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

Ariel Adult Home LLC

Ariel Adult Home LLC
4913 61st Dr NE
Marysville, WA 98270

RE: Ariel Adult Home LLC License # 755836

Dear Provider:

This letter addresses Compliance Determination(s) 58879 (Completion Date 04/30/2025) and 56030 (Completion Date 03/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/30/2025 and found that you have corrected the violations listed in the Complaint report dated 03/11/2025. Your home is back in compliance as of 03/10/2025 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 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the off-site verification:
Jennifer Nichols, 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
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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 03/10/2025 of:

Ariel Adult Home LLC
4913 61st Dr NE
Marysville, WA 98270

This document references the following complaint number(s): 168605

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1of 5 staff (Staff A, Entity Representative) submitted a Washington state name and date of birth background check (WNDOB) every two years. This failure placed 4 of 4 residents (Resident 1, 2, 3 & 4) at risk of being cared for and having unsupervised access by someone with an unknown and unverified background.

Findings included…

Record review of the Department’s electronic Secure Tracking and Reporting System on 03/10/2025 showed the Department licensed the AFH on 09/15/2022 to provide care for up to six residents.

Observation, on 03/10/2025 at 11:30 AM, showed four residents lived at the AFH.

Record review of Staff A's employee file showed their most recent WNDOB was dated 12/18/2022. Staff A's WNDOB expired by more than 11 weeks at the time of the investigation on 03/10/2025.

In an interview, on 03/11/2025 at 9:28 AM, Staff A stated that their WNDOB was not submitted within the last two years because they thought the WNDOBs were good for three years.

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, Ariel Adult 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