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

A Home Like LLC
Soliana's AFH LLC
4518 58th Dr NE
Marysville, WA 98270

RE: Soliana's AFH LLC License # 755383

Dear Provider:

This letter addresses Compliance Determination(s) 78857 (Completion Date 06/11/2026) and 77255 (Completion Date 05/18/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/11/2026 and found that you have corrected the violations listed in the Full report dated 05/18/2026. Your home is back in compliance as of 06/09/2026 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-b, WAC 388-76-10265-1-c, WAC 388-76-10265-1-d, WAC 388-76-10265-1-e, WAC 388-76-10265-2

The Department staff who did the off-site verification:
Toni Bolo, Complaint Investigator

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

Sincerely,

Jeb Korzilius

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

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STATE OF WASHINGTON

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 the unannounced on-site full inspection on 05/12/2026 of:

Soliana's AFH LLC
4518 58th Dr NE
Marysville, WA 98270

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator

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.

Nicholette Flynn
Residential Care Services

05.19.2026
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.

Provider (or Representative)

9th June 2026
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:

(b) Entity representative;

(c) Resident manager;

(d) Caregiver;

(e) Staff; and

(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 3 of 4 staff (Staff A, Entity Representative, Staff C & D, Caregivers) completed Tuberculosis (TB, a bacterial infection spread through air) testing within three days of their hire date. This failure placed residents and staff at risk of being exposed to a communicable disease.

Findings included...

TUBERCULOSIS-TESTING METHOD-REQUIRED
Review of WAC 388-76-10270 on 05/12/2026, stated the AFH must ensure TB testing is done intradermal administration (Mantoux, skin test) with test results read within 48 to 72 hours of the skin test by a trained professional or by a blood test for TB called interferon-gamma release assay (IGRA).

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TUBERCULOSIS-ONE TEST
Review of WAC 388-76-10280 on 05/12/2026, stated a person is only required to take one test if the person has a documented history of a negative result from a previous two step test done no more than three weeks apart or a documented negative result from one skin or blood test in the previous twelve months.

TUBERCULOSIS-TWO STEP SKIN TESTING
Review of WAC 388-76-10285 on 05/12/2026, stated unless the person meets no skin testing or only one test, the AFH must ensure each person's initial skin test is done within three days of hire and a second test is done one to three weeks after the first skin test.

Record review of the Department's Secure Tracking and Reporting System (STARS), showed the AFH was licensed to Staff A on 02/02/2022 to provide care and services for up to six residents.

Record review of Staff A's undated employee file showed that Staff A had TB skin tests administered on 03/25/2016 and 04/26/2016, more than three weeks apart. Staff A's employee file showed no record that a two-step TB skin test was initiated, or blood test was completed within three days of Staff A being licensed to care for six residents in the AFH on 02/02/2022.

Review of an email sent from Staff A to the Department, dated 05/12/2026, Staff A stated that they did not receive notification or requirement for additional TB testing when they applied for the AFH license in 2022. Staff A stated they had no reason to believe further testing was necessary when Staff A was licensed on 02/02/2022.

Record review showed Staff C was hired by the AFH on 04/03/2024. Staff C's TB records showed they had a negative TB skin test result on 05/12/2023. Staff C's employee file showed no record that a one-step TB skin test or TB blood test was completed within three days of their hire date at the AFH or any other TB records.

Record review showed Staff D was hired by the AFH on 11/22/2025. Staff D's TB records showed they had a negative TB blood test result on 07/09/2025 and no other TB records. Staff D's employee file showed no record that a one-step TB skin test or TB blood test was completed within three days of their hire date at the AFH or any other TB records.

Interview on 05/12/2026 at 12:57 PM, Staff A stated that they thought all AFH staff's TB records met the TB requirements and Staff A felt the regulations did not reflect current practices.

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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, Soliana's AFH LLC is or will be in compliance with this law and / or regulation on (Date) 9th June 2026

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

Provider (or Representative)

9th June 2026
Date

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PLAN OF CORRECTION

Facility Name: Soliana's AFH LLC / A Home Like LLC
License Number: 755383
Compliance Determination Number: 77255
Date of Deficiency: 05/12/2026

Deficiency: Tuberculosis Testing Requirements (WAC 388-76-10280 and WAC 388-76-10285)

PLAN OF CORRECTION

Corrective Action for Identified Deficiency:

Upon receipt of the Statement of Deficiencies, the Licensee immediately reviewed all personnel files and tuberculosis (TB) testing records.

Staff A's personnel file was reviewed and documentation of prior negative TB testing was obtained and maintained in the employee file. The Licensee reviewed the applicable TB testing regulations to ensure understanding of current requirements.

Staff C's personnel file was reviewed and documentation of TB testing was verified. Additional documentation was obtained and placed in the personnel file as necessary to ensure compliance with TB testing requirements.

Staff D's personnel file was reviewed and documentation of TB testing was verified. Additional documentation was obtained and placed in the personnel file as necessary to ensure compliance with TB testing requirements.

Measures Implemented to Prevent Recurrence:

1. The Licensee has developed and implemented a TB Screening and Documentation Checklist for all new employees and providers.

2. Prior to hire, all TB testing documentation will be

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reviewed and verified to ensure compliance with WAC 388-76-10280 and WAC 388-76-10285.

3. All personnel files will be reviewed before an employee begins work to ensure required TB testing documentation is complete and maintained in the file.

4. The Licensee will maintain a TB Tracking Log to monitor TB testing requirements and documentation for all staff.

5. The Licensee will review applicable TB testing regulations annually and whenever regulatory updates are issued to ensure ongoing compliance.

Monitoring:

The Licensee will conduct quarterly audits of all personnel files for a period of twelve (12) months to verify that TB testing documentation is complete, current, and maintained according to state requirements. Any deficiencies identified during these audits will be corrected immediately.

Date of Compliance:

The facility will achieve and maintain compliance by 9th June 2026.

I certify that the above Plan of Correction has been implemented and will be maintained to ensure ongoing compliance with applicable regulations.

Licensee Signature

Endrias Woldeyohannes

Printed Name

9th June 2026

Date

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