STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Creative Home Care AFH LLC

Creative Home Care AFH LLC
4811 147th Pl SW
Edmonds, WA 98026

RE: Creative Home Care AFH LLC License # 755955

Dear Provider:

This letter addresses Compliance Determination(s) 71778 (Completion Date 01/22/2026) and 70930 (Completion Date 01/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2026 and found that you have corrected the violations listed in the Full report dated 01/08/2026. Your home is back in compliance as of 01/10/2026 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 388-76-10265-1-b, WAC 388-76-10265-1-d, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

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

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 01/05/2026 and 01/07/2026 of:

Creative Home Care AFH LLC
15520 33rd Ave NE
Lake Forest Park, WA 98155

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 755955	Compliance Determination #: 70930
Plan of Correction	Creative Home Care AFH LLC	Completion Date
Page 2 of 4	Licensee: Creative Home Care AFH LLC	01/09/2026

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' Bourque
Residential Care Services

01/09/2026
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)

01/14/2026
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 record review and interview, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing occurred within three days of hire for 2 of 2 sampled staff (Staff A, Entity Representative and Resident Manager, and Staff B, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of exposure to a communicable illness.

Findings included...

Record review showed Staff A, hired 11/03/2022, had a TB blood test, dated 07/10/2018, with a negative result. Review showed Staff A had an additional TB blood test, dated 03/02/2017, with a negative result. Further review showed no additional TB screening records for Staff A within three days of hire.

Record review showed the AFH hired Staff B on 07/10/2025. Review showed Staff B completed a 2-step TB skin test, dated 02/27/2026 and 03/13/2026, with negative results. Further review showed no additional TB screening records for Staff B within three days of hire.

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 388-76-10265 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 record review and interview, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing occurred within three days of hire for 2 of 2 sampled staff (Staff A, Entity Representative and Resident Manager, and Staff B, Caregiver). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of exposure to a communicable illness.

Findings included…

Record review showed Staff A, hired 11/03/2022, had a TB blood test, dated 07/10/2018, with a negative result. Review showed Staff A had an additional TB blood test, dated 03/02/2017, with a negative result. Further review showed no additional TB screening records for Staff A within three days of hire.

Record review showed the AFH hired Staff B on 07/10/2025. Review showed Staff B completed a 2-step TB skin test, dated 02/27/2025 and 03/13/2025, with negative results. Further review showed no additional TB screening records for Staff B within three days of hire.

In an interview, on 01/05/2026 at 1:47 PM, Staff A stated that no additional TB testing was conducted for Staff A and Staff B after their hire dates. Staff A stated that they believed a TB blood test was valid for a 10-year period. Staff A stated that they were not aware of the requirement to complete TB testing within three days of hire.

In an email, received by the Department on 01/05/2026, Staff A provided an additional TB blood test record for Staff B. Record review of this document showed Staff B had an additional TB blood test, dated 05/05/2025, with a negative result.

In an interview, on 01/07/2026 at 10:05 AM, Staff A stated that they will arrange for Staff A and Staff B to complete additional TB testing.

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, Creative Home Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 01/10/2026

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

Provider (or Representative) — Date: 01/14/2026

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:

(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 ensure a national fingerprint background inquiry (BGI) was available and readily accessible for 1 of 3 current staff (Staff A, Entity Representative and Resident Manager). This failure delayed verification of staff credentials and placed Residents 1, 2, 3, 4, 5, and 6 at risk of receiving care from someone with an unknown background.

Findings included...

Record review of the AFH's personnel records showed no national fingerprint BGI on file

In an interview, on 01/05/2026 at 1:47 PM, Staff A stated that no additional TB testing was conducted for Staff A and Staff B after their hire dates. Staff A stated that they believed a TB blood test was valid for a 10-year period. Staff A stated that they were not aware of the requirement to complete TB testing within three days of hire.

In an email, received by the Department on 01/05/2026, Staff A provided an additional TB blood test record for Staff B. Record review of this document showed Staff B had an additional TB blood test, dated 06/05/2025, with a negative result.

In an interview, on 01/07/2026 at 10:05 AM, Staff A stated that they will arrange for Staff A and Staff B to complete additional TB testing.

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, Creative Home Care 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:

(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 ensure a national fingerprint background inquiry (BGI) was available and readily accessible for 1 of 3 current staff (Staff A, Entity Representative and Resident Manager). This failure delayed verification of staff credentials and placed Residents 1, 2, 3, 4, 5, and 6 at risk of receiving care from someone with an unknown background.

Findings included…

Record review of the AFH's personnel records showed no national fingerprint BGI on file

Statement of Deficiencies	License #: 755955	Compliance Determination #70930
Plan of Correction	Creative Home Care AFH LLC	Completion Date
Page 4 of 4	Licensee: Creative Home Care AFH LLC	01/08/2026

for Staff A.

In an interview, on 01/05/2026 at 2:20 PM, Staff A stated that they previously completed a national fingerprint BGI, however, the document was lost. Staff A stated that they would attempt to obtain their prior national fingerprint BGI document. Staff A stated that they would complete an additional fingerprint screening appointment on 01/08/2026.

In an interview, on 01/07/2026 at 10:05 AM, Staff A stated that they were unable to obtain their prior national fingerprint BGI. Staff A stated that they completed the fingerprint screening appointment on 01/08/2026. Staff A stated that the results of this appointment were pending.

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, Creative Home Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 01/10/2026.

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

Provider (or Representative)

01/14/2026
Date

for Staff A.

In an interview, on 01/05/2026 at 2:20 PM, Staff A stated that they previously completed a national fingerprint BGI, however, the document was lost. Staff A stated that they would attempt to obtain their prior national fingerprint BGI document. Staff A stated that they would complete an additional fingerprint screening appointment on 01/06/2026.

In an interview, on 01/07/2026 at 10:05 AM, Staff A stated that they were unable to obtain their prior national fingerprint BGI. Staff A stated that they completed the fingerprint screening appointment on 01/06/2026. Staff A stated that the results of this appointment were pending.

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, Creative Home Care 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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

01/09/2026

Creative Home Care AFH LLC
Creative Home Care AFH LLC
4811 147th Pl SW
Edmonds, WA 98026

RE: Creative Home Care AFH LLC # 755955

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/08/2026 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:

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.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(4) Whether the drill was a full or partial emergency evacuation; and

The Adult Family Home (AFH) failed to ensure evacuation drill documentation showed a full evacuation drill had occurred in the past 12 months. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative, who stated a full evacuation occurred on 12/05/2025. Staff A corrected the 12/05/2025 evacuation drill log to show a full evacuation drill had occurred.

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.

The Adult Family Home (AFH) failed to have a written succession plan. This deficiency was corrected over the course of inspection by Staff A, Entity Representative, who wrote a succession plan.

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:
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

---

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