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

#1 Care AFH LLC

#1 Care AFH LLC
5428 158th Pl SW
Edmonds, WA 98026

RE: #1 Care AFH LLC License # 754708

Dear Provider:

This letter addresses Compliance Determination(s) 82799 (Completion Date 08/25/2026) and 81222 (Completion Date 08/05/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/25/2026 and found that you have corrected the violations listed in the Complaint report dated 08/05/2026. Your home is back in compliance as of 08/15/2026 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1

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

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

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Statement of Deficiencies	License #: 754708	Compliance Determination # 81222
Plan of Correction	#1 Care AFH LLC	Completion Date
Page 1 of 3	Licensee: #1 Care AFH LLC	08/05/2026

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 07/28/2026 of:

#1 Care AFH LLC
5428 158th Pl SW
Edmonds, WA 98026

This document references the following complaint number(s): 233371

The following sample was selected for review during the unannounced on-site visit: 3 of 4 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

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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.

Renee' Bourque
Residential Care Services

08/06/2026
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.

Merhawi Yihdego
Provider (or Representative)

08/15/2026
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review Adult Family Home (AFH) failed to ensure 1 of 4 Household Members (Household Member 1) had required background check submitted to Department's background check central unit every two years. This failure placed 4 of 4 residents (Resident 1, Resident 2, Resident 3 and Resident 4) at risk of having Household Members with unknown backgrounds.

Findings included...

Observation on 07/28/2026 at 11:00 AM showed AFH was providing care and various services for four residents.

Record review of Household Member 1 s' (HM 1) background check showed HM 1's background was last done on 03/30/2022 and expired on 03/30/2024. Record review showed that the AFH was eight hundred and fifty days overdue for checking HM 1's

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background.

In an interview, on 07/28/2026 at 11:34 AM, Staff A, Provider, reported that they did not know that HM1 needed to have their background checked every two years because HM 1 did not work in the 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, #1 Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 08/15/2026.

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

Methawi Yihdego
Provider (or Representative)

08/15/2026
Date

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