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

Beyond Care Plus AFH LLC

Beyond Care Plus AFH LLC
19331 74TH AVENUE W
LYNNWOOD, WA 98036

RE: Beyond Care Plus AFH LLC License # 754835

Dear Provider:

This letter addresses Compliance Determination(s) 75031 (Completion Date 03/30/2026) and 72711 (Completion Date 02/12/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/30/2026 and found that you have corrected the violations listed in the Follow up report dated 02/12/2026. Your home is back in compliance as of 03/29/2026 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 388-76-10750-1, WAC 388-76-10750-7

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)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourque

Nicholette Flynn, AFH Field Manager
Region 2, Unit I
Residential Care Services

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

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

Statement of Deficiencies	License #: 754835	Compliance Determination # 72711
Plan of Correction	Beyond Care Plus AFH LLC	Completion Date
Page 1 of 4	Licensee: Beyond Care Plus AFH LLC	02/12/2026

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 an unannounced on-site follow-up on 02/10/2026 of:
Beyond Care Plus AFH LLC
19331 74TH AVENUE W
LYNNWOOD, WA 98036

This document references the following SOD dated: 02/12/2026

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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.

Renae' Bourgue
Residential Care Services

02/20/2026
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)

03/05/2026
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 record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood sugar testing and monitoring) as required for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2016 with multiple diagnoses including [redacted]
Review of Resident 1's assessment, dated 09/18/2025, showed AFH staff checked Resident 1's blood sugar twice a day.

In an interview, on 02/10/2026 at 12:40 PM, Staff A, Entity Representative, stated that they got the MTSW application and they did not get into it. Staff A stated that they did not send the application to the Department Health yet.

Review of an email received by the department on 02/11/2026 Staff A stated that they would send MTSW application today.

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

This was an uncorrected deficiency previously cited on 12/23/2025.

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date) **03/13/2026** .

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

Provider (or Representative) — **03/05/2026** Date

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;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the home environment in good repair. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of for experiencing decreased quality of life.

Findings included...

Observation of bathroom 1, on 02/10/2026 at 12:50 PM, showed the water flow in the bathroom sink was a very low volume from both the hot and cold water. Observation showed breaking, inconsistent water dripping when the hot and cold faucets were turned on all the way.

In an interview, on 02/10/2026 at 12:55 PM, Staff B, Caregiver, stated that they contacted a plumbing company and they scheduled the plumbing company to visit next Monday (02/16/2026).

This was an uncorrected deficiency previously cited on 12/23/2025.

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

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____**03/29/2026**_____ .

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

Provider (or Representative) **03/05/2026** Date

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

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 12/19/2025 of:
Beyond Care Plus AFH LLC
19331 74TH AVENUE W
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 0 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

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

Statement of Deficiencies	License #: 754835	Compliance Determination #:70335
Plan of Correction	Beyond Care Plus AFH LLC	Completion Date
Page 2 of 15	Licensee: Beyond Care Plus AFH LLC	12/23/2025

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.

Residential Care Services — Date: 12/30/2025

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: **12/30/2025**

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 record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood sugar testing and monitoring) as required for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]2018 with multiple [redacted].

Review of Resident 1's assessment, dated 09/18/2025, showed AFH staff checked Resident 1's blood sugar twice a day.

In an interview, on 12/19/2025 at 3:05 PM, Staff A, Entity Representative, stated that they checked Resident 1's blood sugar twice a day. Staff A stated that they did not have an MTSW license. Staff A stated that they were unaware of requirements.

Review of facility records showed no record of the MTSW license available.

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

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

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 record review and interview, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood sugar testing and monitoring) as required for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2016 with multiple diagnoses including [redacted].
Review of Resident 1's assessment, dated 09/18/2025, showed AFH staff checked Resident 1's blood sugar twice a day.

In an interview, on 12/19/2025 at 3:05 PM, Staff A, Entity Representative, stated that they checked Resident 1's blood sugar twice a day. Staff A stated that they did not have an MTSW license. Staff A stated that they were unaware of requirements.

Review of facility records showed no record of the MTSW license available.

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

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date) **02/06/2026**

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

Provider (or Representative) — Date: **12/30/2025**

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results;

(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 have personnel records for 1 of 2 current staff (Staff B, Caregiver) and 2 of 2 former staff (Staff C and D, Caregivers) readily available for review. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of being cared for by staff who were not fully qualified.

Findings included:

Review of personnel records showed there were no records of when the AFH hired Staff B on file. Record reviews of the AFH personnel showed Staff B's facility orientation, Washington Name of Birth background Check (WNOB BGI), AFH orientation and safety training, Tuberculosis tests (TB), Washington (WA) Food Worker Card, the

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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, Beyond Care Plus AFH 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

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

(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 have personnel records for 1 of 2 current staff (Staff B, Caregiver) and 2 of 2 former staff (Staff C and D, Caregivers) readily available for review. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of being cared for by staff who were not fully qualified.

Findings included...

Review of personnel records showed there were no records of when the AFH hired Staff B on file. Record reviews of the AFH personnel showed Staff B's facility orientation, Washington Name of Birth background Check (WNOB BGI), AFH orientation and safety training, Tuberculosis tests (TB), Washington (WA) Food Worker Card, the

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Cardiopulmonary resuscitation (CPR) and First Aid card and specialty trainings and continue education (CE) were not on file. The Department Staff was unable to review Staff B's personnel records on 12/18/2025.

<Staff C>
Review of the AFH personnel records showed the AFH had no record of facility orientation for Former Staff C on file. Review of the AFH personnel records showed the AFH had no records of facility orientation with hiring and departure dates. WSP08 BGI and fingerprint for Staff C on file. The Department Staff were unable to review required records of Former Staff C personnel records on 12/18/2025.

<Staff D>
Review of the AFH personnel records showed the AFH had no record of facility orientation with hiring and departure dates for Former Staff D on file. The Department Staff were unable to review required records of Former Staff C and D personnel records on 12/18/2025.

In an interview on 12/18/2025 at 3:00 PM, Staff A, Entity Representative, stated that they had AFH personnel records. Staff A stated that they were in the process of transferring paperwork to the electronic format (Synowise) and they could not find the records.

Review of an email received by the department from Staff A, on 12/22/2025, showed copies of Staff B's personnel records. Staff A stated that they were going through the stack of papers and had not found everything 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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date) **02/06/2026**.

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

Provider (or Representative) — **12/30/2025** Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in

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Cardiopulmonary resuscitation (CPR) and First Aid card and specialty trainings and continue education (CE) were not on file. The Department Staff was unable to review Staff B's personnel records on 12/19/2025.

<Staff C>
Review of the AFH personnel records showed the AFH had no record of facility orientation for Former Staff C on file. Review of the AFH personnel records showed the AFH had no records of facility orientation with hiring and departure dates, WNOB BGI and fingerprint for Staff C on file. . The Department Staff were unable to review required records of Former Staff C personnel records on 12/19/2025.

<Staff D>
Review of the AFH personnel records showed the AFH had no record of facility orientation with hiring and departure dates for Former Staff D on file. The Department Staff were unable to review required records of Former Staff C and D personnel records on 12/19/2025.

In an interview, on 12/19/2025 at 3:00 PM, Staff A, Entity Representative, stated that they had AFH personnel records. Staff A stated that they were in the process of transferring paperwork to the electronic format (Syncwise) and they could not find the records.

Review of an email received by the department from Staff A, on 12/22/2025, showed copies of Staff B's personnel records. Staff A stated that they were going through the stack of papers and had not found everything 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, Beyond Care Plus AFH 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

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in

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the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home.

Findings included...

Review of facility records showed the AFH did not have a written Succession Plan.

In an interview, on 12/19/2025 at 3:10 PM, Staff A stated that they were not aware of the requirement to have a written Succession Plan.

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date)____**02/06/2026**___.

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

Provider (or Representative) — **12/30/2025** Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(b) Be in a format useful to the home;

(d) Are only released to the following persons:

(iii) To department representatives; and

(g) Be available so that department staff may review them when requested; and

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the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home.

Findings included...

Review of facility records showed the AFH did not have a written Succession Plan.

In an interview, on 12/19/2025 at 3:10 PM, Staff A stated that they were not aware of the requirement to have a written Succession Plan.

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, Beyond Care Plus AFH 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

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(b) Be in a format useful to the home;

(d) Are only released to the following persons:

(iii) To department representatives; and

(g) Be available so that department staff may review them when requested; and

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 3 of 3 residents (Residents 1, 2 and 3) were available for review. This failure placed Residents 1, 2 and 3 at risk of unmet and recognized care needs.

Findings included...

Observation, on 12/19/2025 at 10:00 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]2016 with multiple medical diagnoses. Record reviews showed Resident 1's record had not included the current or previous NCP in 2024 and 2025 for review.

Resident 2
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]2018 with multiple medical diagnoses. Record reviews showed Resident 2's record had not included the current NCP in 2025 for review.

Resident 3
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]2021 with multiple medical diagnoses. Record reviews showed Resident 3's record had not included the current NCP in 2025 for review.

In an interview, on 12/19/2025 at 1:25 PM, Staff A, Entity Representative, stated that they had resident's NCP, but they could not locate it now. Staff A stated that they were in the process of transferring paperwork records to the electronic format (Syncwise). Staff A stated that they would email the records to the department next business day (12/22/2025) by 12 pm.

Requested records were not received from Staff A as of 12/23/2025.

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

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date) **02/06/2026**

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

Provider (or Representative) **12/30/2025** Date

WAC 388-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a current, signed, and dated Inventory of Personal Belongings form for 2 of 3 residents (Residents 1 and 3). This failure placed Residents 1 and 3 at risk of lost, stolen, or misplaced personal property.

Findings included:

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2016. Review of Resident 1's records showed there was no completed, signed and dated personal belonging inventory on file.

<Resident 3>
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2018. Review of Resident 3's records showed there was no completed, signed and dated personal belonging inventory on file.

In an interview on 12/19/2025 at 1:35 PM, Staff A, Entity Representative, stated that they were in the process of transferring paperwork records to the electronic format. Staff A stated that they had Residents 1 and 3's personal belonging inventory and they could not locate it.

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

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, Beyond Care Plus AFH 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

WAC 388-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a current, signed, and dated Inventory of Personal Belongings form for 2 of 3 residents (Residents 1 and 3). This failure placed Residents 1 and 3 at risk of lost, stolen, or misplaced personal property.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]2016. Review of Resident 1's records showed there was no completed, signed and dated personal belonging inventory on file.

<Resident 3>
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]2018. Review of Resident 3's records showed there was no completed, signed and dated personal belonging inventory on file.

In an interview, on 12/19/2025 at 1:35 PM, Staff A, Entity Representative, stated that they were in the process of transferring paperwork records to the electronic format. Staff A stated that they had Residents 1 and 3's personal belonging inventory and they could not locate it.

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

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date) **02/06/2026**

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

Provider (or Representative) — **12/30/2025** Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review and update the negotiated care plan (NCP) for 3 of 3 residents (Residents 1, 2 and 3) at least every twelve months. This failure placed Residents 1, 2 and Resident 3 at risk for unrecognized and unmet care needs.

Findings included:

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2016 with multiple medical diagnoses. Review of Resident 1's record showed that their NCP was last reviewed, signed, and dated by Staff A, Entity Representative, on 10/10/2023. Review of Resident 1's records showed there were no records of the current or previous NCP in 2024 and 2025 on file.

Resident 2
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2015 with multiple medical diagnoses. Review of Resident 2's record showed that their NCP was last updated (not signed/dated by AFH and Resident 2), on 11/30/2024. Review of Resident 2's records showed there were no records of the current NCP in 2025 on file.

Resident 3
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2021 with

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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, Beyond Care Plus AFH 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review and update the negotiated care plan (NCP) for 3 of 3 residents (Residents 1, 2 and 3) at least every twelve months. This failure placed Residents 1, 2 and Resident 3 at risk for unrecognized and unmet care needs.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]2016 with multiple medical diagnoses. Review of Resident 1's record showed that their NCP was last reviewed, signed, and dated by Staff A, Entity Representative, on 10/10/2023. Review of Resident 1's records showed there were no records of the current or previous NCP in 2024 and 2025 on file.

Resident 2
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]2018 with multiple medical diagnoses. Review of Resident 2's record showed that their NCP was last updated (not signed/dated by AFH and Resident 2), on 11/30/2024. Review of Resident 2's records showed there were no records of the current NCP in 2025 on file.

Resident 3
Review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]2021 with

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multiple medical diagnoses. Review of Resident 3's record showed that their NOP was last reviewed, signed, and dated by Staff A and Resident 3 on 03/07/2024. Review of Resident 3's records showed there were no records of the current NOP in 2025 on file.

In an interview, on 12/19/2025 at 1:30 PM, Staff A, Entity Representative, stated that they had Residents 1, 2 and 3's NOP. Staff A stated that they were in the process of transferring the paperwork records to the electronic format (Synowise) and they could not locate the NOPs.

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date) **02/06/2026** .

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

Provider (or Representative) — **12/30/2025** Date

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;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 3 of 3 Residents (Residents 1, 2 and 3) had all prescribed medications available on site, and an updated Medication Log (ML). This failure placed Residents 1, 2 and 3 at risk of harm and medications errors.

Findings included ..

Observation and interview, on 12/19/2025 at 10:00 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH. In an interview, Staff A, Entity Representative, stated that AFH staff managed Resident's medications. Staff A stated that they used Synowise (electronic records system in long-term care facilities).

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

multiple medical diagnoses. Review of Resident 3's record showed that their NCP was last reviewed, signed, and dated by Staff A and Resident 3 on 03/07/2024. Review of Resident 3's records showed there were no records of the current NCP in 2025 on file.

In an interview, on 12/19/2025 at 1:30 PM, Staff A, Entity Representative, stated that they had Residents 1, 2 and 3's NCP. Staff A stated that they were in the process of transferring the paperwork records to the electronic format (Syncwise) and they could not locate the NCPs.

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, Beyond Care Plus AFH 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

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 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 3 of 3 Residents (Residents 1, 2 and 3) had all prescribed medications available on site, and an updated Medication Log (ML). This failure placed Residents 1, 2 and 3 at risk of harm and medications errors.

Findings included...

Observation and interview, on 12/19/2025 at 10:00 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH. In an interview, Staff A, Entity Representative, stated that AFH staff managed Resident's medications. Staff A stated that they used Syncwise (electronic records system in long-term care facilities).

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Review of Resident 1's Negotiated Care Plan (NCP), dated 10/10/2023 , showed Resident 1 was admitted to the AFH on [redacted]2016 with multiple medical diagnoses. The NCP showed Resident 1 required assistance with their medications. Review of Resident 1's assessment, dated 09/18/2025, showed Resident 1 required assistance with medications.

Review of Resident 1's December 2025 ML showed a medication entry that read, "Oxycodone (used for pain): take one tablet every six hours as needed (PRN)." The medication matched the doctor's order dated 07/14/2025. A medication entry that read, "Ammonium Lactate 12 % lotion (used for itchy skin): apply to affected area twice a day PRN. The medication matched the doctor's order dated 01/22/2024. A medication entry that read, "Polyethylene Glycol (used for constipation): mix one capful in 8-ounce (OZ) liquid and drink twice a day PRN. The medication matched the doctor's order dated 07/10/2025.

Observation of Resident 1's medication storage bin, on 12/19/2025 at 1:55 PM, showed there were no supplies of the Oxycodone, Ammonium Lactate lotion and Polyethylene Glycol for Resident 1 to use.

In an interview, on 12/19/2025 at 2:00 PM, Staff A, Entity Representative, stated that they would order Resident 1's PRN medications.

Resident 2
Review of Resident 2's Negotiated Care Plan (NCP), dated 11/30/2024, showed Resident 2 was admitted to the AFH on [redacted]/2021 with multiple medical diagnoses. The NCP showed Resident 2 required assistance with their medications. Review of Resident 2's assessment, dated 10/14/2025, showed Resident 2 required assistance with medications.

Review of Resident 2's December 2025 ML showed a medication entry that read, "Valproic Acid (used for seizures) 250 Milligram (mg)/5 Milliliter (ml): take 15 mls twice a day (discontinued previous direction)." The medication did not match the doctor's order dated 12/10/2025. The current doctor's order for Valproic Acid was "take 16 mls every morning."

Observation and review of Resident 2's medication storage bin, on 12/19/2025 at 2:20 PM, showed a blister pack of Amlodipine (used for high blood pressure). Further observation showed the Amlodipine was prescribed on 11/17/2025. Review showed Resident 2's December 2025 ML was not updated with the Amlodipine.

In an interview, on 12/19/2025 at 2:55 PM, Staff A stated that they might forgotten to update Resident 2's December 2025 ML with the Amlodipine and new dosage of the Valproic Acid.

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Resident 3
Review of Resident 3's assessment, dated 02/21/2025, showed Resident 3 was admitted to the AFH on [redacted]2018 with multiple medical diagnoses. Review of Resident 3's assessment showed Resident 3 required assistance with medications.

Review of Resident 3's December 2025 ML showed a medication entry that read, "Clonazepam (used for anxiety): take one tablet twice a day." The medication did match the doctor's order dated 02/07/2025. A medication entry read, "Escitalopram (used for anxiety and depression): take one tablet daily. The medication did match the doctor's order dated 08/26/2025. A medication entry that read, "Haloperidol (used for irritable mood): take two tablets in the morning and take one tablet at bedtime. The medication did match the doctor's order dated 09/26/2025. A medication entry that read, "Lamotrigine (used for seizure): take two tablets twice a day. The medication matched the doctor's order dated 01/19/2025. A medication entry that read, "Lurasidone (used for mood): take one tablet in the evening." The medication matched the doctor's order dated 09/27/2025.

Observation of Resident 3's medication storage bin on 12/18/2025 at 2:33 PM, showed there were no supplies of Clonazepam, Escitalopram, Haloperidol, Lamotrigine and Lurasidone for Resident 3 t use.

In an interview on 12/18/2025 at 2:36 PM, Staff A stated that they ran out of supplies and they ordered Resident 3's medications and the pharmacy would deliver today (12/19/2025).

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date) **12/30/2025**

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

Provider (or Representative) — Date: **12/30/2025**

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or

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Resident 3
Review of Resident 3's assessment, dated 02/21/2025, showed Resident 3 was admitted to the AFH on [redacted] 2018 with multiple medical diagnoses. Review of Resident 3's assessment showed Resident 3 required assistance with medications.

Review of Resident 3's December 2025 ML showed a medication entry that read, "Clonazepam (used for anxiety): take one tablet twice a day." The medication did match the doctor's order dated 02/07/2023. A medication entry read, "Escitalopram (used for anxiety and depression): take one tablet daily. The medication did match the doctor's order dated 08/26/2025. A medication entry that read, "Haloperidol (used for irritable mood): take two tablets in the morning and take one tablet at bedtime. The medication did match the doctor's order dated 08/26/2025. A medication entry that read, "Lamotrigine (used for seizure): take two tablets twice a day. The medication matched the doctor's order dated 01/18/2025. A medication entry that read, "Lurasidone (used for mood): take one tablet in the evening." The medication matched the doctor's order dated 08/27/2025.

Observation of Resident 3's medication storage bin, on 12/19/2025 at 2:33 PM, showed there were no supplies of Clonazepam, Escitalopram, Haloperidol, Lamotrigine and Lurasidone for Resident 3 t use.

In an interview, on 12/19/2025 at 2:36 PM, Staff A stated that they ran out of supplies and they ordered Resident 3's medications and the pharmacy would deliver today (12/19/2025).

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, Beyond Care Plus AFH 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

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or

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were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 3 of 3 residents (Residents 1, 2 and 3). These failures placed Residents 1, 2 and 3 at risk of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to a local law enforcement and the local pharmacy."

In an interview, on 12/10/2025 at 10:50 AM, Staff A, Entity Representative, stated that the AFH staff managed Residents 1, 2 and 3 medications.

<Resident 1>
Observation, on 12/19/2025 at 1:45 PM, showed Resident 1's medication bin contained two expired blister packs of Glimepiride tablet (used for high blood sugar). Observation of the pharmacy generated label showed the expiration dates for the Glimepiride was 10/13/2025. Observation further showed an expired blister pack of Metformin (used to manage blood sugar) and a bottle of expired Polyethylene Glycol (used for constipation) in Resident 1's medication bin. Observation of the pharmacy generated labels showed the expiration date for Metformin was 09/03/2025 and for the Polyethylene Glycol was 07/11/2025.

<Resident 2>
Observation, on 12/19/2025 at 1:40 PM, showed Resident 3's medication bin contained an expired blister pack of Acetaminophen (used for pain). Observation of the pharmacy generated label showed the expiration date for the Acetaminophen was 07/14/2025.

<Resident 3>
Observation, on 12/19/2025 at 2:30 PM, showed Resident 3's medication bin contained an expired blister pack of Loperamide (used for diarrhea) and an expired blister pack of Clonazepam (used for anxiety). Observation of the pharmacy generated labels showed the expiration date for the Loperamide was 07/07/2025 and the expiration date for the

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Clonazepam was 08/20/2025.

In an interview on 12/18/2025 at 2:40 PM, Staff A stated that they checked the medication expiration dates every month. Staff A further stated that they might have missed checking expiration dates.

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date)____**12/30/2025**____.

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

Provider (or Representative) — **12/30/2025** Date

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.

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep toxic substances and hazardous materials in locked storage. Additionally, the AFH failed to maintain the home environment clean and in good repair. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of exposure to hazardous materials and experiencing decreased quality of life.

Findings included:

Observation on 12/18/2025 at 11:35 AM, showed the cabinets underneath the kitchen sink had magnet locks. Observation showed the AFH stored chemicals/cleaners on the left side of the cabinet underneath the kitchen sink. Further observation showed the right side of the cabinet lock was not working and the cabinet with chemicals/cleaners was open. Observation of the laundry room (located in the hallway next to bedroom F) showed the AFH stored chemicals/cleaner supplies in the laundry room. Observation further showed the laundry room doorknob had no locks and the pocket door between

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Clonazepam was 09/20/2025.

In an interview, on 12/19/2025 at 2:40 PM, Staff A stated that they checked the medication expiration dates every month. Staff A further stated that they might have missed checking expiration dates.

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, Beyond Care Plus AFH 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

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;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep toxic substances and hazardous materials in locked storage. Additionally, the AFH failed to maintain the home environment clean and in good repair. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of exposure to hazardous materials and experiencing decreased quality of life.

Findings included...

Observation, on 12/19/2025 at 11:35 AM, showed the cabinets underneath the kitchen sink had magnet locks. Observation showed the AFH stored chemicals/cleaners on the left side of the cabinet underneath the kitchen sink. Further observation showed the right side of the cabinet lock was not working and the cabinet with chemicals/cleaners was open. Observation of the laundry room (located in the hallway next to bedroom F) showed the AFH stored chemicals/cleaner supplies in the laundry room. Observation further showed the laundry room doorknob had no locks and the pocket door between

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the laundry room and bedroom F (vacant room) was removed. Observation of the bathroom 2 (located in the hallway across from bedroom F) showed a bottle of Lysol bathroom cleaner unlocked underneath the bathroom sink. Observation showed the cabinet underneath the bathroom sink had no locks.

Observation of the bathroom 1, on 12/19/2025 at 11:40 AM, showed the water flow in the bathroom sink was very low from hot and cold water. Observation showed three towels on the floor next to the bathroom sink. Observation showed the caulking around the base of the toilet was deteriorated and in need of replacement. Observation showed brown organic matter on the upper side of the toilet.

In an interview, on 12/19/2025 at 11:45 AM, Staff A, Entity Representative, stated that they removed the pocket door between the laundry room and bedroom F to replace the washer and dryer. Staff A stated that they would make sure to clean the bathrooms, fix the water flow in the sink, keep all toxic chemicals locked in storage, and make all the needed repairs.

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date)___**02/06/2026**___.

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

Provider (or Representative) — **12/30/2025** Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure partial evacuation drills were completed every 60 days. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

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the laundry room and bedroom F (vacant room) was removed. Observation of the bathroom 2 (located in the hallway across from bedroom F) showed a bottle of Lysol bathroom cleaner unlocked underneath the bathroom sink. Observation showed the cabinet underneath the bathroom sink had no locks.

Observation of the bathroom 1, on 12/19/2025 at 11:40 AM, showed the water flow in the bathroom sink was very low from hot and cold water. Observation showed three towels on the floor next to the bathroom sink. Observation showed the caulking around the base of the toilet was deteriorated and in need of replacement. Observation showed brown organic matter on the upper side of the toilet.

In an interview, on 12/19/2025 at 11: 45 AM, Staff A, Entity Representative, stated that they removed the pocket door between the laundry room and bedroom F to replace the washer and dryer. Staff A stated that they would make sure to clean the bathrooms, fix the water flow in the sink, keep all toxic chemicals locked in storage, and make all the needed repairs.

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, Beyond Care Plus AFH 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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(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure partial evacuation drills were completed every 60 days. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

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Findings included...

Observation, on 12/19/2025 at 10:00 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH. Observation further showed Resident 2 ambulated independently and Residents 1 and 3 ambulated with assistive devices in the AFH.

Record reviews showed the AFH used the electronic format (Synowise) to keep their emergency fire drill records. Review of the AFH emergency fire drills showed six files documented as following: 03/02/2024 Emergency fire drill, 01/03/2024 Full fire drill, 11/07/2023 Emergency fire drill, 09/13/2023 Emergency fire drill, 07/02/2023 Emergency fire drill and 05/01/2023 Full fire drill. There were no records of emergency evacuation drills after 03/02/2024 found in the AFH records.

In an interview, on 12/19/2025 at 3:20 PM, Staff A, Entity Representative, stated that they did emergency fire drills every other month. Staff A stated that they had all documents and they needed to transfer records to the electronic format. Staff A stated that they would update Synowise with their emergency fire drill information.

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, Beyond Care Plus AFH LLC is or will be in compliance with this law and / or regulation on (Date) **01/01/2026**.

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

Provider (or Representative) — **12/30/2025** Date

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Findings included...

Observation, on 12/19/2025 at 10:00 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH. Observation further showed Resident 2 ambulated independently and Residents 1 and 3 ambulated with assistive devices in the AFH.

Record reviews showed the AFH used the electronic format (Syncwise) to keep their emergency fire drill records. Review of the AFH emergency fire drills showed six files documented as following, 03/02/2024 Emergency fire drill, 01/01/2024 Full fire drill, 11/07/2023 Emergency fire drill, 09/13/2023 Emergency fire drill, 07/02/2023 Emergency fire drill and 05/01/2023 Full fire drill. There were no records of emergency evacuation drills after 03/02/2024 found in the AFH records.

In an interview, on 12/19/2025 at 3:20 PM, Staff A, Entity Representative, stated that they did emergency fire drills every other month. Staff A stated that they had all documents and they needed to transfer records to the electronic format. Staff A stated that they would update Syncwise with their emergency fire drill information.

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, Beyond Care Plus AFH 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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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

Beyond Care Plus AFH LLC
Beyond Care Plus AFH LLC
19331 74TH AVENUE W
LYNNWOOD, WA 98036

RE: Beyond Care Plus AFH LLC # 754835

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/23/2025 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:

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

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.

RCW 70.128.250 Required training and continuing education -- Food safety training and testing. The department shall implement, as part of the required training and continuing education, food safety training and testing integrated into the curriculum that meets the standards established by the state board of health pursuant to chapter 69.06 RCW. Individual food handler permits are not required for persons who begin working in an adult family home after June 30, 2005, and successfully complete the basic and modified-basic caregiver training, provided they receive information or training regarding safe food handling practices from the employer prior to providing food handling or service for the clients. Documentation that the information or training has been provided to the individual must be kept on file by the employer. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

Review of an email received from the Adult Family Home (AFH) on 12/22/2025 showed Staff B, Caregiver, Washington State Food Worker Card was renewed on 12/22/2025.

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

(1) In locked storage;

The Adult Family Home (AFH) failed to keep Resident 1's Nystatin powder (used for fungal infection) in the locked storage after using it. This deficiency was corrected during visit by Staff A, Entity Representative.

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:

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

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 IDR**s 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

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