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 04/09/2026 and 04/10/2026 of:

Mary AFH LLC
8308 74th Dr NE
Marysville, WA 98270

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

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.

Staci Oilg , IDR PM for Region 2B
Residential Care Services

May 29, 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

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure that an assessment was completed for medical devices [redacted] with known safety risks for 1 or 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for known safety risks related to medical devices.

Findings included...

<Resident 1>
Observation on 04/09/2026 at 9:07 AM, showed Resident 1 laying in their [redacted] with raised half upper [redacted] on both sides of their bed. Observation showed a [redacted] outside of their bedroom door.

Record review showed the AFH admitted Resident 1 on [redacted]/2022 with multiple medical diagnoses. Review showed Resident 1's current assessment, dated 02/20/2026, was completed by Staff B. Review of Resident 1's assessment showed Resident 1 was dependent on one or two caregivers for positioning and transfers. Review showed no documentation that Resident 1 required [redacted] for positioning or transfers. Review showed no documentation that Resident 1 required a [redacted] for transfers.

During an interview on 04/21/2026 at 4:23 PM, Staff A stated that Resident 1 had been

refusing to get out of bed since they moved into the AFH. Staff A stated that they had been unaware that Resident 1's assessment did not include that Resident 1 required a [redacted] or [redacted].

During an interview on 04/21/2026 at 4:23 PM, Staff B stated that they thought they included documentation that Resident 1 required [redacted] on their assessment.

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, Mary 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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 5) included caregiver instructions on responding to the resident's identified problem behaviors and how they would get their medications when outside the home. These failures placed Resident 5 at risk for unrecognized and unmet care needs.

Findings included...

Record review showed that the AFH admitted Resident 5 on [redacted] 2026 with multiple medical diagnoses. Review of Resident 5's NCP dated, 02/20/2026, showed Resident 5

was easily irritated and resistive to care. Resident 5's NCP did not show any caregiver instructions documented in the column labeled for what a caregiver should do when Resident 5 had the above behavior problems. Review showed no documentation of how Resident 5 would get their medications when Resident 5 was not in the AFH.

During an interview on 04/21/2026 at 4:27 PM, Staff A stated that they had not written down what the caregivers should do when Resident 5 had the identified behaviors, but they would respond by giving Resident 5 space and reapproaching after a period of time. Staff A had been unaware that Resident's 5 NCP did not address how Resident 5 would get their medications when they were out of the AFH. Staff A stated that Resident 5 moved into the AFH "not too long ago" and were still learning Resident 5. Staff A stated that they missed a lot of things in Resident 5's NCP because moving Resident 5 into the AFH had been rushed by Resident 5's family. Staff A stated that they would fix Resident 5's NCP.

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, Mary 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.

(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:

(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, record review, and interview, the Adult Family Home (AFH) failed to ensure that all medications were received from the pharmacy and were available to 3 of 3 sampled residents (Resident 1, 2 and 5). The AFH failed to ensure medication logs (ML's) were initialed, up to date, and contained all necessary information for Residents

1, 2 and 5. These failures placed the residents at risk of medication errors and medical complications.

Findings included...

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]/2022 with multiple diagnoses. Review of Resident 1's assessment, dated 02/20/2026, showed Resident 1 required caregiver assistance with medications.

Missing documentation of blood pressures
Record review of Resident 1's April 2026 ML showed an order for Metoprolol Succinate (a medication used to treat high blood pressure, chest pain and heart failure) tablet 100 milligrams (mg) extended release take one tablet by mouth once daily for hypertension. Hold for systolic blood pressure (SBP, top number) less than 100 and arterial pressure (AP) less than 50 and notify doctor. Review showed no documentation of Resident 1's blood pressures. Review showed no documentation to refer to a separate vital signs log.

Missing initials
Record review of Resident 1's April 2026 ML at 10:29 AM showed the following:

- Freestle Libr Mis 3 reader (a continuous blood sugar monitoring device) use to continuously monitor blood sugar three times daily before meals. Review showed no caregiver initials that Resident 1's blood sugar had been checked at 7:30 AM, 11:30 AM and 4:30 PM on 04/05/2026 through 04/08/2026 and at 7:30 AM on 04/09/2026.
- Freestyle Test Lite (blood sugar monitoring system) test blood sugar two times a day. Review showed no caregiver initials that Resident 1's blood sugar had been checked at 8 AM and 8 PM on 04/05/2026 through 04/08/2026 and at 8:00 AM on 04/09/2026.
- Culturelle Capsule Health and Wellness (a probiotic medication used to prevent the growth of harmful bacteria in the stomach) take one capsule by mouth once daily *family supplied*. Review showed no caregiver initial that Resident 1 was given their 8 AM dose on 04/09/2026.

Initial in error
Record review of Resident 1's April 2026 ML at 10:29 AM, showed an order for Desitin PST 40% (a medication used to provide relief, protection and prevention for diaper rash) apply topically to affected area three times daily. Review showed caregiver initials as having applied Desitin on Resident 1 at 1:59 PM and 8 PM on 04/09/2026.

Observation on 04/09/2026 at 3:56 PM, showed Staff C (Caregiver) applied Resident 1's Desitin PST 40% on them.

Unavailable medications
Observation of Resident 1's medications on 04/09/2026 at 11:34 AM, showed the following prescribed orders were not available:

- Free Sty Libr Kit Sensor use to monitor blood sugar continuously three times daily before meals – remove and replace every fourteen days
- Gabapentin capsule (a medication used to treat nerve pain or uncontrolled body jerking) 100 mg take one capsule by mouth once daily as needed (PRN) for neuropathy during the day
- Optifoam dressing 4x4 apply to sacral and coccygeal region and replace every forty-eight hours or PRN
- Calcium Antacid Chew (a medication used to treat symptoms such as heartburn, upset stomach and indigestion), chew two tablets by mouth four times a day PRN for dyspepsia/heartburn

During an interview on 04/09/2026 at 8:59 AM, Staff C stated that they did not give residents medications.

During an interview on 04/09/2026 at 10:29 AM, Staff B (Caregiver) stated that they missed initialing Resident 1's ML as having checked their blood sugars. At 11:00 AM, Staff B stated that they checked Resident 1's blood pressures and heart rates but did not know they needed to document them. Staff B stated that they did not have a separate form they documented blood pressures on. Staff B stated that they forgot to initial that they had given Resident 1 their Culturelle capsule at 8 AM on 04/09/2026. Staff B stated that they initialed in error as having already applied Resident 1's Desitin at 1:59 PM and 8 PM on 04/09/2026. At 11:34 AM Staff B stated that they did not have Resident 1's Free Style Libr Kit Sensor because insurance didn't cover it and they thought Resident 1 had an order to discontinue it. Staff A stated that they did not have Resident 1's PRN Gabapentin because they did not use it much. Staff A stated that they did not have Resident 1's Optifoam dressing supplies because they were not doing Optifoam dressing changes for Resident 1. Staff A stated that they did not have Resident 1's Calcium Antacid Chew and would order more.

Record review showed an order to discontinue was written on 04/09/2026 at 3:30 PM for Resident 1's Free Style Libre Glucose Meter and Free Style Libre Sensor Device.

<Resident 2>
Record review showed the AFH admitted Resident 2 on [redacted]/2023 with multiple diagnoses. Review of Resident 2's assessment, dated 02/23/2026, showed Resident 2 required caregiver administration with medications.

Unavailable routine and PRN medications
Record review of Resident 2's April 2026 ML showed the following orders:

- Famotidine Suspension (a medication used to decrease the amount of stomach acid) 40 mg/5 milliliters (ml) take 5 ml (1 teaspoonful) by mouth once daily. Review

showed no caregiver initials that Resident 2's Famotidine Suspension was given at 8 AM on 04/01/2026 through 04/09/2026.

- Acetaminophen tablet (a medication used to relieve pain and to reduce fever) 325 mg take two tablets by mouth every six hours PRN.
- Cerave itch cream relief apply topically to affected area of dry areas of skin once daily PRN.

Observations of Resident 2's medications on 04/10/2026 at 11:00 AM, showed Resident 2 had no routine Famotidine Suspension 40mg/5ml available. Observation showed Resident 2 had no PRN Acetaminophen 325mg tablets available. Observation showed Resident 2 had a bottle of Cerave moisturizer rather than Cerave itch cream relief.

During an interview on 04/09/2026 at 11:22 AM, Staff B stated that they did not have Resident 2's Famotidine Suspension because Resident 2's insurance would not cover it. Staff B stated that they were still waiting to find out if this medication could be discontinued.

During an interview on 04/10/2026 at 11:36 AM, Staff B stated that they placed an order for Resident 2's PRN Acetaminophen. Staff B indicated that they were unaware that Resident 2's Cerave moisturizer was not the same as their Cerave itch relief order.

<Resident 5>
Record review showed the AFH admitted Resident 5 on [redacted]/2026 with multiple diagnoses. Review of Resident 5's assessment, dated 01/26/2026, showed Resident 5 required caregiver administration with medications.

No documentation of blood pressures
Record review of Resident 5's April 2026 ML showed an order for Benazep/HCTZ tablet (a blood pressure medication) 10-12.5 take one tablet by mouth once daily hold if SBP less than 110 or pulse less than 60. Review showed no documentation of Resident 5's blood pressures. Review showed no documentation to refer to a separate vital signs log.

Missing initials
Record review of Resident 5's April 2026 ML showed an order for Mounjaro Injection (a medication used to manage type 2 diabetes) 5mg/0.5 inject 5mg subcutaneously (under the skin) once weekly. Review showed no caregiver initials that Resident 5's Mounjaro injection was given to Resident 5 at 8 AM on 04/06/2026.

Unavailable medication
Record review of Resident 5's April 2026 ML showed an order for Acetaminophen 325 mg take two tablets by mouth every four hours as needed for pain.

Observation of Resident 5's medications on 04/09/2026 at 11:59 AM, showed no PRN

Acetaminophen 325 mg.

ML not up to date
Observations of Resident 5's medications on 04/09/2026 at 11:59 AM, showed a pharmacy bubble pack of Aspirin Low Chew (a medication used to prevent heart attacks and strokes and provide relief from minor aches and pains) 81 mg, with Resident 5's name an order date of 03/20/2026 and instructions to swallow 1 tablet by mouth once daily. Observation showed one PRN bubble pack of Loperamide Capsule with instructions to take 2 mg take one every four hours.

Record review of Resident 5's April 2026 ML showed no documentation of Aspirin Low Chew. Review showed the following Loperamide (anti diarrheal medication) orders:

- Loperamide Capsule 2 mg take two capsules by mouth once daily in the morning
- Loperamide Capsule 2 mg take one capsule by mouth every four hours PRN for diarrhea, hold for constipation
- Loperamide Capsule 2 mg take one capsule by mouth every eight hours PRN

During an interview on 04/09/2026 at 11:27 AM, Staff B stated that they checked Resident 5's blood pressure and pulse every morning but did not write them down on Resident 5's ML. Staff B stated that they gave Resident 5 their Mounjaro injection on 04/06/2026 and missed initialing the ML. Staff B stated that they did not have Resident 5's PRN Acetaminophen because Resident 5 had PRN Naproxen (an anti-inflammatory medication used to treat headache and arthritis). At 12:11 PM Staff B stated that Resident 5's Aspirin Low Chew was a newly prescribed medication. Staff B stated that they had given Resident 5 their Aspirin Low Chew in the morning and forgot to update Resident 5's April 2026 ML with the new prescription order. At 12:21 PM Staff B stated that they thought the order for Resident 5's Loperamide Capsule 2 mg take one capsule every 4 hours as needed was discontinued or changed but they weren't sure because they hadn't been giving it to Resident 5.

During an interview on 04/10/2026 at 11:00 AM, Staff B stated that they ordered and received Resident 5's PRN Acetaminophen tablets on the evening of 04/09/2026.

Observation on 04/10/2026 at 11:00 AM, showed the AFH obtained Resident 5's PRN Acetaminophen tablets.

During an interview on 04/21/2026 at 4:44 PM, Staff A (Entity Representative) stated that they always write down residents' blood pressures and heart rates on a separate piece of paper and attach it to the resident's ML. Staff A that Resident 1's Desitin PST 40% was initialed in error on 04/09/2026. Staff A stated that they may have missed initialing the residents ML's for checking their blood sugar levels, but they documented the residents blood sugars on a separate piece of paper. Staff A acknowledged that not all medications had been available and stated that it took time to receive and refill all medications. Staff A acknowledged the medication errors and stated that they reached out to Resident 2's physician to get their Famotidine Suspension discontinued but had

not received the written order 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, Mary 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 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 household member (HH1) over the age of eleven, had a valid Washington state name and date of birth background check (WNDOB BGI). This failure placed residents at risk of being accessed by someone with an unverified background.

Findings included...

Observation on 04/09/2026 at 9:07 AM showed five residents (Resident 1, 2, 3, 4 & 5) resided at the AFH.

Observation on 04/09/2026 at 9:58 AM showed HH1 resided upstairs.

Record review showed HH1 did not have a WNDOB BGI.

During an interview on 04/09/2026 at 9:58 AM, Staff A (Entity Representative) stated that HH1 resided upstairs. At 4:32 PM, Staff A stated that HH1 was over the age of eleven. Staff A stated that they were not aware that HH1 needed a WNDOB BGI.

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, Mary 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.

(1) For the purposes of this section, "discontinued" means medication that is no longer prescribed or being used to treat a condition, as directed by the resident's physician or health care professional with prescriptive authority.

(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 were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(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;

(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

(iii) For discharged residents the facility must:

(C) Safely dispose of any medications left at the adult family home after 90 calendar days.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure their medication disposal policy was complete. The AFH failed to ensure expired and discontinued medications were disposed of per requirement. These failures placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of being given medications that expired and medications being used improperly.

Findings included...

Observation on 04/09/2026 at 9:07 AM, showed five residents resided at the AFH.

Record review of the AFH's undated "Medical Disposal Policy", showed medications that were no longer needed, discontinued, or expired would be destroyed of in an Rx (prescription) destroyer and disposed of in the common trash, taken to the local police station or pharmacy. The policy did not include the following:

- Time frame for current resident medication disposal of discontinued, expired and refused medications
- Time frame for deceased and discharged resident medication disposal

Observation of Resident 1's medications on 04/09/2026 at 11:34 AM showed the following:

- an opened box that contained Culturelle Capsules (a probiotic medication used to prevent the growth of harmful bacteria in the stomach) with an expiration date of "3/26".
- two boxes that contained Ondansetron (an anti-nausea medication) with a pharmacy label showing Resident 1's name and discard after dates of 09/30/2025 and 10/11/2025
- an as needed (PRN) bubble pack of Oxycod/APAP (a pain medication) tablets 5-325 milligrams (mg) with a pharmacy label showing Resident 1's name and a discard date 04/12/2026

Record review of Resident 1's April 2026 ML showed no documentation of Oxycod/APAP tablets 5-325 mg.

During an interview on 04/09/2026 at 11:34 AM, Staff B (Caregiver) stated that they were not sure if they gave Resident 1 their routine Culturelle Capsule from the expired box, or the other opened and unexpired box of Culturelle Capsules. Staff B stated that they had been unaware that one of the opened boxes of Culturelle Capsules was expired. Staff B stated that they had not been giving Resident 1 the PRN Oxycod/APAP tablets and thought that the medication had been discontinued. Staff B stated that they were not sure when Resident 1's Oxycod/APAP tablets were discontinued, but it had been "a while". Staff B stated that they did not know where the discontinuation order was and not sure why the AFH still had Resident 1's PRN Oxycod/APAP tablets.

During an interview on 04/21/2026 at 5:00 PM, Staff A (Entity Representative) stated that Resident 1's Oxycod/APAP was discontinued "a long time ago". Staff A stated that they had never disposed of this kind of medication before and had been holding onto it until they figured out how to dispose of it with two additional eyewitnesses. Staff A acknowledged that Resident 1 had expired medications. Staff A stated that they generally destroyed medications every one or two months but had not paid attention to medication disposal time frames.

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, Mary 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a notice of rights and services form was signed and dated at least once every twenty-four months from the date of admission for 1of 3 sampled residents (Resident 1). This failure placed Resident 1 at risk of not being fully informed of their rights and the care and services provided in the AFH.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted] 2022. Resident 1's record showed that their admission agreement listed their rights and services provided in the home. Resident 1's AFH admission agreement was last signed and dated by Staff A (Entity Representative) on 02/26/2022 and Resident 1's representative on 02/27/2022.

During an interview on 04/10/2026 at 12:49 PM, Staff A (Entity Representative) stated that they were not aware that the resident admission agreements that listed resident rights and services were required to be reviewed, signed, and dated every twenty-four months.

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, Mary AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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

(a) The resident; and

(b) The adult family home.

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

(12) The residency agreement for residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 3 sampled resident's (Resident 3 and 5) records contained all the minimum required documents and information. This failure resulted in an incomplete resident record and placed Residents 3 and 5 at risk of not having the necessary knowledge of their rights related to a discharge, and lost, stolen, or misplaced property.

Findings included...

<Resident 3>
Record review showed the AFH admitted Resident 3 on [redacted]/2021 with multiple diagnoses. Resident 3's record did not contain a Written Residency Agreement.

<Resident 5>
Record review showed the AFH admitted Resident 5 on [redacted]/2026 with multiple diagnoses. Resident 5's record did not contain the following:

- Current inventory of personal belongings that was dated and signed by Resident 5 and the AFH
- Written Residency Agreement

During an interview on 04/09/2026 at 10:34 AM, Staff A (Entity Representative) stated that Resident 3 and 5 had [redacted] as their payor. At 3:16 PM, Staff A stated that they were unaware of the written residency agreement for residents with [redacted] as payor requirement. At 3:37 PM Staff A acknowledged that Resident 5 did not have a current inventory of their personal belongings that was dated and signed in their resident record.

During an interview on 04/09/2026 at 3:37 PM, Staff B (Caregiver) stated that Resident 5's representative did not bring back their filled out, signed and dated personal belongings inventory paperwork.

During an interview on 04/21/2026 at 5:09 PM, Staff A stated that Resident 5's family had not returned the personal belongings inventory after filling it out.

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, Mary 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(b) Entity representative;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 staff (Staff A, Entity Representative, Staff B & C, Caregivers) 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...

<Staff A>
Record review of Staff A's employee file, undated, showed Staff A had negative TB skin tests on 09/17/2019 and 10/03/2019 – more than three days before becoming the AFH Entity Representative on 06/21/2021. Staff A's employee file showed no record that Staff A had a two-step TB test within three days of hire.

<Staff B>
Record review of Staff B's employee file, undated, showed Staff B was hired on 09/20/2021. Review showed that Staff B had a negative TB blood test on 03/22/2022 – more than three days after their hire date. Staff B's employee file showed no record that Staff B had a TB test within three days of their hire.

<Staff C>
Record review of Staff C's employee file, undated, showed Staff C was originally hired on 02/17/2025. Review showed that Staff C had a normal chest x-ray dated 07/09/2024 and had no TB tests within three days of their hire. Review showed Staff C was rehired

on 01/06/2026. Review showed that Staff C had a negative TB blood test that was received on 01/14/2026 – more than three days after their hire date. Staff C's employee file showed no record that Staff C had a TB test within three days of their re-hire date.

During an interview on 04/10/2026 at 12:08 PM, Staff C stated that their TB blood test was collected on 01/13/2026 but they did not have documentation to show this.

During an interview on 04/10/2026 at 2:42 PM, Staff A stated that they thought they had met the TB testing requirements. Staff A stated that they did not know TB tests were required within three days of hire. Staff A stated that they (Staff A) and Staff B had additional TB tests with previous employers and would send them to the Department by 5 PM on 04/10/2026. Staff A stated that Staff C was hired on 01/06/2026 but did not start work until they'd obtained their TB test result records. Review showed that the Department did not receive documentation that Staff A and Staff B had additional TB tests.

During an interview on 04/21/2026 at 5:11 PM, Staff A stated that they made a mistake documenting Staff C's new hired date at the AFH. Staff A stated that Staff C was rehired at the AFH on 01/16/2026. Staff A stated that they'd thought Staff C's chest x-ray met the TB testing requirements when they were originally hired.

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, Mary 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 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the AFH had a posted evacuation route on each floor of the home as required. This failure placed 2 of 2 household members (HH1 and HH2) and 3 of 3 live-in staff (Staff A, Entity

Representative, Staff B and C, Caregivers) at risk for not knowing how and where to evacuate from the home during an emergency.

Findings included...

Observation of the upstairs on 04/09/2026 at 9:57 AM, showed no evacuation route was posted upstairs.

During an interview on 04/09/2026 at 9:57 AM, Staff A (Entity Representative) stated that they did not know they needed to post an evacuation route upstairs and thought it was only needed downstairs.

During an interview on 04/21/12026 at 5:27 PM, Staff A stated that they removed the evacuation route upstairs because they were told it was not needed upstairs. Staff A acknowledged it needed to be posted on each floor of the home.

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, Mary 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

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

AMENDED
05/29/2026

Mary AFH LLC
Mary AFH LLC
8308 74th Dr NE
Marysville, WA 98270

RE: Mary AFH LLC # 755049

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/24/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

You requested an Informal Dispute Resolution (IDR) review. The IDR review resulted in the enclosed amended Statement of Deficiencies.

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 B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/24/2026), no later than 06/08/2026 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.

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(c) On every level of a multilevel home.

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

The Adult Family Home (AFH) failed to ensure that all smoke detectors were installed and interconnected. AFH Staff installed the missing smoke detectors upstairs and ensured they were interconnected, correcting the deficiency by the exit conference.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The Adult Family Home (AFH) failed to ensure that they had enough emergency water. AFH Staff purchased additional emergency water, correcting the deficiency by the exit conference.

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 ensure that all medications were secured in locked storage. Staff stated that the medications had been left unlocked because the resident had just been given their morning medications. Staff placed all medications in the locked closet, correcting the deficiency by the exit conference.

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 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.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

The Adult Family Home (AFH) failed to have a written plan if Staff A (Entity Representative) was unable to fulfill their duties at the AFH. The AFH corrected the deficiency with a written plan by the exit conference.

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:

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (206)914-5042.

Sincerely,

Staci Oilg, IDR PM for Renee Bourque, FM

Renee Bourque, Field Manager
Region 2, Unit B
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223