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

Constantin Anton
Bellingham Adult Family Homes
3614 Alabama St
Bellingham, WA 98229

RE: Bellingham Adult Family Homes License # 754749

Dear Provider:

This letter addresses Compliance Determination(s) 75544 (Completion Date 04/01/2026) and 73688 (Completion Date 03/02/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/01/2026 and found that you have corrected the violations listed in the Full report dated 03/02/2026. 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:
Shelly Scarboro, AFH Licensor

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

Sincerely,

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

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

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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 03/02/2026 of:
Bellingham Adult Family Homes
3614 Alabama St
Bellingham, WA 98229

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:

Shelly Scarboro, AFH Licensor

From:
DSHS, Home and Community Living 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 388-76-10165 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 record review and interview, the Adult Family Home (AFH) failed to have a current Washington State Name and Date of Birth background inquiry (WNDOB) on file for 1 of 3 staff members Staff A (Provider.) This failure placed residents at risk of being cared for by a caregiver with unknown background check results.

Findings included…

Record review of Staff A's staff file showed their WNDOB background inquiry was last completed on 12/22/2023.

In an interview, Staff A stated that the AFH process was to review all staff files one month. Staff A stated that they missed renewing the background check.

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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, Bellingham Adult Family Homes 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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