STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Nigat Adult Family Home LLC

Nigat Adult Family Home LLC
1414 E Casino Rd
Everett, WA 98203

RE: Nigat Adult Family Home LLC License # 755010

Dear Provider:

This letter addresses Compliance Determination(s) 76281 (Completion Date 04/24/2026) and 74210 (Completion Date 03/16/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/24/2026 and found that you have corrected the violations listed in the Full report dated 03/16/2026. Your home is back in compliance as of 03/26/2026 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

The Department staff who did the off-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 03/12/2026 of:

Nigat Adult Family Home LLC
1414 E Casino Rd
Everett, WA 98203

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:

Toni Bolo, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

03/24/2026
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)

03/26/2026
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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B, Caregiver) completed Tuberculosis (TB, a bacterial infection spread through air) testing within three days of their hire date. This failure placed residents and staff at risk of being exposed to a communicable disease.

Findings included ..

Record review showed the AFH hired Staff B on 08/28/2025. Staff B's employee file, dated 08/28/2025, showed that Staff B had negative TB skin tests on 11/28/2024 and 12/02/2024.

Interview on 02/18/2026 at 1:00 PM, Staff A (Entity Representative) stated that they thought that Staff B's TB records met the TB requirements.

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.

Nicholette Flynn
Residential Care Services

03/24/2026
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)

Date

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Interview on 02/18/2026 at 1:00 PM, Staff A (Entity Representative) stated that they thought that Staff B's TB records met the TB 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, Nigat Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 3/24 & 3/26

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

Provider (or Representative)

3/26/2026
Date

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, Nigat Adult Family Home 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

UPDATED POC ENTRY

SECTION A — DEFICIENCY & CORRECTION PLAN

WAC / Deficiency Cited	What Happened (Summary)	Corrective Action Taken
WAC 388-76-10165 — TB Testing Requirements	Caregiver TB documentation was not current at the time of review.	TB test has been updated and is now active. Documentation is filed in the personnel record for the CNA worker.

SECTION B — PREVENTION PLAN

Root Cause	Prevention Steps	Responsible Person	Completion Date
TB renewal dates were not consistently tracked.	• Quarterly TB compliance review for all caregivers. • TB expiration dates added to Personnel Compliance Log. • Monthly file audits to verify TB status.	**Bezunesh Dejene – Manager / Provider**	Immediately and ongoing

SECTION C — MONITORING & QUALITY ASSURANCE

Ongoing Monitoring Plan	Frequency	Who Will Monitor
Review TB test dates for all caregivers, including CNA workers, and ensure no test becomes overdue. Maintain documentation in personnel files.	Quarterly and during monthly audits	Bezunesh Dejene – Manager / Provider

SECTION D — PROVIDER ATTESTATION

Statement	Signature	Date
"I attest that the corrective actions described above have been implemented and will be maintained to ensure ongoing compliance with WAC requirements."		03/25/2026