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

Precious AFH LLC

Precious AFH LLC
13416 Meridian Ave S
Everett, WA 98208

RE: Precious AFH LLC License # 754923

Dear Provider:

This letter addresses Compliance Determination(s) 78490 (Completion Date 06/03/2026) and 75107 (Completion Date 04/21/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/03/2026 and found that you have corrected the violations listed in the Full report dated 04/21/2026. Your home is back in compliance as of 05/11/2026 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 388-76-10506-1, WAC 388-76-10506-2-a, WAC 388-76-10506-4, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10506-5, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10506-2-b, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10420-4, WAC 388-76-10430-1, 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)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit B

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Residential Care Services

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3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 754923	Compliance Determination # 75107
Plan of Correction	Precious AFH LLC	Completion Date
Page 1 of 8	Licensee: Precious AFH LLC	04/21/2026

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 03/31/2026 of:
Precious AFH LLC
13416 Meridian Ave S
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.

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.

Nicholetta Flynn
Residential Care Services

05/06/2026
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.

Wwdita Kassa
Provider (or Representative)

05/11/2026
Date

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

(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 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].

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide a written copy of the residency agreement form to 2 of 2 residents (Resident 1 and Resident 2) who have [redacted] as a payor. This failure placed both residents at risk of not knowing their right to a free lawyer when given a notice of transfer or discharge.

Findings included...

Record review of the information sheet on the Negotiated Care Plan showed the AFH admitted Resident 1 on [redacted]/2024. Record review of the admission agreement form showed the AFH admitted Resident 2 on [redacted]/2021.

During an interview on 03/31/2026 at 9:59 AM, Staff C, Caregiver, stated that Resident 1 and Resident 2 were "[redacted]" (when [redacted] is the payment source).

Record review of Resident 1 and Resident 2's AFH binders did not have the [redacted] Residency Agreement form on file.

During an interview on 03/31/2026 at 11:33 AM, Staff A, Provider, stated that they were not aware of the requirement. Staff A stated they did not have a form that contained the specific statements that were required to be in the form.

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, Precious AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/11/2026.

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

Judith Kassa
Provider (or Representative)

05/11/2026
Date

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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 provide a valid copy of the Washington state name and date of birth (WNDOB) background check inquiry (BGI) report for 3 of 3 current staff (Staff A, Provider, Staff B, Resident Manager and Staff C, Caregiver). This failure placed the residents at risk of receiving care from caregivers with unverified background check results.

Findings included...

Record review of the AFH personnel file, on 03/31/2026 showed the following:
- Staff A did not have a valid final copy of a WNDOB background check result on file for review. Review of Staff A's file showed a copy of an interim WNDOB background check result, dated 04/08/2021, with no record and expired 04/08/2023 and was 2 years 11 months overdue at the time of inspection.
- Staff B's file showed a WNDOB BGI report, dated 05/14/2021, with no record and expired on 05/14/2023. Staff B's WNDOB BGI was 2 years and 10 months overdue at the time of inspection.
- Staff C were hired on 02/27/2023 and did not have a copy of a WNDOB BGI report in their personnel file.

During an interview on 03/31/2026 at 12:02 PM, Staff A asked the Department staff if the WNDOB BGI must be renewed. Staff A stated that they did not know the WNDOB BGI expires after 2 years and needed to be renewed.

Record review of the WNDOB BGI reports on 04/01/2026 showed the following:
- Staff A's WNDOB BGI report, dated 04/01/2026, with no record and is valid until 04/01/2028. Staff A did not have a valid WNDOB BGI report for 2 years and 11 months.
- Staff B's WNDOB BGI report, dated 04/01/2026, with no record and is valid until 04/01/2028. Staff B did not have valid WNDOB BGI report for 2 years and 10 months
- Staff C's WNDOB BGI report, dated 01/19/2023, with no record for result and expired on 01/19/2025 and was 11 months overdue at the time of the inspection.
- Staff C had a second WNDOB BGI report, dated 03/31/2026, with no record and is valid until 03/31/2028. Staff C did not have a valid WNDOB BGI for 11 months.

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This failed practice was corrected before the final 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, Precious AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/11/2026.

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

Wildith Kassa — Provider (or Representative)

05/11/2026 — Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure there was written approval from the resident's physician before using a nutritional supplement in the diet for 2 of 2 residents (Resident 2 and Resident 3). This failure placed Resident 2 and Resident 3 at risk for unbalanced nutrition.

Findings included...

RESIDENT 2
During the entrance interview on 03/31/2026 at 10:09 AM, Staff C, Caregiver stated that Resident 2 gets Ensure for nutritional supplement.

Record review of Resident 2's March 2026 Medication Log (ML) did not show an order for the Ensure supplement.

Record review of the email, received on 04/01/2026, showed a statement from Staff A, Provider, stating that they could not find the order for the Ensure. Staff A stated that they had to call the doctor's office to get an order for the Ensure supplement.

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RESIDENT 3
During the entrance interview on 03/31/2026 at 10:09 AM, Staff C, Caregiver stated that Resident 3 gets Ensure for nutritional supplement.

Observation on 03/31/2026 at 12:08 PM showed Resident 3 eating their lunch and had an "Atkins" [brand of protein supplement] high protein drink with their meal.

Record review of the email, received on 04/01/2026, showed a statement from Staff A, stating that that the protein drink was brought in by the family once and Resident 3 was not using it as a supplement. Staff A stated that there was no doctor's order for the protein drink, but they would ask the doctor for an order if Resident 3 would need the protein drink.

During an interview on 04/21/2026 at 2:22 PM, Staff A stated that Resident 3 does not need the protein drink now but had asked for it before when Resident 3 was not eating much of their meal.

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, Precious AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/11/2026.

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

Provider (or Representative) — Date: 05/11/2026

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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

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Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) received the medication as required and the supply was not expired. This failure placed Resident 1 at risk of not getting the full effects of the medication and at risk of potential side effects from an expired medication.

Findings included...

Record Review of Resident 1's Negotiated Care Plan (NCP), reviewed on 12/01/2025, showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses. The NCP showed Resident 1 was able to put the medication in their mouth after the staff prepared the medication and put it in a bowl or cup.

Observation and record review of the prescription label for the supply of the Methocarbamol (medication that helps relax the body when there is pain or muscle spasm), on 03/31/2026 at 1:44 PM, showed the medication was filled on 09/15/2025 and was marked with an expiration date of 03/14/2026. The prescription label showed a printed order to give 1 tablet by mouth at bedtime. There was an added handwritten note of "PRN" [as needed] on the prescription label.

Record review of Resident 1's March 2026 Medication Log (ML) showed an order for Methocarbamol 500 milligram tablets, take 1 tablet by mouth once daily as needed for pain or muscle spasms. The ML showed the medication was signed as given on 03/23/2026 and 03/24/2026, days after the marked expiration date of 03/14/2026 on the prescription label.

During an interview on 03/31/2026 at 1:53 PM, Staff C, Caregiver, stated that they gave Resident 1 the Methocarbamol medication as needed on 03/23/2026 and 03/24/2026. Staff C stated that they took the medications from the packaging that was marked with an expiration date of 03/14/2026. Staff C stated that they took the medication from the expired pack to give to Resident on 03/23/2026 and 03/24/2026 because they did not see the expiration date on the prescription label.

During an interview on 03/31/2026 at 1:55 PM, Staff A, Provider stated that they did not have any other supply of Methocarbamol. Staff A stated that the only supply they had was the expired one. Staff A stated that they "missed" re-ordering a new supply for the medication.

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Statement of Deficiencies	License #: 754923	Compliance Determination # 75107
Plan of Correction	Precious AFH LLC	Completion Date
Page 8 of 8	Licensee: Precious AFH LLC	04/21/2026

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, Precious AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/11/2026.

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

Wladislaw Kossa — Provider (or Representative)

05/11/2026 — Date

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

Precious AFH LLC
Precious AFH LLC
13416 Meridian Ave S
Everett, WA 98208

RE: Precious AFH LLC # 754923

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/21/2026 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:

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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 (04/21/2026), no later than 06/05/2026 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

The Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was signed and dated by both the AFH Provider and Resident 1 when reviewed last on 12/01/2025. The AFH Representative and Resident 1 signed the NCP during the onsite visit on 03/31/2026.

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

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Region 2, Unit B
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:
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

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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**

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working days after the date you receive this letter. For **Panel IDRs** 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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