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

1st Charleon Adult Family Home LLC
1ST CHARLEON ADULT FAMILY HOME LLC
103 52nd Dr NE
Marysville, WA 98270

RE: 1ST CHARLEON ADULT FAMILY HOME LLC License # 757424

Dear Provider:

This letter addresses Compliance Determination(s) 69737 (Completion Date 12/09/2025) and 66714 (Completion Date 10/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/09/2025 and found that you have corrected the violations listed in the Complaint report dated 10/10/2025. Your home is back in compliance as of 10/10/2025 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 388-76-10025-3, WAC 388-76-10350-2-d

The Department staff who did the on-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

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 10/06/2025 of:

1ST CHARLEON ADULT FAMILY HOME LLC
112 W Marion St
Arlington, WA 98223

This document references the following complaint number(s): 196385, 195998

The following sample was selected for review during the unannounced on-site visit: 5 of 5 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 388-76-10025 License annual fee.

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Department received the annual license fee when it was due. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 & 5) at risk of living in a home that had not paid their annual licensing fee.

Findings included…

Record review, on 10/06/2025 at 8:00 AM, of the department's electronic Secure Tracking and Reporting System, showed the AFH had an overdue annual license fee of $2700.00 due 07/15/2025.

Observation, on 10/06/2025 at 10:56 AM, showed Resident 1, 2, 3, 4 & 5 lived at the AFH.

In an interview, on 10/09/2025 at 2:43 PM, Staff A (Entity Representative) stated that they did not pay the AFH's annual license fee of $2700.00 when it was due on 07/15/2025 because they were unwell and did not have it up to 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, 1ST CHARLEON 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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 residents (Resident 2) had an assessment that was reviewed and updated at least every 12 months. This failure placed Resident 2 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses. Review of Resident 2's assessment, dated 05/20/2024, showed Resident 2 required caregiver assistance with activities of daily living. Resident 2's assessment was more than eight months past due for review and updates.

In an interview, on 10/10/2025 at 10:10 AM, Staff A (Entity Representative) stated that the AFH did not have Resident 2's assessment reviewed and updated within the last 12 months because they did not know that private pay residents needed an assessment updated every 12 months.

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, 1ST CHARLEON 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