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

T&A Adult Care Lynden LLC

T&A Adult Care Lynden LLC
925 E Front St
Lynden, WA 98264

RE: T&A Adult Care Lynden LLC License # 755601

Dear Provider:

This letter addresses Compliance Determination(s) 80192 (Completion Date 07/10/2026) and 78310 (Completion Date 06/11/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/10/2026 and found that you have corrected the violations listed in the Full report dated 06/11/2026. Your home is back in compliance as of 06/29/2026 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 388-76-10135-4, WAC 388-76-10135-9

The Department staff who did the on-site verification:
Shelly Scarboro, AFH Licensor

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

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 06/01/2026 of:
T&A Adult Care Lynden LLC
925 E Front St
Lynden, WA 98264

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shelly Scarboro, AFH 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.

Nicholette Flynn
Residential Care Services

06/16/2026
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)

06/29/2026
Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC.

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 5 of 5 staff (Staff A, Entity Representative, Staff A, B, C, D & E, Caregivers) had the required training and qualifications to provide care and services to the residents. This failure resulted in residents being cared for by unqualified staff.

Findings included...

Record Review of the Department's Secure Tracking and Reporting System (STARS) on 06/01/2026, showed Staff A received their AFH license to provide care and services for up to 6 residents on 05/20/2022.

Observation of the AFH on 06/01/2026 at 11:35 AM, showed the home provided care and services for six residents.

<Home Care Aide Certification>

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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

06/16/2026
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)

Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(9) Meets the tuberculosis screening requirements of this chapter.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 5 of 5 staff (Staff A, Entity Representative, Staff A, B, C, D & E, Caregivers) had the required training and qualifications to provide care and services to the residents. This failure resulted in residents being cared for by unqualified staff.

Findings included...

Record Review of the Department's Secure Tracking and Reporting System (STARS) on 06/01/2026, showed Staff A received their AFH license to provide care and services for up to 6 residents on 05/20/2022.

Observation of the AFH on 06/01/2026 at 11:35 AM, showed the home provided care and services for six residents.

<Home Care Aide Certification>

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Review of Staff B's personnel file on 06/01/2026 showed they were hired on 08/24/2023. Staff B's personnel file showed they had a Washington State Department of Health Nursing Assistant Registration (NAR) that was first issued on 12/04/2023. Staff B's NAR was active and the NAR's current expiration date was 12/28/2026. Review of the Washington State Provider Credential Search (WSPCS) on 06/01/2026 showed that Staff B did not have the required Home Care Aide (HCA) certification.

Review of Staff C's personnel file on 06/01/2026 showed they were hired on 10/31/2022. Staff C's personnel file showed they had a NAR that was first issued on 03/20/2023. Staff C's NAR was active and the NAR's expiration date was 07/10/2026. Review of the WSPCS on 06/01/2026 showed that Staff C did not have the required Home Care Aide (HCA) certification.

In an interview on 06/01/2026 at 1:17 PM, Staff A stated that they did not know that staff could not work with a NAR and would have them take the test for the Home Care Aide certification.

<Tuberculosis testing>

Review of Staff A's personnel file showed they opened the AFH on 05/20/2022. Staff A's personnel file showed a negative TB skin test and TB screening dated 08/27/2025. There was no second TB skin test in Staff A's personnel file.

Review of Staff B's personnel file, undated, showed they were hired on 08/24/2023. Staff B's personnel file showed a negative TB skin test and screening dated 08/08/2023. There was no second TB skin test in Staff B's personnel file.

Review of Staff D's personnel file, undated, showed they were hired on 05/20/2022. Staff D's personnel file showed a negative QuantiFERON TB Plus (a blood test to test for the presence of TB antigens. An antigen is the bodies response to TB disease or TB vaccine) blood test dated 03/17/2026. There were no other TB records in Staff D's personnel file.

Review of Staff E's and personnel file showed they were hired on 05/20/2022. Staff E's personnel file showed a blank TB screening form dated 12/01/2022 and a negative TB skin test dated 01/24/2022. There was not a second TB skin test in Staff E's personnel file. An e-mail Email sent by Staff A on 06/11/2026 at 2:27 PM, showed Staff E had a TB screening test dated 02/16/2022 and a negative step two of two skin TB test dated 2/16/2022. There was no 1 step TB test completed for Staff E.

In an interview on 06/01/2026 at 1:20 PM, Staff A stated that all the staff had two-step TB test completed and they would contact the medical offices to get copies of TB

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testing for Staff.

In a follow-up interview on 06/11/2026 at 3:00 PM, Staff A stated that she would have the staff do the appropriate testing.

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, T&A Adult Care Lynden LLC is or will be in compliance with this law and / or regulation on (Date) 06/29/2026

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

[signature] 06/29/2026

Provider (or Representative) Date

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testing for Staff.

In a follow-up interview on 06/11/2026 at 3:00 PM, Staff A stated that she would have the staff do the appropriate testing.

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, T&A Adult Care Lynden 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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