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

Family's Choice Care 2 AFH LLC

Family's Choice Care 2 AFH LLC
107 105th St SE
Everett, WA 98208

RE: Family's Choice Care 2 AFH LLC License # 754889

Dear Provider:

This letter addresses Compliance Determination(s) 66372 (Completion Date 09/30/2025) and 56799 (Completion Date 07/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/30/2025 and found that you have corrected the violations listed in the Complaint report dated 07/25/2025. Your home is back in compliance as of 08/26/2025 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 388-76-10170-1, WAC 388-76-10170-2, WAC 388-76-10170-3-a

The Department staff who did the off-site verification:
Megan Wylie, Licensor
Nicholette Flynn, AFH Field Manager

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

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 an unannounced on-site complaint investigation on 03/24/2025 of:

Family's Choice Care 2 AFH LLC
107 105th St SE
Everett, WA 98208

This document references the following complaint number(s): 170787

The following sample was selected for review during the unannounced on-site visit: 0 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensor

From:
DSHS, Aging and Long-Term Support 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 388-76-10170 Background check Confidentiality Use restricted Retention. The adult family home must establish and implement procedures that ensure all background authorization forms, background check results, related information, and all copies are:

(1) Kept in a confidential and secure manner;

(2) Used for employment purposes only;

(3) Not disclosed to any person except:

(a) The person about whom the home made the disclosure or background check;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the integrity of the background check system by not maintaining confidentiality and misusing the background check system for non-employment reasons. This failure places 6 of 6 residents (Residents 1, 2, 3, 4, 5, & 6) at risk for being cared for by future caregivers with unknown background check results.

Findings included…

Record review of an email sent from Collateral Contact 1 (CC1) to the Department staff, dated 03/10/2025 8:16 PM, stated that CC1 had a background check completed via the Department of Social and Health Services (DSHS) Background Check System (BCS) back on June 17, 2024. CC1 stated that they did not fill out and sign an authorization form and did not approve Staff A (Provider) to run their background check. CC1 stated that Staff A disclosed an incident on CC1's record and that Staff A had shared that information with another individual. CC1 stated that Staff A had used the DSHS BCS previously on individuals for personal use.

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Record review of the department's Secure Tracking and Reporting System (STARS) on 07/25/2025, showed that the AFH was licensed on 02/25/2021 to provide care and services to up to six residents.

Observation on 03/24/2025 at 11:45 AM showed Residents 1, 2, 3, 4, 5, and 6 eating lunch.

Interview on 03/24/2025 at 12:15 PM, Staff A stated that they do the application for a background check online together with the person sitting next to them.

Interview on 03/24/2025 at 12:16 PM, Staff B (Caregiver) stated they recalled a recent hire where the new staff member signed the background check authorization form prior to submitting the authorization online.

Interview on 04/25/2025 at 2:00 PM, CC1 stated they did not sign anything to authorize a background check and did not consent to a DSHS Washington State Name and Date of Birth background check. CC1 thought Staff A was going to run a public background check that did not include such personal information. CC1 stated that Staff A had stated that they had run other background checks for personal reasons and disclosed the discovered information with others.

Interview on 05/13/2025 at 0900, Collateral Contact 2 (CC2) stated that an audit was conducted of Staff A's online activity in the DSHS BCS. CC2 stated that multiple background check inquiries have Staff A's contact information (phone number and email) as the applicant's contact number and notes: "Applicant does not authorize BCCU to leave a detailed message." CC2 stated that this left no direct contact information for the applicants themselves and prevented us (CC2) from reaching out to verify their involvement with the AFH.

Interview on 07/22/2025 at 4:11 PM, Staff A stated that they used their information as contact information for applicants to make getting the results quicker. Staff A stated that the applicant's always gave verbal authorization to run the background check. Staff A did not have any further response when Department Staff asked why background authorization forms were not completed by applicants. Staff A stated that CC1 gave permission to run a background check. Staff A stated that CC1 was a romantic partner and visited them at the AFH. Staff A stated that CC1 helped at parties that occurred at the AFH. Staff A stated that they had never used the background check system for personal reasons.

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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, Family's Choice Care 2 AFH 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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