STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Hands On Adult Family Home LLC

Hands On Adult Family Home LLC
4905 189th St SW
Lynnwood, WA 98036

RE: Hands On Adult Family Home LLC License # 756305

Dear Provider:

This letter addresses Compliance Determination(s) 77837 (Completion Date 05/21/2026) and 77048 (Completion Date 05/11/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/21/2026 and found that you have corrected the violations listed in the Full report dated 05/11/2026. Your home is back in compliance as of 05/13/2026 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 388-76-10285-2

The Department staff who did the off-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
HOME AND COMMUNITY LIVING 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 05/07/2026 of:
Hands On Adult Family Home LLC
4905 189th St SW
Lynnwood, WA 98036

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 756305	Compliance Determination #77046
Plan of Correction	Hands On Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Hands On Adult Family Home LLC	05/11/2026

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

05/12/2026
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)

05/13/2026
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a second tuberculosis (TB) skin test was administered one to three weeks after the first TB skin test for 1 of 2 sampled staff (Staff C, Caregiver). This failure placed Residents 1, 2, 3, and 4 at risk of exposure to a communicable illness.

Findings included...

Record review showed the AFH hired Staff C on 04/02/2026. Further review of Staff C's records showed no documentation of TB testing.

In an interview, on 05/07/2026 at 12:12 PM, Staff A, Entity Representative and Resident Manager, stated that Staff C did complete TB testing. Staff A stated that they would email Staff C's TB test records to the Department.

In an email, received by the Department on 05/07/2026 at 7:41 PM, Staff A emailed Staff C's TB test records. Review showed Staff C had a TB skin test administered on 04/04/2026 and read on 04/06/2026, with a negative result. Further review showed Staff A wrote that they realized that a two-step TB skin test was required. Staff A stated that they had made arrangements for Staff C to complete a TB blood test. Review showed

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' Bourgue
Residential Care Services

05/12/2026
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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a second tuberculosis (TB) skin test was administered one to three weeks after the first TB skin test for 1 of 2 sampled staff (Staff C, Caregiver). This failure placed Residents 1, 2, 3, and 4 at risk of exposure to a communicable illness.

Findings included...

Record review showed the AFH hired Staff C on 04/02/2026. Further review of Staff C's records showed no documentation of TB testing.

In an interview, on 05/07/2026 at 12:12 PM, Staff A, Entity Representative and Resident Manager, stated that Staff C did complete TB testing. Staff A stated that they would email Staff C's TB test records to the Department.

In an email, received by the Department on 05/07/2026 at 7:41 PM, Staff A emailed Staff C's TB test records. Review showed Staff C had a TB skin test administered on 04/04/2026 and read on 04/06/2026, with a negative result. Further review showed Staff A wrote that they realized that a two-step TB skin test was required. Staff A stated that they had made arrangements for Staff C to complete a TB blood test. Review showed

Statement of Deficiencies	License #: 756305	Compliance Determination # 77046
Plan of Correction	Hands On Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Hands On Adult Family Home LLC	05/11/2026

Staff C made a payment to a medical laboratory on 05/07/2026.

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, Hands On Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 05/13/2026

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

Provider (or Representative) — Date 05/13/2026

Staff C made a payment to a medical laboratory on 05/07/2026.

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, Hands On 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

05/12/2026

Hands On Adult Family Home LLC
Hands On Adult Family Home LLC
4905 189th St SW
Lynnwood, WA 98036

RE: Hands On Adult Family Home LLC # 756305

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/11/2026 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 calendar days of Last Date of Data Collection (05/11/2026), no later than 06/25/2026 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The Adult Family Home (AFH) failed to ensure Resident 1, Resident 2, Resident 3, and Resident 4's negotiated care plans (NCP) were agreed to and signed by the resident or their representative. This deficiency was corrected over the course of inspection by Staff A, Entity Representative and Resident Manager, who had Resident 1, Resident 2, Resident 3, and Resident 4's representatives sign the NCPs.

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

The Adult Family Home (AFH) failed to ensure Resident 1's May 2026 medication log (ML) was updated to reflect a PRN (used as needed) medication which was discontinued. This deficiency was corrected on site at the time of inspection by Staff A, Entity Representative and Resident Manager, who updated Resident 1's May 2026 ML to show the discontinued medication.

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

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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