STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

AFYA Care Homes LLC
AFYA Adult Family Home
6709 22nd Dr NE
Tulalip, WA 98271

RE: AFYA Adult Family Home License # 755253

Dear Provider:

This letter addresses Compliance Determination(s) 55539 (Completion Date 02/27/2025) and 53770 (Completion Date 01/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/27/2025 and found that you have corrected the violations listed in the Complaint report dated 01/29/2025. Your home is back in compliance as of 02/20/2025 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 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3, WAC 388-76-10025-4

The Department staff who did the on-site verification:
Patricia Young, Community Complaint Investigator

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 an unannounced on-site complaint investigation on 01/29/2025 of:

AFYA Adult Family Home
6709 22nd Dr NE
Tulalip, WA 98271

This document references the following complaint number(s): 161498

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

The department staff that investigated the Adult Family Home:

Patricia Young, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support 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.

Residential Care Services | Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) | Date

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult
Family Home (AFH) failed to ensure the Department received the annual license
fee of $1350.00 when it was due on 11/15/2024. This failure resulted in 3 of 3 residents (Residents 1, 2 & 3) living in a home that
had not paid their annual licensing fee putting them at risk of displacement.

Findings included...

Record review on 01/29/2025 at 6:38 AM of the Department’s
electronic Secure Tracking and Reporting System showed the AFH had an overdue
annual license fee of $1350.00 due 11/15/2024.

Observation on 01/29/2025 at 9:00 AM showed that the AFH provided care and services

to three residents.

During an interview on 01/29/2025 at 9:10 AM, Staff A (Provider) stated that they forgot to send the payment and would pay it immediately.

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, AFYA Adult Family Home 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 _____