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.

Premier Care LLC

Premier Care LLC
4132 124TH ST SE
EVERETT, WA 98208

RE: Premier Care LLC License # 754301

Dear Provider:

This letter addresses Compliance Determination(s) 74504 (Completion Date 03/18/2026) and 73295 (Completion Date 02/23/2026).

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 Follow up report dated 02/23/2026. Your home is back in compliance as of 03/08/2026 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 388-76-10430-1, WAC 388-76-10430-2-d

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

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

HOME AND COMMUNITY LIVING 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 follow-up on 02/23/2026 of:

Premier Care LLC
4132 124TH ST SE
EVERETT, WA 98208

This document references the following SOD dated: 02/23/2026

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 observation, record review, and interview, the Adult Family Home (AFH) failed to ensure medication logs were up to date and all necessary information was recorded for 2 of 2 sampled residents (Resident 4 & 5). These failures placed Resident 4 and 5 at risk for medication errors and medical complications.

Findings included…

Resident 4
Record review showed the AFH admitted Resident 4 on [redacted]/2023 with multiple medical diagnoses. Resident 4's assessment, dated 02/05/2025, showed Resident 4 required caregiver assistance with medication administration.

Record review of Resident 4's February 2026 pharmacy generated medication log (ML) showed no caregiver initials as having given Resident 4 any of their medications on 02/20/2026 at 8 AM through 02/23/2026 at 8 AM.

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

Record review of Resident 4's February 2026 pharmacy generated ML showed that caregivers were required to check Resident 4's blood pressure (BP) and heart rate (HR) prior to the administration of daily medications at 8 AM and 8 PM. Resident 4's ML showed the following medication BP and HR medication parameters:

- Amlodipine Besylate (a medication used to control blood pressure and relieve chest pain) 2.5 milligrams (mg) tablets take one tablet by mouth every morning hold for systolic blood pressure (SBP, top number of a blood pressure), less than 120.
- Metoprolol Succinate extended release (a medication used to treat high blood pressure, chest pain and heart failure) 25 mg take ½ tablet (12.5 mg) by mouth every morning. Do not crush, hold for SBP less than 100 or HR less than 55.

Resident 4's February 2026 pharmacy generated ML showed no documentation that Resident 4's BP and HR were checked 02/20/2026 through 02/23/2026. Resident 4's ML showed no documentation to refer to a separate blood pressure tracker form.

Observation on, 02/23/2026 at 12:22 PM, showed Staff D (Caregiver) located a clipboard that had several pieces of paper titled "Vital Sign Monitoring". Review showed documentation of Resident 4's name and their BP and HR checked once at an unspecified time on 02/20/2026 and 02/21/2026. Review showed no documentation that Resident 4's BP or HR had been checked on 02/22/2026 and 02/23/2026.

Resident 5
Record review showed the AFH admitted Resident 5 on [redacted]/2025 with multiple medical diagnoses. Resident 5's assessment, dated 04/01/2025, showed resident 5 required caregiver assistance with medication administration.

Record review of Resident 5's February 2026 pharmacy generated ML, showed no caregiver initials as having given Resident 5 any of their medications on 02/20/2026 at 8 AM through 02/23/2026 at 8 AM.

Record review of Resident 5's February 2026 pharmacy generated ML showed that Resident 5's BP and HR were to be checked twice daily at 8 AM and 8 PM. Resident 5's ML showed the following BP and HR medication parameters:

- Benazepril HCL (a medication used to treat high blood pressure) 20 mg tablet take one tablet by mouth twice daily hold for SBP less than 100 or diastolic blood pressure (DBP, bottom number) less than 60 and notify medical doctor.
- Metoprolol Succinate extended release 100 mg tablets take one tablet by mouth twice daily, hold for SBP less than 100, DBP less than 60 or HR less than 60 and notify medical doctor.

Resident 5's February 2026 pharmacy generated ML showed no documentation that Resident 5's BP and HRs were checked on 02/20/2026 through 02/23/2026.

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

Record review of “Vital Sign Monitoring” forms, showed Resident 5’s name and a place to record their BPs and HRs. Review showed no documentation that Resident 5’s BPs and HRs had been checked on 02/20/2026 through 02/23/2026.

During an interview on 02/23/2026 at 12:08 PM, Staff D acknowledged the missing initials on the ML’s. Staff D stated that they had given the residents all their medication doses and it was their fault that ML’s were not initialed. Staff D stated that Staff C (Caregiver) checked Resident 4’s BP and HR on 02/20/2026 and 02/21/2026. Staff D indicated that they did not know if Staff C took Resident 5’s BP and HR on 02/20/2026 and 02/21/2026 and they (Staff D) gave Resident 5 their medications. At 12:12 PM Staff D stated that they (Staff D) made a mistake and had not checked Resident 4 and 5 HR and BP on 02/22/2026 and at 8 AM on 02/23/2026 and gave both residents their medications.

During an interview on 02/23/2026 at 12:43 PM, Staff A (Entity Representative) stated that they had been away for the weekend and had not been aware of the errors. Staff A stated that Staff D disclosed that they did not initial the residents ML’s due to a personal issue. Staff A stated that they did not know if Resident 4 and 5’s HR and BP had been taken.

This is a repeated deficiency previously cited on 12/15/2025 and an uncorrected deficiency previously cited on 01/14/2026.

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, Premier 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

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

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 follow-up on 01/13/2026 and 01/14/2026 of:

Premier Care LLC
4132 124TH ST SE
EVERETT, WA 98208

This document references the following SOD dated: 01/14/2026

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

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that medications were given as prescribed to 2 of 3 sampled residents (Resident 4 & 5). These failures resulted in medication errors for Resident 4 and 5 and placed them at risk of medical complications.

Findings included…

Resident 4
Record review showed the AFH admitted Resident 4 on [redacted]/2023 with multiple medical diagnoses. Resident 4's assessment, dated 02/05/2025, showed Resident 4 required caregiver assistance with medication administration.

Record review of Resident 4's January 2026 pharmacy generated medication log (ML) showed, Amlodipine Besylate (a medication used to control blood pressure and relieve chest pain) 2.5 milligrams (mg) tablets take one tablet by mouth every morning (hold for systolic blood pressure (SBP), top number) less than 120.

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Resident 4's January 2026 ML showed that Resident 4's SBP was documented to be 102 at 8 AM on 01/01/2026. Resident 4's SBP was documented to be 111 at 8 AM on 01/08/2026. Review showed Staff E's (Caregiver) initial as having given Resident 4 their 8 AM dose of Amlodipine Besylate on 01/01/2026 and 01/08/2026.

Resident 5
Record review showed the AFH admitted Resident 5 on [redacted]/2025 with multiple medical diagnoses. Resident 5's assessment, dated 04/01/2025, showed resident 5 required caregiver assistance with medication administration.

Record review of Resident 5's January 2026 pharmacy generated ML, showed Metoprolol Succinate extended release (a medication used to treat high blood pressure, chest pain and heart failure) 100 mg tablets take one tablet by mouth twice daily hold for SBP less than 100, Diastolic blood pressure (DBP, bottom number) less than 60 or heart rate (HR) less than 60 and notify medical doctor.

Resident 5's January 2026 ML showed Resident 5's HR was documented to be 58 at 8 AM on 01/11/2026. Review showed Staff D's (Caregiver) initial as having given Resident 5 their 8 AM dose of Metoprolol Succinate extended release on 01/11/2026. Review showed no documentation if Resident 5's medical doctor had been notified of Resident 5's heart rate being less than 60.

During an interview on 01/14/2026 at 1:04 PM, Staff E acknowledged that it was their initials on Resident 4's ML for having checked Resident 4's blood pressure and administering 8 AM doses of Amlodipine Besylate on 01/01/2026 and 01/08/2026. Staff E stated that they thought the only blood pressure parameters for Resident 4 pertained to holding their Metoprolol Succinate extended release when their SBP was less than 100. Staff E indicated that they were not aware of needing to hold Resident 4's Amlodipine Besylate when their SBP was less than 120.

During an interview on 01/14/2026 at 1:06 PM, Staff D acknowledged that it was their initial on Resident 5's ML for having checked Resident 5's heart rate and blood pressure as well as administering Resident 5's 8 AM dose of Metoprolol Succinate extended release on 01/11/2026. Staff D acknowledged that Resident 5's heart rate had been less than 60.

This is an uncorrected deficiency that was previously cited on 12/15/2025.

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

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, Premier 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

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

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 the unannounced on-site full inspection on 12/10/2025 and 12/11/2025 of:
Premier Care LLC
4132 124TH ST SE
EVERETT, WA 98208

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that medications were given as prescribed to 2 of 3 sampled residents (Resident 4 & 5). These failures resulted in medication errors for Resident 4 and 5 and placed them at risk of medical complications.

Findings included…

Resident 4
Record review showed the AFH admitted Resident 4 on [redacted]/2023 with multiple medical diagnoses. Resident 4's assessment, dated 02/05/2025, showed Resident 4 required caregiver assistance with medication administration.

Record review of Resident 4's pharmacy generated medication log (ML), dated December 2025, showed Amlodipine Besylate (a medication used to control blood pressure and relieve chest pain) 2.5 milligrams (mg) tablets take one tablet by mouth every morning (hold for systolic blood pressure (SBP, top number) less than 120.

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Resident 4's December 2025 ML showed that Resident 4's SBP was documented as 115 at 8 AM on 12/07/2025. Resident 4's December 2025 ML showed Staff D's (Caregiver) initial as having given Resident 4 their 8 AM dose of Amlodipine Besylate on 12/07/2025.

Resident 5
Record review showed the AFH admitted Resident 5 on [redacted]/2025 with multiple medical diagnoses. Resident 5's assessment, dated 04/01/2025, showed resident 5 required caregiver assistance with medication administration.

Record review of Resident 5's pharmacy generated ML, dated December 2025, showed Metoprolol Succinate extended release (a medication used to treat high blood pressure, chest pain and heart failure) 100 mg tablets take one tablet by mouth twice daily hold for SBP less than 100, Diastolic blood pressure (DBP, bottom number) less than 60 or heart rate (HR) less than 60 and notify medical doctor.

Resident 5's December 2025 ML showed Staff E's (Caregiver) initials as having given Resident 5 their Metoprolol Succinate extended-release doses at 8 AM and 8 PM on 12/01/2025/ through 12/11/2025. Resident 5's December 2025 ML showed that Resident 5's HR's were documented as less than 60 on the following dates:

- 12/1/2025 at 8 AM - 52 HR
- 12/5/2025 at 8 AM - 59 HR
- 12/5/2025 at 8 PM - 57 HR
- 12/6/2025 at 8 AM - 49 HR
- 12/8/2025 at 8PM - 57 HR

Resident 5's ML showed no documentation if Resident 5's medical doctor had been notified of Resident 5's heart rates being less than 60.

Record review of Resident 5's medication log showed Aspirin (a medication used to reduce pain, fever and inflammation and prevent heart attacks and strokes) 81 mg chewable tablets chew and swallow one tablet by mouth every morning (family supplied).

Observation of Resident 5's medications on, 12/10/2025 at 11:40 AM, showed an over-the-counter bottle of Aspirin 81 mg enteric coated (a non-chewable protective coating) tablets with Resident 5's name handwritten on the bottle.

During an interview on 12/10/2025 at 11:45 AM, Staff E stated that Resident 5's Aspirin had been brought in by Resident 5's family and they (Staff E) were not aware of the difference between chewable and enteric coated tablets.

During an interview on 12/11/2025 at 12:15 PM, Staff D acknowledged that it was their

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initials on the resident ML's for having documented the residents blood pressures and heart rates as well as the administration of the medications. Staff D stated that another caregiver likely checked the resident's blood pressures and heart rates and wrote them down and they (Staff D) gave the residents their medications and initialed the ML's without having checked the documentation of blood pressures and heart rates. Staff D stated that they would pay better attention to residents heart rates and blood pressures.

During an interview on 12/11/2025 at 2:16 PM, Staff A (Entity Representative) stated that the medication errors would be addressed with the caregivers.

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, Premier 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure an assessment for [redacted] was completed for 2 of 5 resident's (Resident 1 & 5). The AFH failed to include how the [redacted] would be used in Resident 5's negotiated care plan (NCP). The AFH failed to ensure Resident 5 and their representative were provided with information on the safety risks and benefits of using [redacted]. These failures placed Residents 1 and 5 at risk for harm and violated Resident 5's rights to be informed of the safety risks of [redacted].

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Findings included…

Resident 1
Observation, on 12/10/25 at 9:29 AM, showed Resident 1's [redacted] was located in the corner of their room with the head of their bed and one side of their bed pushed up against the wall. Observation showed that the opposite side of Resident 1's [redacted] had a half upper [redacted].

Record review showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses that included [redacted] and [redacted]. Resident 1's negotiated care plan (NCP), dated 10/20/2025, showed that Resident 1 had a [redacted] on their bed to support Resident 1 with repositioning during care. Resident 1's assessment, dated 09/17/2025, showed Resident 1 was unable to assist with re-positioning and was dependent on two caregivers to turn. Resident 1's assessment showed Resident 1 used a [redacted] to assist with positioning and transfers[KR1.1][NF1.2]. Resident 1's assessment showed no documentation of [redacted] use.

During a phone interview on 12/15/2025 at 10:45 AM, Staff A (Entity Representative) stated that Resident 1 used the [redacted] for repositioning during changes. Staff A stated that Resident 1 was discharged from the hospital with a [redacted] and had seen physical and occupational therapy. Staff A stated that they did not know why Resident 1's physical and occupational therapy notes did not include a [redacted] assessment. Staff A stated that they thought Resident 1's 09/17/2025 assessment showed that Resident 1 needed a half [redacted] for repositioning. Staff A acknowledged that Resident 1's 09/17/2025 assessment did not include documentation on Resident 1's [redacted]. Staff A then stated that they couldn't remember where they had seen documentation of Resident 1 needing a [redacted]. Staff A stated that Resident 1's assessor did not do a [redacted] assessment.

Resident 5
Observation, on 12/10/25 at 9:37 AM, showed Resident 5's [redacted] was located in the corner of their room with the head of their bed and one side of their bed pushed up against the wall. Observation showed that Resident 5's [redacted] had raised half upper [redacted] on both sides of their bed.

Record review showed the AFH admitted Resident 5 on [redacted]/2025 with multiple diagnoses that included [redacted]. Resident 5's NCP, dated 05/13/2025, showed that Resident 5 had a half [redacted] listed under bed mobility and transfer equipment. Resident 5's NCP did not identify how Resident 5 would use the [redacted]. Resident 5's assessment, dated 04/01/2025, showed no documentation of [redacted] use. Resident 5's record showed there was no documentation of Resident 5 being provided information about the risks and benefits of using [redacted] on their bed so they could make an informed decision about whether to use them or not.

During an interview on 12/10/2025 at 12:00 PM, Resident 5 stated that their [redacted]

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[redacted] was too high to get out of, and they couldn't remember if they'd been informed of the risks and benefits of the [redacted].

During an interview on 12/10/2025 at 12:00 PM, Collateral contact 1 (CC1) stated that Resident 5 was not supposed to get up out of bed by themselves. CC1 stated that Resident 5's [redacted] were there to keep Resident 5 safe and to help when Resident 5 rolled over. CC1 stated that they were not informed of the risks and benefits of Resident 5's [redacted].

During an interview on 12/10/2025 at 4:19 PM, Staff A (Entity Representative) stated that CC1 wanted the [redacted] on Resident 5's [redacted]. Staff A stated that they verbally informed CC1 of the risks and benefits associated with Resident 5's [redacted]. Staff A stated that they did not know that Resident 5 still had [redacted] on their [redacted] and thought that they had been removed. Staff A stated that Resident 5 did not have a [redacted] assessment. Staff A stated that they would have got Resident 5 a [redacted] assessment if they knew Resident 5 still had the [redacted] on their [redacted].

During an interview on 12/10/2025 at 4:24 PM, Staff C (Caregiver) stated that Resident 5 used the [redacted] to get up out of their bed.

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, Premier 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 388-76-10490 Medication disposal Written policy Required.

(1) For the purposes of this section, "discontinued" means medication that is no longer prescribed or being used to treat a condition, as directed by the resident's physician or health care professional with prescriptive authority.

(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:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents,

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and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

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

(iii) For discharged residents the facility must:

(A) Assist with the transfer of the resident's medications to the resident's new setting, when needed;

(B) End fulfillment, delivery, and receipt of prescription medications within 10 calendar days; and

(C) Safely dispose of any medications left at the adult family home after 90 calendar days.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure that a former residents' (Resident 6) medications were disposed of per AFH policy. Additionally, the AFH failed to ensure that their medication disposal policy was complete and followed all state laws and regulations. These failures placed residents in the home at risk of being given expired medications and medications being used improperly.

Findings included…

During an interview on 12/10/2025 at 9:16 AM, Staff E (Caregiver) stated that 5 residents resided at the AFH.

Record review of the AFH's undated "Medication Disposal Policy", showed that discontinued, expired, soiled, unwanted and deceased residents medications would be disposed of in a drug buster (a solution that destroys medications), mixed with cat litter or coffee grounds. The policy also showed that expired, unwanted, refused, or discontinued medications would be taken to a local pharmacy with a medication disposal bin. The policy showed that over the counter medications would be given to the resident's family. The policy did not include the following:

- Safe disposal policy of medications for residents who have been discharged from the facility
- Time frame for deceased and discharged resident medication disposal
- Time frame for current resident medication disposal of discontinued, expired and refused medications

Observation of the locked refrigerated medication box, on 12/10/2025 at 11:05 AM, showed the following medications had a pharmacy printed medication label with Resident 6's name:

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- A bottle of Morphine (a pain medication) 100 milligrams (mg)/5milliters(ml) concentrated solution
- A bottle of Haloperidol (an antipsychotic medication) 2mg/ml solution
- A bag of Bisacodyl (a medication used to treat constipation) 10 mg suppositories

During an interview on, 12/10/2025 at 11:06 AM, Staff E stated that they were not aware that the AFH still had Resident 6's medications in the locked refrigerated medication box.

During an interview on, 12/10/2025 at 11:06 AM Staff A (Entity Representative) stated that Resident 6 died at the AFH on 10/10/2025.

During an interview on, 12/11/2025 at 2:17 PM, Staff A stated that they did not know about the medication disposal time frames. Staff A stated that if a resident dies, they train their staff to dispose of the medications within the week. Staff A stated that they missed disposing Resident 6's medications.

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, Premier 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 388-76-10530 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:

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a notice of rights and services form was signed and dated at least once every twenty-four months from the date of admission for 1 of 3 sample residents (Resident 4). This failure placed Resident 4 at risk of not being fully informed of their rights and the care and services provided in the AFH.

Findings included…

Record review showed the AFH admitted Resident 4 on [redacted]/2023. Resident 4's record showed that their admission agreement listed their rights and services provided in the home. Resident 4's AFH admission agreement was last signed and dated by Staff A (Entity Representative) and Resident 4's representative on [redacted]/2023. Resident 1's AFH admission agreement required updated signatures and review dates on [redacted]/2025.

During an interview on 12/11/2025 at 2:31 PM, Staff A stated that they were not aware Resident 1's admission agreement was overdue for updated signatures and review dates.

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, Premier 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 3 sampled residents (Resident 4) records contained a current signed and dated

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inventory of Resident 4's personal belongings. This failure placed Resident 4 at risk of lost, stolen or misplaced personal property.

Findings included…

Record review showed the AFH admitted Resident 4 on [redacted]/2023. Resident 4's personal belongings inventory list was not signed and dated by Resident 4 or their representative.

During an interview, on 12/11/2025 at 2:33 PM, Staff A (Entity Representative) stated that they were not aware Resident 4's personal belongings inventory list was not signed and dated by Resident 4 or their representative.

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, Premier 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

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

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

12/30/2025

CERTIFIED MAIL

9489 0090 0027 6383 8995 96

Premier Care LLC
Premier Care LLC
4132 124TH ST SE
EVERETT, WA 98208

RE: Premier Care LLC # 754301

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/15/2025 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:

Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• Complete correction(s) within 45 days, 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a written plan if Staff A (Entity Representative) was unable to fulfill their duties at the AFH. The AFH corrected the deficiency with a written plan by the exit conference.

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:

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

The Adult Family Home (AFH) failed to ensure Resident 5 had a signed and dated disclosure of charges form in their record. Staff A (Entity Representative) and Resident 5's representative signed and dated Resident 5's disclosure of charges form, correcting the deficiency by the exit conference.

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;

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

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The Adult Family Home (AFH) failed to ensure that a wooden plank with an uneven ridge on the exterior ramp was maintained in a manner that did not create a tripping hazard. Additionally, the AFH failed to ensure the hot water temperature from the bathroom sink did not exceed one hundred twenty degrees Fahrenheit. Staff repaired the ramp and adjusted the water heater temperature, correcting the deficiency by the exit conference.

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

The Adult Family Home (AFH) failed to ensure a smoke detector was located in the immediate vicinity of staff sleeping areas. Staff installed an interconnected smoke detector, correcting the deficiency by the exit conference.

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)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

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

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:
Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 IDR**s 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

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