STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

NESMIA AFH LLC
Nesmia AFH LLC
9700 NE 2ND STREET
VANCOUVER, WA 98664

RE: Nesmia AFH LLC License # 758404

Dear Provider:

This letter addresses Compliance Determination(s) 74893 (Completion Date 03/23/2026) and 72126 (Completion Date 02/04/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/23/2026 and found that you have corrected the violations listed in the Full report dated 02/04/2026. Your home is back in compliance as of 02/04/2026 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 388-76-10810-1, WAC 388-76-10810-2-d, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 02/04/2026 of:
Nesmia AFH LLC
9700 NE 2ND STREET
VANCOUVER, WA 98664

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

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, Liconsor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Jennifer LeMaster
Residential Care Services

02/12/2026
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)

02/22/2026
Date

WAC 388-76-10810 Fire extinguishers.

(1) The adult family home must have an approved five pound 2A:10B-C rated fire extinguisher on each floor of the home.

(2) The home must ensure fire extinguishers are:

(d) Accessible at all times; and

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure an approved fire extinguisher was in the home and accessible at all times. This deficient practice placed four of four residents [Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), and Resident 4 (R4)] at risk of harm in case of an actual fire.

Findings included...

A tour of the AFH on 02/04/02026 at 10:19 AM with the Resident Manager (RM) revealed a fire extinguisher was not available at the AFH. Two fire extinguisher mounting brackets, one in the kitchen area and one in the hallway were observed to be empty. The RM stated the Provider had removed the fire extinguishers from the AFH to be serviced.

A new fire extinguisher with a tag dated 02/2026 was delivered to the AFH on 02/04/2026 at 11:28 AM.

The Provider was interviewed on 02/04/2026 at 12:32 PM and stated they had removed the fire extinguishers that morning to be serviced. The Provider had a fire extinguisher

with a tag dated as serviced 02/2025.

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, Nesmia AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/04/26 .

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

Provider (or Representative) — Date: 02/22/2026

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) did not have a system in place to ensure one of two sampled residents [Resident 4 (R4)] received a medication as ordered. This deficient practice caused R4 to not receive the correct dose of a medication.

Findings included...

Resident record review for Resident 4 (R4) showed an admission date of [redacted]/2026. The assessment titled "Assessment details" dated 01/07/2026 showed a diagnosis of [redacted]. The assessment identified behaviors as combative during cares, up at night, irritable, hallucinations, yelling and screaming.

On 02/04/2026 at 12:50 PM during medication review with the Resident Manager (RM) a discrepancy for R4 was noted for the use of a psychopharmalogical medication (used to help with behaviors and / or thoughts). February 2026 Medication Administrative Record (MAR) showed an order for Quetiapine 25 milligrams (mg) every evening. The medication supply showed a pharmacy label stating Quetiapine 25 mg - give half a tablet each evening.

R4's record showed R4 had been to the emergency room on 01/30/2026 for a fall. New physician's orders dated 01/30/2026 stated to give Quetiapine 50 mg each evening. January 2026 MAR showed the staff had changed the January 2026 MAR to reflect the new orders for Quetiapine 25 mg to 50 mg. The February 2026 MAR was not updated to reflect the new orders.

Caregiver A had signed February MAR the evening of 02/03/2026. When interviewed on 02/04/2026 at 01:11 PM Caregiver A stated they had only given 25 mg of the Quetiapine as the MAR directed.

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, Nesmia AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/04/2026 .

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

Provider (or Representative)

02/22/2026
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

NESMIA AFH LLC
Nesmia AFH LLC
9700 NE 2ND STREET
VANCOUVER, WA 98664

RE: Nesmia AFH LLC # 758404

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/04/2026 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:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/04/2026), no later than 03/21/2026 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

The Adult Family Home (AFH) did not ensure all refrigerated medications were kept locked at all times. During a tour of the AFH on 02/04/2026 at 10:19 AM a refrigerated eye drop was not locked. The Resident Manager (RM) secured the eye drop bottle in a lock box immediately.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
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:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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