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

Carena Adult Family Home LLC

Carena Adult Family Home, LLC
12328 51st Ave SE, Unit A
Everett, WA 98208

RE: Carena Adult Family Home, LLC License # 754890

Dear Provider:

This letter addresses Compliance Determination(s) 78489 (Completion Date 06/05/2026) and 75615 (Completion Date 04/28/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/05/2026 and found that you have corrected the violations listed in the Full report dated 04/28/2026. Your home is back in compliance as of 05/14/2026 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 388-76-10650-2-c, WAC 388-76-10290-1, WAC 388-76-10290-2, WAC 388-76-10290-3, WAC 388-76-10015-2, WAC 388-76-10895-1-b, WAC 388-76-10490-1, WAC 388-76-10490-2-a, WAC 388-76-10490-2-b-i, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

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

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

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

Statement of Deficiencies	License #: 754890	Compliance Determination # 75615
Plan of Correction	Carena Adult Family Home, LLC	Completion Date
Page 1 of 11	Licensee: Carena Adult Family Home LLC	04/28/2026

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 the unannounced on-site full inspection on 04/09/2026 and 04/10/2026 of:
Carena Adult Family Home, LLC
12328 51st Ave SE, Unit A
Everett, WA 98208

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

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.

Scanned with CamScanner

Statement of Deficiencies	License #: 754890	Compliance Determination # 75615
Plan of Correction	Carena Adult Family Home, LLC	Completion Date
Page 2 of 11	Licensee: Carena Adult Family Home LLC	04/28/2026

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.

Nicholette Flynn
Residential Care Services

05.11.2026
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.

Pamela Odingo
Provider (or Representative)

5/14/26
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:

(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 document in the Negotiated Care Plan (NCP) how the [redacted] were used for 1 of 1 resident (Resident 1). This failure placed Resident 1at risk for possible injury from unsafe or inappropriate use of a medical device.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses.

Observation on 04/09/2026 at 12:03 PM showed Resident 1 in bed with a [redacted] in the raised position on each upper side of the bed.

During an interview on 04/10/2026 at 12:30 PM, Resident 1 stated that they had been using the [redacted] since their admission to the AFH. Resident 1 stated that they would use the [redacted] to turn to their sides.

During an interview, on 04/10/2026 at 12:30 PM, Staff A, Provider, stated that Resident

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

Scanned with CamScanner

Statement of Deficiencies	License #: 754890	Compliance Determination # 75615
Plan of Correction	Carena Adult Family Home, LLC	Completion Date
Page 3 of 11	Licensee: Carena Adult Family Home LLC	04/28/2026

1 had been using the [redacted] since their admission to the AFH. Staff A stated that Resident 1 used the [redacted] to help with turning and repositioning in bed.

Record review of Resident 1's NCP, dated 02/18/2026, showed no information related to use of [redacted] or how Resident 1 uses the [redacted].

Observation on 04/10/2026 at 12:31 PM showed Staff A updated Resident 1's NCP to include the use of [redacted] and how Resident 1 would use the [redacted].

This failed practice was corrected before the exit conference.

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, Carena Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 04/10/2026

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

Provider (or Representative) Pamela Odinga Date 05/14/2026

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the person's health care provider.

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 staff (Staff B, Resident Manager) had a chest x-ray within seven days of a positive TB test, had seen a heath care provider for evaluation for signs and symptoms of TB, and for any recommendation. This failure placed all residents at risk of exposure to TB.

Findings included...

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

Scanned with CamScanner

Scanned with CamScanner

Review of Staff B's personnel file showed a hire date of 05/09/2023.

During an interview on 04/10/2026 at 10:37 AM, Staff A, Provider, stated that they did a TB skin test for Staff B when they were hired and the result was negative.

Record review of the email, received on 04/11/2026, showed a statement from Staff A stating that they could only find TB records for Staff B for 2023 and 2025. The records submitted on 04/11/2026 showed:

- a copy of a 2-step TB skin test: the first step was done on 05/09/2023, read on 05/11/2023 and had a negative result, and the second step was done on 5/30/2023, read on 06/01/2023 and the result was 40 millimeters, which was a positive result;
- a TB signs and symptom questionnaire dated for 05/09/2023, done before the positive TB skin test result; and
- a copy of a TB signs and symptom evaluation form signed by Staff B on 04/25/2025, done 22 months after the positive TB skin test and the form did not show who did the evaluation.

During an interview on 04/27/2026 at 2:38 PM, Staff A stated that the records submitted on 04/11/2026 were the only TB records the AFH had for Staff B.

Record review of Staff B's TB records showed there was no evaluation form for signs and symptoms of TB, no record to show that they were seen by a healthcare provider and no record to show a chest -x-ray was done within seven days of the positive TB skin test result on 06/01/2023.

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, Carena Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 08/01/2025

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

Pam Odango
Provider (or Representative)

5/14/2026.
Date

WAC 388-76-10015 License Adult family home Compliance required.

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

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

Scanned with CamScanner

Statement of Deficiencies	License #: 754890	Compliance Determination # 75615
Plan of Correction	Carena Adult Family Home, LLC	Completion Date
Page 5 of 11	Licensee: Carena Adult Family Home LLC	04/28/2026

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a medical test site waiver (MTSW) license as required. This failure resulted in 1 of 1 AFH license at risk of operating without the required MTSW license prior to conducting certain types of medical testing.

Findings included...

Record review of the Washington State Department of Health (DOH) website showed a list of when a medical test site license is required. The website showed that this includes when the Adult Family Home administers a medical test (such as a urine test, Covid-19 [an infectious disease caused by respiratory illness virus that could result in severe impairment or death] test or blood sugar test), interprets the test result, or acts upon the test results.

Review of the AFH administrative records showed an MTSW license that expired on 06/30/2025.

During an interview on 04/10/2026 at 9:22 AM, Staff A, Provider, stated that they had applied for the renewal of the MTSW license on 04/09/2026 but had emailed it to the wrong department. Staff A stated that they were not aware that the MTSW license had expired because it was posted in an area that was "kind of hidden". Staff A stated that the last time that they had done an actual blood sugar check was a week before the inspection. Staff A stated that the AFH staff had to prick Resident 2 for a blood sample because the automatic sensor device for the blood sugar check had malfunctioned.

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, Carena Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 4/10/2026. sent out application for renewal

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

Pam Odugo
Provider (or Representative)

5/14/2026
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(b) A partial evacuation is evacuation to the designated emergency exit.

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

Statement of Deficiencies	License #: 754890	Compliance Determination # 75615
Plan of Correction	Carena Adult Family Home, LLC	Completion Date
Page 6 of 11	Licensee: Carena Adult Family Home LLC	04/28/2026

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a designated emergency exit for evacuation when doing a partial evacuation drill. This failure placed 3 of 3 current residents (Resident 1, Resident 2 and Resident 3) at risk for harm if evacuation was delayed in an emergency due to lack of familiarity or knowledge where to meet for safe evacuation.

Findings included...

During the entrance interview on 04/09/2026 at 10:54 AM, Staff A, Provider, stated that all 3 current residents require assistance with evacuation.

Record review of the partial evacuation drills showed the following dates, length of time to do the evacuation drill and the number of residents during the drill: 3/28/2026 for 19 seconds with 4 residents, 01/30/2026 for 25 seconds with 2 residents, 12/4/2025 for 1 minute with 3 residents, 8/3/2025 for 38 seconds with 5 residents and 6/4/2025 for 2 minutes and 48 seconds with 6 residents.

During an interview on 04/09/2026 at 9:44 AM, Staff A stated that they would do their partial evacuation drill by checking on every resident where their location was. Staff A stated for their current residents, they would do the partial evacuation drill by checking on Resident 1 and Resident 2 who were in their own rooms and Resident 3 who was watching TV. Staff A lacked awareness regarding the need for a designated area to meet for partial evacuation.

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, Carena Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 5/14/26.

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

Provider (or Representative) 5/14/26 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.

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

Scanned with CamScanner

(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, 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 have a medication disposal policy that included the requirement to safely dispose of expired medications within 30 calendar days of expiration and ensure expired medications were disposed of for 2 of 3 current residents (Resident 1 and Resident 2). These failures placed Resident 1 and Resident 2 at risk of receiving expired medications.

Findings included...

Record review of the AFH undated medication disposal policy showed, "2. Medication Disposal policy. 1. All Rx [prescribed] and OTC [over-the-counter] medication will be disposed of: 1. When soiled, expired, unused, or discontinued. And 2. Upon the resident passing away." The policy did not include a timeline when to dispose of the expired medications for the current residents.

NITROGLYCERIN TABLETS (medication placed under the tongue to manage chest pain)
Observation on 04/09/2026 at 1:43 PM showed a bottle of Nitroglycerin tablets for Resident 2.

Record review of the prescription label on the bottle showed that it was filled on 07/05/2022 and expired in June 2023, 2 years and 9 months prior to the inspection date. The bottle had a manufacturer's expiration date of July 2024, 1 year and 9 months prior to the inspection date.

During an interview on 04/09/2026 at 1:44 PM, Staff A, Provider, stated that the prescription label was for 07/05/2022. Staff A stated the manufacturer's expiration date was July 2024. Staff A stated that the medication was not disposed of because they had missed the expiration date. Staff A stated that the Nitroglycerin had expired while Resident 2 was in another AFH. Staff A stated that the medication was never used and should not have come to their AFH for Resident 2 was admitted on [redacted]/2026.

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

Scanned with CamScanner

Observation on 04/09/2026 at 1:46 PM showed Staff A logged the medication on the disposal log before disposing it.

DEEP SEA NASAL SPRAY (brand of a non-medicated, moisturizing spray used to relieve nasal dryness, irritation, and stuffiness caused by cold, allergies, or dry air)
Observation on 04/09/2026 at 2:37 PM showed a pharmacy supplied bottle of Deep Sea nasal spray.

Record review of the prescription label on the bottle showed a "filled" date (date when the prescription was filled by the pharmacy) of 03/16/2024 and a discard date of 03/12/2025, which was 12 months prior to the inspection date.

During an interview on 04/09/2026 at 2:37 PM, Staff A stated that Resident 1 was not using the medication and the medication was expired. Staff A stated that they were not aware that the medication had expired because it was stored in Resident 1's closet.

Observation on 04/09/2026 at 2:50 PM showed Staff A logged the medication onto the disposal log before disposing it.

ARTHRITIS PAIN RELIEVER (medicated cream to manage pain related to arthritis, the inflammation of one or more joints, causing pain, swelling, stiffness, and reduced range of motion)
Observation on 04/09/2026 at 2:00 PM showed Resident 1 had a supply of 2 tubes of the Arthritis Pain Reliever.

Record review of the second tube showed a manufacturer's expiration date of 02/2026 [February 2026], which was 1 month and 1 week prior to the inspection.

During an interview on 04/09/2026 at 2:52 PM, Staff A stated that the manufacturer's expiration date was "2026/02" [February 2026]. Staff A stated that the medication was not disposed of because they were not aware it had expired.

Observation on 04/09/2026 at 2:53 PM showed Staff A logged the medication on the disposal log before disposing it.

This failed practice was corrected before the exit conference.

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

Scanned with CamScanner

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, Carena Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 4/9/26

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

Pam Odunga
Provider (or Representative)

5/14/26
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:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(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 have a medication system to ensure 2 of 2 sampled residents (Resident 1 and Resident 2) have a current Medication Log (ML), have a supply of the ordered medications and receive medications as ordered. This failure placed Resident 1 and Resident 2 at risk for medication errors.

Findings included...

RESIDENT 1
Record review showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses. Review of Resident 1's NCP, dated 08/25/2025, showed Resident 1 required assistance with medications where staff would help apply the medication to the skin or prepare the medication and put in a cup for Resident 1 to put in their mouth to take.

BISACODYL (a stimulant laxative, medication that causes the intestines to contract to push stool through the bowels).
Record review of Resident 1's April 2026 ML showed an order for Bisacodyl suppository

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

Scanned with CamScanner

(medication inserted through the rectum [or the bottom])" to be given as needed for constipation [a common digestive issue where bowel movements become infrequent or difficult to pass].

Observation of Resident 1's medication supply, on 04/09/2026 at 2:38 PM, showed there was no supply available for the Bisacodyl medication.

During an interview on 04/09/2026 at 2:44 PM, Staff A, Provider, stated that the Bisacodyl was never used since Resident 1's admission to the AFH. Staff A stated that Resident 1 will not let the staff put anything in their bottom. Staff A stated that they may have told the doctor that Resident 1 was refusing the medication and if it can be discontinued, but the doctor may have missed the notification.

MUPIROCIN (medication applied on the skin to treat infection)
Record review of Resident 1's April 2026 ML showed an order for Mupirocin to be applied to the left great toe three times daily. The medication was scheduled to be given or applied at 8AM, 2PM and 8PM. The 8 AM dose showed a circled initial (meaning not given) on 04/06/2026, 04/07/2026 and 04/08/2026. Staff C, Caregiver, had initialed the 8 AM dose as given on 04/09/2026, the day of the inspection. The 2 PM dose and 8 PM dose were blank (no initials to show it was given) on 04/06/2026, 04/07/2026 and 04/08/2026, for a total of 3 days.

Observation of Resident 1's medication supply, on 04/09/2026 at 2:38 PM, showed there was no supply available for the Mupirocin.

During an interview on 04/09/2026 at 2:42 PM, Staff A stated that Resident 1 had missed some doses of the Mupirocin. Staff A stated that the medication was ordered the week before and was re-ordered again on 04/06/2026.

Observation on 04/09/2026 at 2:45 PM showed the Mupirocin was delivered to the AFH.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on [redacted]/2026. Resident 2's NCP, dated 03/02/2026, showed Resident 2 requires assistance with medications where staff would prepare the medication and put in a cup for Resident 2 to put in their mouth to take.

Record review of Resident 2's April 2026 ML showed an order for Metoprolol Succinate Extended Release (medication to control blood pressure), 50 milligrams to be taken twice daily. The medication was scheduled to be given at 8AM and 8PM. The 8 AM dose was signed daily as given. The 8 PM dose was blank (no initials) from 04/01/2025 through 04/05/2026, for a total of 5 days.

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

Scanned with CamScanner

Statement of Deficiencies	License #: 754890	Compliance Determination # 75615
Plan of Correction	Carena Adult Family Home, LLC	Completion Date
Page 11 of 11	Licensee: Carena Adult Family Home LLC	04/28/2026

During an interview on 04/09/2026 at 1:50 PM, Staff C, Caregiver, stated that they gave the medications. Staff C stated that they had forgotten to sign the ML because they had to check the blood pressure before giving the medication.

During an interview on 04/09/2026 at 1:52 PM, Staff A stated that they had seen the "blank" ML and had told Staff C about it, but Staff C forgot to sign.

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, Carena Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 5/14/26.

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

Pam Odinga — Provider (or Representative)

5/14/26 — Date

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

Scanned with CamScanner

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

05/11/2026

Carena Adult Family Home LLC
Carena Adult Family Home, LLC
12328 51st Ave SE, Unit A
Everett, WA 98208

RE: Carena Adult Family Home, LLC # 754890

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/28/2026 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:

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 calendar days of Last Date of Data Collection (04/28/2026), no later than 06/12/2026 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.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

The Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) was up to date and addressed the care needs for Resident 1. The AFH updated the NCP onsite on 04/10/2026 with Resident 1's care needs. This deficiency was corrected before the exit conference.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

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

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute

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

transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date].

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

The Adult Family Home (AFH) failed to ensure a copy of a Medicaid Residency Agreement form was signed and dated by Resident 1 and Resident 2. The AFH provided a signed and dated copy of the Medicaid Residency Agreement forms for Resident 1 and Resident 2 onsite on 04/10/2026. This deficiency was corrected before 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

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

Enclosure

Plan **(Plan of Correction)**

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

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:
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

---

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

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

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