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

AA Residential Care LLC

AA Residential Care LLC
16243 NE 124th Ave
Bothell, WA 98011

RE: AA Residential Care LLC License # 753869

Dear Provider:

This letter addresses Compliance Determination(s) 83677 (Completion Date 09/14/2026) and 82093 (Completion Date 08/27/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/14/2026 and found that you have corrected the violations listed in the Complaint report dated 08/27/2026. Your home is back in compliance as of 09/04/2026 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 388-76-10195-1, WAC 388-76-10485-1, WAC 388-76-10490-2-b-ii

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

If you have any questions, please contact me at (425)599-5235.

Sincerely,

Jeb Korzilius

Jeb Korzilius, Regional Administrator
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 an unannounced on-site complaint investigation on 08/11/2026 of:

AA Residential Care LLC
16243 NE 124th Ave
Bothell, WA 98011

This document references the following complaint number(s): 232488, 236219

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

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 #: 753869	Compliance Determination # 82093
Plan of Correction	AA Residential Care LLC	Completion Date
Page 2 of 7	Licensee: AA Residential Care LLC	08/27/2026

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.

Renee Bourque — Residential Care Services

8/31/2026 — 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)

09/04/2026 — 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, interview, and record review the Adult Family Home (AFH) failed to ensure they had sufficient Staffing to provide care for 1of 3 Residents (Resident 3) as required by their assessment and negotiated care plan (NCP). This failure placed Resident 3 at risk for unmet care needs and decreased quality of life.

Findings included...

Observation, on 08/11/2026 at 12:00 PM, showed the Adult Family Home (AFH) was providing care and various services to three residents. Observation showed only one caregiver present in the AFH and providing care for all three residents.

<Resident 3>

Review of Resident 3's NCP, dated 11/21/2025, showed Resident 3 was admitted to AFH on [redacted]2024 with multiple medical diagnoses including [redacted]. Further review of Resident 3's NCP showed that Resident 3 required two-person assistance with their mobility such as transfers, bed mobility and toileting since 08/23/2024. Review of Resident 3's NCP showed that Resident 3 required a [redacted]

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, interview, and record review the Adult Family Home (AFH) failed to ensure they had sufficient Staffing to provide care for 1of 3 Residents (Resident 3) as required by their assessment and negotiated care plan (NCP). This failure placed Resident 3 at risk for unmet care needs and decreased quality of life.

Findings included…

Observation, on 08/11/2026 at 12:00 PM, showed the Adult Family Home (AFH) was providing care and various services to three residents. Observation showed only one caregiver present in the AFH and providing care for all three residents.

<Resident 3>

Review of Resident 3's NCP, dated 11/21/2025, showed Resident 3 was admitted to AFH on [redacted]/2024 with multiple medical diagnoses including [redacted] Further review of Resident 3's NCP showed that Resident 3 required two-person assistance with their mobility such as transfers, bed mobility and toileting since 08/23/2024. Review of Resident 3's NCP showed that Resident 3 required a [redacted]

[redacted]

Review of Resident 3's assessment, dated 12/12/2025, showed that Resident 3 was [redacted] due to a leg fracture. The assessment showed that Resident 3 required two-person assistance for their transfers, toileting, dressing and bathing. The assessment also showed that Resident 3 required a [redacted] for their transfers.

In an interview, on 08/11/2026 at 12:50 PM, Resident 1 reported being concerned about Staffing in the AFH. Resident 1 was concerned that Staff C, Caregiver, was the only Staff member working with them (Resident 1, Resident 2 and Resident 3) twenty-four hours for seven days a week.

In an interview, on 08/11/2026 at 3:00 PM, Staff B, Caregiver, stated that Staff A, Provider, was on vacation and they (Staff B) were helping manage the AFH in Staff A's absence. Staff B stated that Staff A left for vacation in June 2026 and would be back in September 2026. Staff B stated that there were no residents in the home that required assistance of two -person. Staff B stated that they used to have residents who required two-person assistance but not currently. Staff B stated that this was the reason that Staff C worked alone in AFH.

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, AA Residential Care LLC is or will be in compliance with this law and / or regulation on (Date) 09/04/2026

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

Provider (or Representative) Aabar Date 09/04/2026

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medications were kept locked in a secure medication storage for 3 of 3 Residents (Resident 1, Resident 2 and Resident 3). This failure placed Resident 1 and Resident 2 risk of harm if they had accessed and inappropriately taken medications not prescribed for them.

[redacted].

Review of Resident 3's assessment, dated 12/12/2025, showed that Resident 3 was [redacted] due to a leg fracture. The assessment showed that Resident 3 required two-person assistance for their transfers, toileting, dressing and bathing. The assessment also showed that Resident 3 required a [redacted] for their transfers.

In an interview, on 08/11/2026 at 12:50 PM, Resident 1 reported being concerned about Staffing in the AFH. Resident 1 was concerned that Staff C, Caregiver, was the only Staff member working with them (Resident 1, Resident 2 and Resident 3) twenty-four hours for seven days a week.

In an interview, on 08/11/2026 at 3:00 PM, Staff B, Caregiver, stated that Staff A, Provider, was on vacation and they (Staff B) were helping manage the AFH in Staff A's absence. Staff B stated that Staff A left for vacation in June 2026 and would be back in September 2026. Staff B stated that there were no residents in the home that required assistance of two -person. Staff B stated that they used to have residents who required two-person assistance but not currently, Staff B stated that this was the reason that Staff C worked alone in AFH.

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

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medications were kept locked in a secure medication storage for 3 of 3 Residents (Resident 1, Resident 2 and Resident 3). This failure placed Resident 1 and Resident 2 risk of harm if they had accessed and inappropriately taken medications not prescribed for them.

Findings included…

Observation, on 08/11/2026 at 12:00 PM, showed that Adult Family Home (AFH) was providing care and various services to three residents. Observation showed that AFH could not properly secure and lock their medication as required because one side of their adhesive combination lock peeled off and was hanging off the closet door, leaving the medication closet unlocked and accessible. Observation showed Staff C, Caregiver, called Staff B, Caregiver, over the phone and reported that the medication lock had been broken.

Observation, on 08/11/2026 at 12:40 PM, showed Staff B came to AFH 30 to 40 minutes later. Observation showed Staff B brought one side of the adhesive combination lock to replace the broken lock. Observation showed Staff B glued the new lock to the closet door to secure the medication closet door.

<Staff C >

In an interview, on 08/11/2026 at 1:25 AM, Staff C reported that the lock on the medication door had broken today (08/11/2026) and that they notified Staff B about it.

<Resident 1>

In an interview, on 08/11/2026 at 12:50 PM, Resident 1 reported that the medication lock was broken for at least a day or two and that they (Resident 1) were not sure of exact timeline.

<Resident 2>

In an interview, on 08/11/2026 at 1:00 PM, Resident 2 stated that the lock on the medication door was broken for about three days. Resident 2 stated that they (Resident 2) did not see any Residents attempting to get into closet. Resident 2 stated, “Thank God none of us were drug addicts, or seeking drugs.”

<Staff B>

In an interview, on 08/11/2026 at 3:00 PM, Staff B stated that Staff C told them about the lock today (08/11/2026) and they (Staff B) were planning to buy a new lock. Staff B stated that they had difficulty replacing the adhesive lock. Staff B stated that their (Staff B) safety plan for keeping medication locked and secured was to immediately place a

padlock on the medication closet.

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, AA Residential Care LLC is or will be in compliance with this law and / or regulation on (Date) 08/11/2026.

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

Provider (or Representative) [signature] Date 09/04/26

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to safely dispose of discontinued and expired medication for 1 of 4 residents (Former Resident 4). This failure placed Resident 1 at harm from expired medication being mixed with their unexpired medication while kept together in the refrigerator.

Findings included...

Review of "AA Residential Care AFH Medication Disposal Policy", undated, showed that "If resident expires all their medication (s) will be placed in chemical destruction container that converts solid and liquid medications into non-retrievable form required by the Regulatory Agencies. The container will be discarded into the common garbage."

Observation on 08/11/2026 at 12:00 PM showed the Adult Family Home (AFH) was providing care and various services to three residents.

padlock on the medication closet.

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, AA Residential 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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(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

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This requirement was not met as evidenced by:

Based on observation, interview and record review Adult Family Home (AFH) failed to safely dispose of discontinued and expired medication for 1 of 4 residents (Former Resident 4). This failure placed Resident 1 at harm from expired medication being mixed with their unexpired medication while kept together in the refrigerator.

Findings included…

Review of “AA Residential Care AFH Medication Disposal Policy”, undated, showed that “If resident expires all their medication (s) will be placed in chemical destruction container that converts solid and liquid medications into non-retrievable form required by the Regulatory Agencies. The container will be discarded into the common garbage.”

Observation on 08/11/2026 at 12:00 PM showed the Adult Family Home (AFH) was providing care and various services to three residents.

Observation, on 08/11/2026 at 2:00 PM, showed the AFH kept insulin (medication used to treat high blood sugar) for Former Resident 4 after the insulin had already expired, and after Former Resident 4's death.

Observation showed the AFH was storing in their refrigerator one pen in the carton box of:

- Humalog Kwick insulin, refilled on 08/19/2025 and expired on 02/20/2026, with the following orders on the pharmacy label: give twice daily for blood glucose (BG) 200-250 2 units; BG 251-300- 4 units and 301 and over 6 units

<Former Resident 4>

Review of Resident 4's Department records showed that Former Resident 4 moved to AFH on [redacted]/2025 and passed away on [redacted]/2025.

Review of Resident 4's assessment, dated 09/10/2025, showed that Former Resident 4 had multiple medical diagnoses including [redacted]. The assessment showed Former Resident 4 required assistance with their medication and had Registered Nurse Delegator (RND) in place.

Review of Former Resident 4's RND records, dated 08/19/2025, showed Former Resident 4 had a new order for Humalog insulin to be administered for high blood sugar levels per sliding scale. RND records showed Staff A, Provider, Staff B and Staff C, Caregivers, were delegated to assist Former Resident 4 with their Humalog.

In an interview, on 08/11/2026 at 3:00 PM, Staff B, Caregiver, stated that Former Resident 4 had passed away last year and that Staff A should have disposed of Former Resident 4's insulin.

Statement of Deficiencies	License #: 753869	Compliance Determination # 82093
Plan of Correction	AA Residential Care LLC	Completion Date
Page 7 of 7	Licensee: AA Residential Care LLC	08/27/2026

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

Provider (or Representative) — Date: 09/04/2026

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Provider (or Representative) Date