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

Zagol Seniors Care LLC

Zagol Seniors Care LLC
3421 176th Pl SE
Bothell, WA 98012

RE: Zagol Seniors Care LLC License # 755310

Dear Provider:

This letter addresses Compliance Determination(s) 78491 (Completion Date 06/03/2026) and 76237 (Completion Date 05/13/2026).

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 05/13/2026. Your home is back in compliance as of 05/04/2026 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 388-76-10265-1-d, WAC 388-76-10265-2, WAC 388-76-10015-1, WAC 388-76-10015-2, WAC 388-76-10750-6-c

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

If you have any questions, please contact me at (425)599-5235.

Sincerely,

Jeb Korzilius, Regional Administrator
Region 2, Unit B
Residential Care Services

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HOME AND COMMUNITY LIVING ADMINISTRATION

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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 04/22/2026 and 04/23/2026 of:

Zagol Seniors Care LLC
714 88th St SE
Everett, WA 98208

The following sample was selected for review during the unannounced on-site visit: 2 of 5 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

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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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

(2) For the purposes of the tuberculosis sections "person" means the people listed in this section as required to have tuberculosis testing.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a TB test was done within 3 days of hire for 1 of 3 current staff (Staff C, Caregiver). This failure placed residents at risk of exposure to TB.

Findings included…

Record review of Staff C's personnel file showed a hire date of 12/20/2022.

Record review of Staff C's TB records showed a 1-step TB test done on 08/27/2022, read on 08/30/2021 and had a negative result. Staff C had another TB record that showed a test date of 12/06/2021 with a "0" [zero] millimeter, meaning a negative result. There was no record on file to show a TB test was done within 3 days of hire.

During an interview on 04/23/2026 at 3:54 PM, Staff A, Provider, stated that they did a TB test for Staff C. Staff A stated that Staff C already had their TB tests for 08/30/2021 and 12/06/2021 when they were hired. Staff A stated that they could not remember but will check if there was a TB test record for Staff C for December 2022.

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Record review of the email, received on 04/24/2026, showed a statement from Staff A stating that Staff C's TB tests were done prior to 2022.

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, Zagol Seniors Care 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

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

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

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

This requirement was not met as evidenced by:

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

Findings included…

Record review of Washington State Department of Health (DOH) website, listed 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 [Corona Virus Disease of 2019, 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 on 04/22/2026 showed a copy of a MTSW

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license with an expiration date of 06/30/2025, 9 months prior to the inspection date.

During an interview on 04/23/2026 at 3:29 PM, Staff A, Provider, stated that they did COVID-19 test in the home last March 2026. Staff A stated that they collected the specimen for the test. Staff A stated that the AFH would do blood sugar checks for Resident 1 twice daily. Staff A stated that the staff would prick Resident 1 to get the blood sample for the blood sugar test. Staff A stated that they have an expired MTSW license and could not remember if they had renewed their license or not. Staff A stated that they had applied for a license on 04/22/2026 and had mailed it on 04/23/2026.

Review of the Healthcare Enforcement and Licensing Management System (or HELMS, website to check for license) website on 05/12/2026 showed the AFH had an MTSW license that expired on 09/30/2025, 6 months prior to the inspection date.

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, Zagol Seniors Care 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

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adul Family Home (AFH) failed to ensure the water temperature was kept below 120 degrees Fahrenheit for the sinks in 2 of 2 bathrooms (Bathroom 1 and Bathroom 2) that were used or accessed by the residents. This failure placed residents at risk for getting burned when using hot water.

Findings included…

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During an interview on 04/22/2026 at 8:56 AM, Staff B, Caregiver, stated they have 5 residents in the home.

BATHROOM 1 (located on the north side of the AFH)
Observation of the hot water temperature for the sink on 04/22/2026 at 11:53 AM, done together with Staff A, Provider, showed a water temperature of 125 degrees Fahrenheit.

During an interview on 04/22/2026 at 11:53 AM, Staff A stated that the water was too hot. Staff A stated that Resident 3 would adjust the water “regulator” [thermostat] when they take a shower.

Observations of the hot water temperature for the sink on 04/22/2026 at 12:10 PM, done together with Staff A, showed a water temperature of 124 degrees Fahrenheit.

During an interview on 04/22/2026 at 12:10 PM, Staff A stated that they will adjust the thermostat again.

Observation on 04/22/2026 at 1:07 PM, showed the water was running and the water temperature was 127.2 degrees Fahrenheit.

During an interview on 04/22/2026 at 1:07 PM, Staff A stated that they already put the thermostat to “cold”. Staff A stated that there might still be hot water inside the water tank.

Observation on 04/22/2026 at 2:34 PM, showed a water temperature of 120.1 degrees Fahrenheit, one minute after the hot water knob was turned on.

BATHROOM 2 (located on the sound side of the AFH)
Observation of the hot water temperature for the sink on 04/22/2026 at 11:55 AM, showed a water temperature of 125.1 degrees Fahrenheit. Staff A was observed adjusting the hit water tank thermostat.

Observation on 04/22/2026 at 1:07 PM, showed the water was running and the water temperature was 127.5degrees Fahrenheit.

During an interview on 04/22/2026 at 1:07 PM, Staff A stated that the water is “still hot”.

Observation on 04/22/2026 at 2:32 PM, showed a water temperature of 120.1 degrees Fahrenheit, one minute after the hot water knob was turned on.

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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, Zagol Seniors Care 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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Zagol Seniors Care LLC
Zagol Seniors Care LLC
3421 176th Pl SE
Bothell, WA 98012

RE: Zagol Seniors Care LLC # 755310

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/13/2026 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:

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 (05/13/2026), no later than 06/27/2026 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) reflected the current use of psychopharmacological (medication to manage mood and behavior) medications for 2 sample residents (Resident 1 and Resident 2). The AFH Provider updated the NCP of Resident 1 and Resident 2 to include the use of psychopharmacological medications during the onsite visit on 04/22/2026.

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

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Adult Family Home (AFH) Provider had expired valid food handler’s permit and sampled staff’s continuing education certificate had expired. The AFH Provider provided a copy of the current food handler’s permits for both staff during the second day of the onsite visit.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(3) Date and time of the drill;

(5) The length of time it took to complete the evacuation.

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The Adult Family Home (AFH) failed to document the date and time of the drill and the length of time to complete the emergency evacuation drill in the evacuation log sheet. The AFH Provider filled out the evacuation log sheets with the date, time and length of time to complete the emergency evacuation drill during the second day of the onsite visit.

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, AFH Field Manager
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

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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 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

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