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

AMENDED
06/09/2026

AFYA Care Homes LLC
AFYA Adult Family Home
6709 22nd Dr NE
Tulalip, WA 98271

RE: AFYA Adult Family Home # 755253

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 78705 (Completion Date 06/09/2026) and 74696 (Completion Date 03/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/09/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

The Department staff who did the On Site verification:
Megan Wylie, Licensor

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

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

Sincerely,

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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

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 off-site follow-up on 03/23/2026 of:

AFYA Adult Family Home
6709 22nd Dr NE
Tulalip, WA 98271

This document references the following SOD dated: 03/24/2026

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

The department staff that inspected the Adult Family Home:

Megan Wylie, Licensor

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 off-site verification(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 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure the Department received the annual licensing fee for 1 of 1 AFH license. This failure resulted in a past due annual licensing fee.

Findings included…

Review of the Department’s electronic records in the Secure Tracking and Reporting System (STARS) on 03/23/2026, showed the AFH did not pay their annual licensing fee due every year on November 15. STARS showed a past due balance of $2,700.00.

In an interview on 03/23/2026 at 12:07 PM, Staff A (Provider) stated that they sent a check and they believed it had cleared the bank.

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

Record review of the cancelled check Staff A provided, on 03/23/2026, showed a check dated 02/18/2024 for $2800. On the back was an unidentified individual's signature with a bank account and routing number not associated with DSHS.

Review of the Department’s electronic records in the Secure Tracking and Reporting System (STARS) on 03/30/2026, showed the AFH had not paid their annual licensing fee balance of $2700.00.

This is an uncorrected deficiency previously cited on 02/18/2026 and a repeated deficiency previously cited on 01/29/2025.

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, AFYA Adult Family Home 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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Statement of Deficiencies	License #: 755253	Compliance Determination # 72974
Plan of Correction	AFYA Adult Family Home	Completion Date
Page 1 of 3	Licensee: AFYA Care Homes LLC	02/18/2026

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 02/17/2026 of:

AFYA Adult Family Home
6709 22nd Dr NE
Tulalip, WA 98271

This document references the following complaint number(s): 209631

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

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensor

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.

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 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure the Department received the annual licensing fee for 1 of 1 AFH license. This failure resulted in a past due annual licensing fee.

Findings included…

Review of the Department’s electronic records in the Secure Tracking and Reporting System (STARS) on 02/17/2026, showed the AFH did not pay their annual licensing fee due every year on November 15. STARS showed a past due balance of $2,750.00.

In an interview on 02/17/2026 at 12:28 PM, Staff A (Provider) stated that they had not received a reminder to pay this year.

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This is a repeated deficiency previously cited on 01/29/2025.

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, AFYA Adult Family Home 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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