STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Specialized Home Care & Transportation Services LLC
Specialized Home Care
1824 S 344th St
Federal Way, WA 98003

RE: Specialized Home Care License # 754280

Dear Provider:

This letter addresses Compliance Determination(s) 74242 (Completion Date 03/16/2026) and 71188 (Completion Date 02/03/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/16/2026 and found that you have corrected the violations listed in the Full report dated 02/03/2026. Your home is back in compliance as of 02/11/2026 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 388-76-10015-1, WAC 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-112A-0110-1, WAC 388-76-10165-1-a, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285, WAC 388-76-10290-1, WAC 388-76-10290-3, WAC 388-76-10430-1, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 01/08/2026 of:

Specialized Home Care
1824 S 344th St
Federal Way, WA 98003

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

2-3-2026
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.

2/11/2026 Provider (or Representative)

2/11/26 Date

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a 1 of 1 Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens and interpreted results when they conducted home testing.

Findings included...

(1) Review of the Department's records showed MTSW license for the AFH as pending. Record review showed an application for MTSW dated 08/06/204.

Observation with Staff A, Provider, on 01/08/2026 at 10:15 AM showed rapid antigen test kits for COVID-19 located in a closet.

During an interview on 01/08/2026 at 1:00 PM, Staff D, caregiver, stated that they would use the rapid test kits to test the residents for COVID-19, when necessary.

In an interview on 01/27/2026 at 9:00 AM, Staff A stated that they followed up on the MTSW application after the inspection, and submitted payment for the application on

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.

Provider (or Representative) | Date

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a 1 of 1 Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens and interpreted results when they conducted home testing.

Findings included…

Review of the Department's records showed MTSW license for the AFH as pending. Record review showed an application for MTSW dated 08/06/204.

Observation with Staff A, Provider, on 01/08/2026 at 10:15 AM showed rapid antigen test kits for COVID-19 located in a closet.

During an interview on 01/08/2026 at 1:00 PM, Staff D, caregiver, stated that they would use the rapid test kits to test the residents for COVID-19, when necessary.

In an interview on 01/27/2026 at 9:00 AM, Staff A stated that they followed up on the MTSW application after the inspection, and submitted payment for the application on

01/14/2026.

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, Specialized Home Care is or will be in compliance with this law and / or regulation on (Date) 01/30/2026

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

Provider (or Representative) Paul Date 2/11/2026

WAC 388-112A-0110 May a home employ a long-term care worker who has not completed the 70-hour home care aide training or certification requirements?

(1) If an individual previously worked as a long-term care worker, but did not complete the training or certification requirements under RCW 18.88B.041 , 74.39A.074 , 74.39A.076 , and this chapter, an adult family home, enhanced services facility, or assisted living facility must not employ the individual to work as a long-term care worker until the individual has completed the required training or certification unless the date of hire has been reset as described under subsection (2) of this section.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 staff (Staff C, Caregiver) who provided care to residents met certification requirements, specifically, obtaining the home care aide certification. This placed Residents 1 at risk for receiving care from an unqualified caregiver.

Findings included...

Record review of the undated AFH's Employee Orientation Checklist showed that Staff C was hired by the AFH on 09/17/2022 as a caregiver. Review of Department's records show that Staff C had a Nursing Assistant Registration (NAR) first issued 03/15/2019 with an expiration date of 08/30/2026. Record review showed Staff C completed 70 hours of basic training on 02/04/2023.

01/14/2026.

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, Specialized Home Care 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

WAC 388-112A-0110 May a home employ a long-term care worker who has not completed the 70-hour home care aide training or certification requirements?

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 staff (Staff C, Caregiver) who provided care to residents met certification requirements, specifically, obtaining the home care aide certification. This placed Residents 1 at risk for receiving care from an unqualified caregiver.

Findings included…

Record review of the undated AFH's Employee Orientation Checklist showed that Staff C was hired by the AFH on 09/17/2022 as a caregiver. Review of Department's records show that Staff C had a Nursing Assistant Registration (NAR) first issued 03/15/2019 with an expiration date of 08/30/2026. Record review showed Staff C completed 70 hours of basic training on 02/04/2023.

During an interview, on 01/27/2026 at 9:00 AM, Staff A, Provider, stated that Staff C had to retake the Basic Training Course prior to being allowed to take the HCAC exam.

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, Specialized Home Care is or will be in compliance with this law and / or regulation on (Date) 2/11/2026.

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

Provider (or Representative) Raul Date 2/11/2026

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 interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 5 staff members (Staff D, Caregiver) had a valid Washington State Name and Date of Birth (WNDOB) Background Check (BGI). This failure placed all residents (Resident 1) at risk of being exposed to staff whose criminal background history was unknown.

Findings included...

Record review of the AFH records showed the WNDOB BGI for Staff D was conducted on 08/23/2023, with no findings. The BGI Results for Staff D expired 08/23/2025.

In an interview on 01/08/2026 at 3:07 PM, Staff D stated that they thought that their final fingerprint results, completed on 02/01/2024, lasted for two years.

During an interview, on 01/27/2026 at 9:00 AM, Staff A, Provider, stated that Staff C had to retake the Basic Training Course prior to being allowed to take the HCAC exam.

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, Specialized Home Care 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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(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 interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of 5 staff members (Staff D, Caregiver) had a valid Washington State Name and Date of Birth (WNDOB) Background Check (BGI). This failure placed all residents (Resident 1) at risk of being exposed to staff whose criminal background history was unknown.

Findings included…

Record review of the AFH records showed the WNDOB BGI for Staff D was conducted on 08/23/2023, with no findings. The BGI Results for Staff D expired 08/23/2025.

In an interview on 01/08/2026 at 3:07 PM, Staff D stated that they thought that their final fingerprint results, completed on 02/01/2024, lasted for two years.

During an interview on 01/27/2026 at 9:00 AM, Staff A, Provider, stated that they were not aware that the WNDOB BGI for Staff D was overdue.

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, Specialized Home Care is or will be in compliance with this law and / or regulation on (Date) 2/11/26.

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

Paul Murray — Provider (or Representative)

2/10/26 — 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 interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure Tuberculosis (TB) screening was completed for 3 of 5 staff (Staff B, Resident Manager, Staff C, Caregiver, and Staff E, Caregiver), within three days of hire date, and completed a second skin test within one to three weeks after their first skin test, as required. This failure placed Residents 1 at risk of contracting a communicable disease.

Findings included:

Staff B
Record review showed that Staff B was hired on 09/15/2020. No TB test records were found in Staff B's personnel records. Staff B had a chest x-ray on 01/23/2020 showing no evidence of tuberculosis.

Staff C
Record review showed that Staff C was hired on 09/17/2022, but had a one-step tuberculin skin test (test used to detect individuals with past exposure to TB who now have diminished skin test reactivity), given on 12/21/2021 and was read on 12/23/2021 with a negative result. No record of a TB test given within three days of hire could be

During an interview on 01/27/2026 at 9:00 AM, Staff A, Provider, stated that they were not aware that the WNDOB BGI for Staff D was overdue.

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, Specialized Home Care 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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(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 interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure Tuberculosis (TB) screening was completed for 3 of 5 staff (Staff B, Resident Manager, Staff C, Caregiver, and Staff E, Caregiver), within three days of hire date, and completed a second skin test within one to three weeks after their first skin test, as required. This failure placed Residents 1 at risk of contracting a communicable disease.

Findings included…

Staff B
Record review showed that Staff B was hired on 09/15/2020. No TB test records were found in Staff B's personnel records. Staff B had a chest x-ray on 01/23/2020 showing no evidence of tuberculosis.

Staff C
Record review showed that Staff C was hired on 09/17/2022, but had a one-step tuberculin skin test (test used to detect individuals with past exposure to TB who now have diminished skin test reactivity), given on 12/21/2021 and was read on 12/23/2021 with a negative result. No record of a TB test given within three days of hire could be

located.

Staff E
Record review showed that Staff E was hired on 12/09/2025, but had a one-step tuberculin skin test was given on 12/08/2025 and was read on 12/11/2025 with a negative result. No record of TB skin test given within one to three weeks after the first test could be found.

In an interview, on 01/08/2026 at 3:35 PM, Staff E stated that they didn't know that they needed to get a second TB skin test because their first test was negative.

In an interview on 01/27/2026 at 8:24 AM, Staff B stated that they needed to start over and get their TB testing completed.

During an interview, on 01/27/2026 at 9:00 AM, Staff A, Provider, stated the AFH needs to develop a system to ensure that TB testing was done according to the 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, Specialized Home Care is or will be in compliance with this law and / or regulation on (Date) 2/11/2026 .

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

Provider (or Representative) Paul Murguia Date 2/11/2026

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;

(3) Follow the recommendation of the person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 s (Staff A, Provider) followed their health care provider's recommendations after testing positive for TB from a TB skin test, and the AFH failed to ensure that 1 of 1 caregiver (Staff D, Caregiver) visited their health care provider to receive recommendations and followed their health care provider's recommendations after testing positive for Tuberculosis (TB) from a skin test. This failure placed all residents at

located.

Staff E
Record review showed that Staff E was hired on 12/09/2025, but had a one-step tuberculin skin test was given on 12/08/2025 and was read on 12/11/2025 with a negative result. No record of TB skin test given within one to three weeks after the first test could be found.

In an interview, on 01/08/2026 at 3:35 PM, Staff E stated that they didn't know that they needed to get a second TB skin test because their first test was negative.

In an interview on 01/27/2026 at 8:24 AM, Staff B stated that they needed to start over and get their TB testing completed.

During an interview, on 01/27/2026 at 9:00 AM, Staff A, Provider, stated the AFH needs to develop a system to ensure that TB testing was done according to the 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, Specialized Home Care 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

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;

(3) Follow the recommendation of the person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 s (Staff A, Provider) followed their health care provider's recommendations after testing positive for TB from a TB skin test, and the AFH failed to ensure that 1 of 1 caregiver (Staff D, Caregiver) visited their health care provider to receive recommendations and followed their health care provider's recommendations after testing positive for Tuberculosis (TB) from a skin test. This failure placed all residents at

risk of contracting a communicable disease.

Findings included...

Record review showed that Staff A had a Memorandum from a health care provider dated 02/24/2005 that stated that Staff A had a documented positive PPD (Purified Protein Derivative) and a negative chest x-ray report on 12/18/2002, and needed symptoms check yearly. Record review showed a document entitled "Tuberculosis Symptom Screening" dated, 09/11/2024 for Staff A that was filled out. No other documents that showed annual TB symptoms checks were available.

Record review showed that the AFH hired Staff D on 08/11/2023. Staff D had a TB skin test on 06/27/2023 and it was read on 06/30/2023 showing a positive result. Record review showed that Staff D received a chest x-ray on 06/30/2023 showing no evidence of active tuberculosis. The AFH had no record that Staff D followed up with their health care provider for recommendations, after their positive TB skin test.

In an interview, on 01/08/2026 at 3:07 PM, Staff D stated that they didn't know that they needed to visit their health care provider after testing positive for TB.

During an interview, on 01/27/2026 at 9:00 AM, Staff A stated the AFH needs to develop a system to ensure that TB testing was done according to the 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, Specialized Home Care is or will be in compliance with this law and / or regulation on (Date) 2/11/2026.

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

Paul Mantai — Provider (or Representative)

2/11/2026 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

risk of contracting a communicable disease.

Findings included...

Record review showed that Staff A had a Memorandum from a health care provider dated 02/24/2005 that stated that Staff A had a documented positive PPD (Purified Protein Derivative) and a negative chest x-ray report on 12/18/2002, and needed symptoms check yearly. Record review showed a document entitled “Tuberculosis Symptom Screening” dated, 09/11/2024 for Staff A that was filled out. No other documents that showed annual TB symptoms checks were available.

Record review showed that the AFH hired Staff D on 08/11/2023. Staff D had a TB skin test on 06/27/2023 and it was read on 06/30/2023 showing a positive result. Record review showed that Staff D received a chest x-ray on 06/30/2023 showing no evidence of active tuberculosis. The AFH had no record that Staff D followed up with their health care provider for recommendations, after their positive TB skin test.

In an interview, on 01/08/2026 at 3:07 PM, Staff D stated that they didn’t know that they needed to visit their health care provider after testing positive for TB.

During an interview, on 01/27/2026 at 9:00 AM, Staff A stated the AFH needs to develop a system to ensure that TB testing was done according to the 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, Specialized Home Care 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

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 1 of 1 resident's (Residents 1) medication was available in the facility. This failure placed Residents 1 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2025.

Record review of Resident 1's January 2026 Medication Log showed physician orders written for Ibuprofen [medication used to treat pain] 400 milligrams tablet, take by mouth, every six hours as needed.

Observation of Resident 1's medication supply on 01/08/2026 at 12:50 PM, with Staff D, Caregiver, showed Ibuprofen was not available in the AFH.

During an interview, on 01/08/2026 at 12:50 PM, Staff D stated they requested a refill on 09/18/2025, and the pharmacy hadn't refilled the medication yet.

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, Specialized Home Care is or will be in compliance with this law and / or regulation on (Date) 2/11/2026.

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

Provider (or Representative) Rahul Bhargava Date 2/11/2026

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 1 of 1 resident's (Residents 1) medication was available in the facility. This failure placed Residents 1 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2025.

Record review of Resident 1's January 2026 Medication Log showed physician orders written for Ibuprofen [medication used to treat pain] 400 milligrams tablet, take by mouth, every six hours as needed.

Observation of Resident 1's medication supply on 01/08/2026 at 12:50 PM, with Staff D, Caregiver, showed Ibuprofen was not available in the AFH.

During an interview, on 01/08/2026 at 12:50 PM, Staff D stated they requested a refill on 09/18/2025, and the pharmacy hadn't refilled the medication yet.

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, Specialized Home Care 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