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

AVID ADULT FAMILY HOME LLC

AVID ADULT FAMILY HOME LLC
1640 N 167th St
Shoreline, WA 98133

RE: AVID ADULT FAMILY HOME LLC License # 757011

Dear Provider:

This letter addresses Compliance Determination(s) 74000 (Completion Date 03/09/2026) and 72927 (Completion Date 02/19/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/09/2026 and found that you have corrected the violations listed in the Full report dated 02/19/2026. Your home is back in compliance as of 02/14/2026 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 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10285-2, WAC 388-76-10900-5

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)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourque

Nicholette Flynn, AFH 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 02/13/2026 of:
AVID ADULT FAMILY HOME LLC
1910 S Lake Stickney Dr
Lynnwood, WA 98087

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, 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 #: 757011	Compliance Determination # 72927
Plan of Correction	AVID ADULT FAMILY HOME LLC	Completion Date
Page 2 of 6	Licensee: AVID ADULT FAMILY HOME LLC	02/19/2026

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

02/20/2026
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)

2122126
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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure all supporting documentation (updated negotiated care plans [NCP] and safety assessments) were in place prior to the use of a medical device ([redacted] for 3 of 6 residents (Residents 1, 2, and 4). This failure placed Residents 1, 2, and 4 at risk of injury due to improper use of [redacted]

Findings included...

<Resident 1>

Observation, on 02/13/2026 at 10:30 AM, showed two half-length [redacted] installed on the bed in bedroom [redacted] (Resident 1's bedroom).

Record review showed the AFH admitted Resident 1 on [redacted] 2024. Review showed Resident 1's NCP, dated 11/05/2025, did not reference Resident 1's use of [redacted]

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

02/20/2026
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

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Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure all supporting documentation (updated negotiated care plans [NCP] and safety assessments) were in place prior to the use of a medical device ([redacted] for 3 of 6 residents (Residents 1, 2, and 4). This failure placed Residents 1, 2, and 4 at risk of injury due to improper use of [redacted]

Findings included...

<Resident 1>

Observation, on 02/13/2026 at 10:30 AM, showed two half-length [redacted] installed on the bed in bedroom [redacted] (Resident 1's bedroom).

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review showed Resident 1's NCP, dated 11/05/2025, did not reference Resident 1's use of [redacted]

In an interview, on 02/13/2026 at 12:08 PM, Staff B, Resident Manager, stated that they were not sure why Resident 1's NCP did not reference the use of Resident 1's [redacted]. Staff B stated that they would correct the NCP.

Observation, on 02/13/2026 at 12:10 PM, showed Staff B updated Resident 1's NCP, dated 11/05/2025, to reflect Resident 1's use of [redacted].

<Resident 2>

Observation, on 02/13/2026 at 10:30 AM, showed 2 half-length [redacted] installed on the bed in bedroom [redacted] (Resident 2's bedroom).

Record review showed the AFH admitted Resident 2 on [redacted] 2024. Review showed Resident 2's NCP, dated 08/17/2025, did not reference Resident 2's use of [redacted].

In an interview, on 02/13/2026 at 12:09 PM, Staff B stated that they were not sure why Resident 2's NCP did not reference Resident 2's use of [redacted]. Staff B stated that they would correct the NCP.

Observation, on 02/13/2026 at 12:10 PM, showed Staff B updated Resident 2's NCP, dated 08/17/2025, to reflect Resident 2's use of [redacted].

<Resident 4>

Observation, on 02/13/2026 at 10:30 AM, showed one half-length [redacted] installed on the bed in bedroom [redacted] (Resident 4's bedroom).

Record review showed the AFH admitted Resident 4 on [redacted] 2024. Review showed Resident 4's NCP, dated 07/24/2025, did not reference Resident 4's use of [redacted]. Further review showed no record of a safety assessment completed by a qualified assessor prior to Resident 4's use of [redacted].

In an interview, on 02/13/2026 at 2:13 PM, Staff B stated that they had requested multiple times for Resident 4's multidisciplinary team to complete a safety assessment for Resident 4's use of a [redacted]. Staff B stated that Resident 4 was not using the [redacted]. Staff B stated that they would remove the [redacted] from Resident 4's bed.

Observation, on 02/13/2026 at 2:23 PM, showed the [redacted] was removed from Resident 4's bed.

Statement of Deficiencies	License #: 757011	Compliance Determination #72927
Plan of Correction	AVID ADULT FAMILY HOME LLC	Completion Date
Page 4 of 6	Licensee: AVID ADULT FAMILY HOME LLC	02/19/2026

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, AVID ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 02/19/26

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

Provider (or Representative) 2/22/26 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 completed one to three weeks following the first TB skin test for 1 of 2 sampled staff (Staff B, Resident Manager). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of exposure to a communicable illness.

Findings included...

Record review showed the AFH hired Staff B on 11/27/2025. Review of Staff B's records showed Staff B completed a TB skin test, read on 11/28/2025, with a negative result. Further review showed no evidence Staff B completed a second TB skin test one to three weeks after the first TB skin test.

In an interview, on 02/13/2026 at 1:47 PM, Staff B stated that they did not complete a second step TB skin test following the test which was read on 11/28/2025.

In an email, received by the Department on 02/17/2026, Staff B provided a copy of a TB blood test result letter. Record review of this letter showed Staff B completed a TB blood test on 02/14/2025 with a negative result.

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, AVID 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

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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 completed one to three weeks following the first TB skin test for 1 of 2 sampled staff (Staff B, Resident Manager). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of exposure to a communicable illness.

Findings included...

Record review showed the AFH hired Staff B on 11/27/2025. Review of Staff B's records showed Staff B completed a TB skin test, read on 11/28/2025, with a negative result. Further review showed no evidence Staff B completed a second TB skin test one to three weeks after the first TB skin test.

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

Provider (or Representative) 2/22/26 Date

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

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure all evacuation drill logs documented the length of time it took to complete the evacuation. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury or harm in the event of an emergency evacuation.

Findings included...

Record review showed the AFH completed emergency evacuation drills on 12/26/2025, 10/26/2025, 08/26/2025, 06/26/2025, 04/26/2025, and 02/27/2025. Further review showed none of these evacuation drills logs documented the length of time the drill took to complete

In an interview, on 02/13/2026 at 2:14 PM, Staff B, Resident Manager, stated that they did not realize documenting the length of evacuation drills were required. Staff B stated that they were prioritizing documenting the start time and finish times of the drills. Staff B stated that they would document the length of drills moving forward

In an email, received by the Department on 02/14/2026, Staff B provided three updated evacuation drill logs. The drill, dated 12/26/2025, was four minutes and one second in length. The drill, dated 10/26/2026, was three minutes in length. The drill, dated 08/26/2025, was four minutes in length.

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, AVID 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

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

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure all evacuation drill logs documented the length of time it took to complete the evacuation. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury or harm in the event of an emergency evacuation.

Findings included...

Record review showed the AFH completed emergency evacuation drills on 12/26/2025, 10/26/2025, 08/26/2025, 06/26/2025, 04/26/2025, and 02/27/2025. Further review showed none of these evacuation drills logs documented the length of time the drill took to complete.

In an interview, on 02/13/2026 at 2:14 PM, Staff B, Resident Manager, stated that they did not realize documenting the length of evacuation drills were required. Staff B stated that they were prioritizing documenting the start time and finish times of the drills. Staff B stated that they would document the length of drills moving forward.

In an email, received by the Department on 02/14/2026, Staff B provided three updated evacuation drill logs. The drill, dated 12/26/2025, was four minutes and one second in length. The drill, dated 10/26/2025, was three minutes in length. The drill, dated 08/26/2025, was four minutes in length.

Statement of Deficiencies	License #: 757011	Compliance Determination #: 72927
Plan of Correction	AVID ADULT FAMILY HOME LLC	Completion Date
Page 6 of 6	Licensee: AVID ADULT FAMILY HOME LLC	02/19/2026

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, AVID ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 02/19/26

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

Provider (or Representative) 2/22/26 Date

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, AVID 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

02/20/2026

AVID ADULT FAMILY HOME LLC
AVID ADULT FAMILY HOME LLC
1640 N 167th St
Shoreline, WA 98133

RE: AVID ADULT FAMILY HOME LLC # 757011

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/19/2026 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 (02/19/2026), no later than 04/05/2026 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home (AFH) failed to ensure a signed, dated policy for accepting Medicaid as a payment source (Medicaid policy) was kept in Resident 2's records. This deficiency was corrected on site at the time of inspection by Staff B, Resident Manager. Staff B had Resident 2's representative sign and date a Medicaid policy.

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 IDRs** 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