:

This letter addresses Compliance Determination(s) 73646 (Completion Date 02/27/2026) and 72547 (Completion Date 02/10/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/27/2026 and found that you have corrected the violations listed in the Full report dated 02/10/2026. Your home is back in compliance as of 02/24/2026 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 388-76-10280-1, WAC 388-76-10485-3, WAC 388-76-10750-1, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Hang Lu, 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
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 753709	Compliance Determination # 72547
Plan of Correction	Home Again AFH LLC	Completion Date
Page 1 of 6	Licensee: Home Again AFH LLC	02/10/2026

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 02/05/2026 of:
Home Again AFH LLC
18504 2nd Ave NW
Shoreline, WA 98177

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, Home and Community Living 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

02/12/2026
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)

02/20/2026
Date

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 caregivers (Staff C) obtained one Tuberculosis (TB) test 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...

Observation, on 02/05/2026 at 10:05 AM, showed Staff C, Caregiver, was working in the AFH.

Review of personnel records showed the AFH hired Staff C on 07/05/2025. Review of Staff C's records showed Staff C had documentation of the two step TB skin testing with negative results on 03/21/2025 and 04/09/2025. Record review showed Staff C did not have documentation of a TB skin test obtained within three days of hire.

In an interview, on 02/05/2026 at 12:30 PM, Staff C stated that they did not remember getting another TB skin test when they were hired to work in the home. Staff A, Entity Representative, stated that they did not know Staff C needed to take another TB test. Staff A stated that they would send Staff C to take the TB test the next day.

In an email correspondence, dated 02/06/2026, Staff A asked why Staff C needed to have another TB test when Staff C was hired within four months of their initial TB screening.

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, Home Again AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/24/2026 .

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

Provider (or Representative)  Date 02/24/2026

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, record review, and interview, the Adult Family Home (AFH) failed to keep a refrigerated medication for 1 of 6 residents (Resident 6) locked in a secured medication storage. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of harm from having easy access to a medication that was not prescribed for them.

Findings included...

Review of resident records showed the AFH admitted Resident 6 on [redacted]/2025. Record review showed Resident 6 had multiple diagnoses including [redacted].

In an interview, on 02/05/2026 at 10:30 AM, Staff A, Entity Representative, reported that AFH staff checked Resident 6's blood sugar twice daily and gave the Liraglutide injection (a medication used to help lower the blood sugar) as ordered.

Observation and interview, on 02/05/2026 at 3:05 PM, showed two boxes containing Resident 6's Liraglutide pens were kept in a mini "Chefman" refrigerator (placed on top of a medium sized refrigerator) in the common area. There was a small plastic strap (with a flat button) on the door of the mini refrigerator. Staff C, Caregiver, stated that

they kept the Liraglutide boxes safe with the strap. Staff C was observed pressing and sliding the flat button to one side to undo the strap.

Observation, at 02/05/2026 at 4:10 PM, showed Staff A directing Staff C to put the Liraglutide boxes in a locked box and place (the locked box) in the big refrigerator in the kitchen.

This deficiency was corrected on site at the time of visit.

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, Home Again AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/05/2026 .

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

Provider (or Representative)  Date 02/05/2026

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the external environment clean and free of hazards. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk for a decreased quality of life.

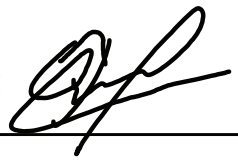
Findings included...

Observation and interview, on 02/05/2026 at 3:10 PM, showed the side yard of the AFH cluttered with multiple medical equipment (a wheelchair, two shower chairs, and a bedside commode). There were multiple boxes (which contained disposable gowns) next to one of the sheds in the side yard. The boxes were covered partially by a tarp (which was weighed down by a bed rail). Some of the boxes were observed to be wet and exposing the disposable gowns inside. Staff C, Caregiver, stated that the wheelchair belonged to Resident 4, the shower chairs belonged to Residents 1 and 4, and the bedside commode belonged to Resident 6. Staff C stated that they did not have a lot of room inside the home to store the residents' equipment and extra supplies.

In an interview, on 02/05/2026 at 4:49 PM, Staff A, Entity Representative, stated that they had planned to clean and get rid of the unwanted items in the yard. Staff A stated that they received more supplies than they had room for. Staff A stated that they would donate the disposable gowns if they were not damaged.

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, Home Again AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/13/2026 .

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

Provider (or Representative)  Date 02/13/2026

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:

(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 keep the personnel records for 1 of 5 former caregivers (Staff G) available for at least two years following employment. This failure delayed verification of Staff G's qualifications and placed Residents 1, 2, 3, 4, 5, and 6 at risk of being cared for by someone with unknown criminal background.

Findings included...

Review of personnel records showed the AFH hired Staff G, Former Caregiver, on 06/01/2018. Record review showed Staff G's last day of work was 09/22/2024. Record review showed the AFH did not have documentation of Staff G's fingerprint-based check (FBC) available for review.

In an interview, on 02/05/2026 at 1:55 PM, Staff A, Entity Representative, stated that they would look for Staff G's FBC.

In an email correspondence, dated 02/06/2026, Staff A asked if they could have until 02/09/2026 to look for Staff G's FBC.

Record review showed the AFH did not send any email to indicate whether they had found Staff G's FBC.

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, Home Again AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/12/2026 .

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

Provider (or Representative) — Date: 02/13/2026