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

#1* America's Best Adult Family Home LLC

#1* America's Best Adult Family Home LLC
14311 43rd Ave W
Lynnwood, WA 98087

RE: #1* America's Best Adult Family Home LLC License # 754309

Dear Provider:

This letter addresses Compliance Determination(s) 79875 (Completion Date 07/01/2026) and 79274 (Completion Date 06/23/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/01/2026 and found that you have corrected the violations listed in the Full report dated 06/23/2026. Your home is back in compliance as of 06/22/2026 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 388-76-10490-2-b-i

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

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit I
Residential Care Services

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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 06/22/2026 of:
#1* America's Best Adult Family Home LLC
14311 43rd Ave W
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 1 of 4 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

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Statement of Deficiencies	License #: 754309	Compliance Determination # 79274
Plan of Correction	#1* America's Best Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: #1* America's Best Adult Family Home LLC	06/23/2026

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.

Residential Care Services — 06/25/2026 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) — 06/25/2026 Date

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

(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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 1 of 4 residents (Resident 4). These failures placed Resident 4 at risk of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to a local law enforcement and the local pharmacy."

In an interview, on 06/22/2026 at 10:10 AM, Staff A, Entity Representative, stated that the AFH staff managed resident's medications.

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Observation, on 06/22/2026 at 11:55 AM, showed Resident 4's medication bin contained an expired bottle of Acetaminophen tablet (used for pain) and an expired Albuterol inhaler (used for asthma). Observation of the pharmacy generated label showed the Acetaminophen expiration date was 04/04/2026 and the Albuterol inhaler was 05/13/2026.

In an interview, on 06/22/2026 at 12:00 PM, Staff A stated that they have supplies for the Acetaminophen and they might have missed disposing the Acetaminophen. Staff A stated that the Albuterol inhaler was as needed (PRN) and Resident 4 did not use it. Staff A stated that they ordered Resident 4's Albuterol inhaler.

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, #1* America's Best Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 06/22/2026 emailed updated medication disposal policy to inspector.

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

Provider (or Representative) — Date: 06/25/2026

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06/25/2026

#1* America's Best Adult Family Home LLC
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14311 43rd Ave W
Lynnwood, WA 98087

RE: #1* America's Best Adult Family Home LLC # 754309

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/23/2026 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

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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 (06/23/2026), no later than 08/07/2026 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.

(8) The resident's Social Security number;

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

The Adult Family Home (AFH) failed to ensure 4 of 4 residents (Residents 1, 2, 3 and 4) had their Social Security numbers available in their records. Staff A, Entity Representative, stated that they were unaware of requirement. This deficiency corrected during the visit by Staff A.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

The Adult Family home (AFH) failed to keep a copy of Residency Agreement in Resident 4's records. This deficiency was corrected during the visit by Staff A, Entity Representative.

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.

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If You Have Any Questions:
• Please contact me at (253)234-6033.

Sincerely,

Cecile Leano, 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:
Cecile Leano, 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 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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