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

EVERETT QUALITY CARE LLC

EVERETT QUALITY CARE LLC
1414 50TH ST SE
EVERETT, WA 98203

RE: EVERETT QUALITY CARE LLC License # 752348

Dear Provider:

This letter addresses Compliance Determination(s) 68703 (Completion Date 11/17/2025) and 67296 (Completion Date 10/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/17/2025 and found that you have corrected the violations listed in the Full report dated 10/20/2025. Your home is back in compliance as of 10/24/2025 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 388-76-10750-1, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c

The Department staff who did the on-site verification:
Toni Bolo, 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

This document was prepared by Residential Care Services for the Locator website.

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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 the unannounced on-site full inspection on 10/15/2025 of:
EVERETT QUALITY CARE LLC
1414 50TH ST SE
EVERETT, WA 98203

The following sample was selected for review during the unannounced on-site visit: 7 of 7 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, 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

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure the home was maintained in good repair and free of hazards. This placed the health and safety of 7 of 7 residents (Resident 1, 2, 3, 4, 5, 6 & 7) at risk.

Findings included…

Observation on 10/15/2025 at 10:18 AM, showed two staff (Staff A, Entity Representative & Staff C, Caregiver) providing care to residents. Staff A stated the AFH had seven residents.

Observation of Bathroom 1 on 10/15/2025 at 10:49 AM, showed a grab bar on the right side of the toilet that had chipped white paint and showed that brown rust had developed on the exposed metal.

Interview on 10/15/2025 at 4:00 PM, Staff A stated that they were aware of the chipped paint and rust on the grab bar and had not had the chance to fix it.

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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, EVERETT QUALITY CARE 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 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 7 of 7 residents (Resident 1, 2, 3, 4, 5, 6 & 7) had a signed and dated disclosure of charges form in their record. This failure placed the residents at risk of not being fully informed of the fees charged by the AFH.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Resident 1's record did not contain a signed and dated copy of the AFH's disclosure of charges form.

Record review showed the AFH admitted Resident 2 on [redacted]/2021. Resident 2's record did not contain a signed and dated copy of the AFH's disclosure of charges form.

Record review showed the AFH admitted Resident 3 on [redacted]/2023. Resident 3's record did not contain a signed and dated copy of the AFH's disclosure of charges form.

Record review showed the AFH admitted Resident 4 on [redacted]/2018. Resident 4's record did not contain a signed and dated copy of the AFH's disclosure of charges form.

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Record review showed the AFH admitted Resident 5 [redacted]/2021. Resident 5's record did not contain a signed and dated copy of the AFH's disclosure of charges form.

Record review showed the AFH admitted Resident 6 on [redacted]/2024. Resident 6's record did not contain a signed and dated copy of the AFH's disclosure of charges form.

Record review showed the AFH admitted Resident 7 on [redacted]/2020. Resident 7's record did not contain a signed and dated copy of the AFH's disclosure of charges form.

Interview on 10/15/2025 at 4:00 PM, Staff A (Entity Representative), stated that they were not aware the AFH disclosure of charges forms were required to be signed, dated, and retained in all resident records, whether the residents were state pay or private pay residents.

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, EVERETT QUALITY CARE 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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