STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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

4 Elements AFH LLC

4 Elements AFH LLC
218 Main St #308
Kirkland, WA 98033

RE: 4 Elements AFH LLC License # 753408

Dear Provider:

This letter addresses Compliance Determination(s) 74525 (Completion Date 03/18/2026) and 70631 (Completion Date 01/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2026 and found that you have corrected the violations listed in the Complaint report dated 01/15/2026. Your home is back in compliance as of 01/26/2026 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 388-76-10195-1

The Department staff who did the on-site verification:
Megan Wylie, Licensor

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 12/29/2025 of:

4 Elements AFH LLC
9111 9th Ave SE
Everett, WA 98208

This document references the following complaint number(s): 205564, 206200

The following sample was selected for review during the unannounced on-site visit: 1 of 7 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensor

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 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure there were always two qualified caregivers available at the AFH for 1 of 1 sampled residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs.

Findings included...

Observation on 12/29/2025 at 10:35 AM, showed only Staff C (Caregiver) working at the AFH and 7 residents were observed to be onsite and live in the AFH. Staff C stated that Resident 1 required 2 staff to evacuate the home and that the other scheduled staff member had to leave the home but would return soon. Staff D (Caregiver) returned to the home at 10:53 AM.

Record review showed the AFH admitted Resident 1 on [redacted]/2022 with multiple diagnoses that included [redacted]. Review of Resident 1's assessment, dated 01/22/2025, showed Resident 1 required two caregivers' assistance with toileting, dressing, and transfers.

In an interview on 12/31/2025 at 09:53 AM, Staff A (Entity Representative and Resident Manager) stated they were not aware at that time that Staff D had left the home.

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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, 4 Elements AFH 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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