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

MILLCREEK AFH INC
MILLCREEK AFH IV
16703 36TH AVE WEST
LYNNWOOD, WA 98037

RE: MILLCREEK AFH IV License # 717000

Dear Provider:

This letter addresses Compliance Determination(s) 72577 (Completion Date 02/06/2026) and 72196 (Completion Date 02/03/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/06/2026 and found that you have corrected the violations listed in the Full report dated 02/03/2026. Your home is back in compliance as of 01/31/2026 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 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10895-2-a, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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 01/30/2026 of:
MILLCREEK AFH IV
16703 36TH AVE WEST
LYNNWOOD, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

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 #: 717000	Compliance Determination #:72196
Plan of Correction	MILLCREEK AFH IV	Completion Date
Page 2 of 6	Licensee: MILLCREEK AFH INC	02/03/2026

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.

Carol Bourque
Residential Care Services

02/03/2026
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)

2-4-26
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the medications were kept in locked storage. Additionally, the AFH failed to ensure the medication box in the fridge was kept locked. These failures placed 5 of 6 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury if they accessed and inappropriately took unlocked and unsecured medications.

Findings included...

<AFH fridge>
Observation, on 01/30/2026 at 9:50 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 5 ambulated independently, Residents 2, 3 and 4 ambulated with staff assistance and Resident 1 was bedridden in the AFH.

Observation of the AFH fridge on 01/30/2026 at 11:06 AM, showed a rectangular medication lock box in the fridge. Observation of the medication lock box showed the medication box was not locked. Observation of an unlocked medication box showed insulin (used for blood sugar) pens for Residents 1 and 2.

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

02/03/2026
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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Findings included...

<AFH fridge>
Observation, on 01/30/2026 at 9:50 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 5 ambulated independently, Residents 2, 3 and 4 ambulated with staff assistance and Resident 1 was bedridden in the AFH.

Observation of the AFH fridge on 01/30/2026 at 11:08 AM, showed a rectangular medication lock box in the fridge. Observation of the medication lock box showed the medication box was not locked. Observation of an unlocked medication box showed insulin (used for blood sugar) pens for Residents 1and 2.

Statement of Deficiencies	License # 717000	Compliance Determination # 72186
Plan of Correction	MILLCREEK AFH IV	Completion Date
Page 3 of 6	Licensee: MILLCREEK AFH INC	02/03/2026

In an interview, on 01/30/2026 at 11:10 AM, Staff A, Entity Representative, stated that they might forget to lock the medication box. Staff B, Resident Manager, tried to lock the medication box, and they could not lock it. Staff A was observed locked the medication box before placing it back in the AFH fridge.

<AFH medication cabinet>
Observation, on 01/30/2026 at 11:12 AM, showed the AFH staff left the key on the door handle of the medication storage cabinet in the kitchen (next to the dining area), and the medication storage cabinets were unlocked.

In an interview, on 01/30/2026 at 11:15 AM, Staff B stated that they might be distracted and forget to lock the medication cabinet. Staff B was observed locking the medication storage cabinet and removed the key.

<AFH bathroom>
Observation of the AFH bathroom and shower (located in the hallway), on 01/30/2026 at 11:17 AM, showed a tube of Calmoseptine ointment (used for skin irritation), a tube of Vitamin A+D ointment (used for diaper rash) and a bottle of Ketoconazole shampoo (used for fungal infection). Observation of the pharmacy generated label showed the Calmoseptine ointment was for Resident 2 and the Ketoconazole shampoo and the Vitamin A+D had no labels.

In an interview, on 01/30/2026 at 11:20 AM, Staff A stated that they were unaware of the medications in the bathroom. Observation showed Staff A removed the unlocked Calmoseptine ointment, Ketoconazole shampoo and the Vitamin A+D ointment from the bathroom.

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, MILLCREEK AFH IV is or will be in compliance with this law and / or regulation on (Date) 1-31-26.

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

Provider (or Representative) 2-4-26 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

In an interview, on 01/30/2026 at 11:10 AM, Staff A, Entity Representative, stated that they might forget to lock the medication box. Staff B, Resident Manager, tried to lock the medication box, and they could not lock it. Staff A was observed locked the medication box before placing it back in the AFH fridge.

<AFH medication cabinet>
Observation, on 01/30/2026 at 11:12 AM, showed the AFH staff left the key on the door handle of the medication storage cabinet in the kitchen (next to the dining area), and the medication storage cabinets were unlocked.

In an interview, on 01/30/2026 at 11:15 AM, Staff B stated that they might be distracted and forgot to lock the medication cabinet. Staff B was observed locking the medication storage cabinet and removed the key.

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In an interview, on 01/30/2026 at 11:20 AM, Staff A stated that they were unaware of the medications in the bathroom. Observation showed Staff A removed the unlocked Calmoseptine ointment, Ketoconazole shampoo and the Vitamin A+D ointment from the bathroom.

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, MILLCREEK AFH IV 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

Statement of Deficiencies	License #: 717000	Compliance Determination #: 72186
Plan of Correction	MILLCREEK AFH IV	Completion Date
Page 4 of 5	Licensee: MILLCREEK AFH INC	02/03/2026

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure partial evacuation drills were completed every 60 days. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

Findings included...

Observation and interview, on 01/30/2026 at 9:50 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 5 ambulated independently, Residents 2, 3 and 4 ambulated with staff assistance and Resident 1 was [redacted]. Staff A, Entity Representative, stated that Residents 1, 2, 3, 4 and 5 needed assistances during the emergency evacuation drill.

Record reviews showed the last emergency evacuation drill was documented on 09/08/2025. There was no record of emergency evacuation drill after 09/08/2025-01/30/2026 (date of inspection) found in the AFH records.

In an interview, on 01/30/2026 at 2:25 PM, Staff A stated that they would complete a partial evacuation drill soon.

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, MILLCREEK AFH IV is or will be in compliance with this law and / or regulation on (Date) 1-31-26 .

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

Provider (or Representative) — Date: 2-4-26

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure partial evacuation drills were completed every 60 days. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

Findings included...

Observation and interview, on 01/30/2026 at 9:50 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 5 ambulated independently, Residents 2, 3 and 4 ambulated with staff assistance and Resident 1 was [redacted]. Staff A, Entity Representative, stated that Residents 1, 2, 3, 4 and 5 needed assistances during the emergency evacuation drill.

Record reviews showed the last emergency evacuation drill was documented on 09/08/2025. There was no record of emergency evacuation drill after 09/08/2025-01/30/2026 (date of inspection) found in the AFH records.

In an interview, on 01/30/2026 at 2:25 PM, Staff A stated that they would complete a partial evacuation drill soon.

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, MILLCREEK AFH IV 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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their

original containers;

This requirement was not met as evidenced by:

Based on observation and interview, The Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 01/30/2026 at 9:50 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 5 ambulated independently, Residents 2, 3 and 4 ambulated with staff assistance and Resident 1 was [redacted] in the AFH.

Observation, on 01/30/2026 at 11:00 AM, showed the cabinet underneath the kitchen sink had child proof locks and it was unlocked. Observation showed the AFH stored cleaner/chemical supplies unsecured in the cabinet underneath the kitchen sink.

In an interview, on 01/30/2026 at 11:03 AM, Staff B, Resident Manager, stated that they cleaned the area, and they forgot to lock the cabinets underneath the kitchen sink. Staff A, Entity Representative, stated that they would replace the child proof locks with the keys and locks.

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, MILLCREEK AFH IV is or will be in compliance with this law and / or regulation on (Date) 1-31-26.

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

Provider (or Representative) — Date: 2-4-26

original containers;

This requirement was not met as evidenced by:

Based on observation and interview, The Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 01/30/2026 at 9:50 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 5 ambulated independently, Residents 2, 3 and 4 ambulated with staff assistance and Resident 1 was [redacted] in the AFH.

Observation, on 01/30/2026 at 11:00 AM, showed the cabinet underneath the kitchen sink had child proof locks and it was unlocked. Observation showed the AFH stored cleaner/chemical supplies unsecured in the cabinet underneath the kitchen sink.

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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, MILLCREEK AFH IV 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

02/03/2026

MILLCREEK AFH INC
MILLCREEK AFH IV
16703 36TH AVE WEST
LYNNWOOD, WA 98037

RE: MILLCREEK AFH IV # 717000

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/03/2026 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 (02/03/2026), no later than 03/20/2026 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.

RCW 70.128.250 Required training and continuing education -- Food safety training and testing. The department shall implement, as part of the required training and continuing education, food safety training and testing integrated into the curriculum that meets the standards established by the state board of health pursuant to chapter 69.06 RCW. Individual food handler permits are not required for persons who begin working in an adult family home after June 30, 2005, and successfully complete the basic and modified-basic caregiver training, provided they receive information or training regarding safe food handling practices from the employer prior to providing food handling or service for the clients. Documentation that the information or training has been provided to the individual must be kept on file by the employer. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

Review of Washington State Food Worker Card for Staff B, Resident Manager, and Staff D, Caregiver, showed it had expired on 03/28/2025. This deficiency was corrected during the visit by Staff A, Entity Representative, and they renewed Staff B and D's food workers.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once

every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

The adult family home (AFH) failed to ensure a written Notice of Services (Admission Agreement) was provided to Resident 2 every 24 months. This deficiency was corrected during the visit on 01/30/2026 and Resident 2 reviewed their Admission Agreement.

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