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

1st Drive AFH LLC

1st Drive AFH LLC
10225 1st Drive SE
Everett, WA 98208

RE: 1st Drive AFH LLC License # 755615

Dear Provider:

This letter addresses Compliance Determination(s) 82716 (Completion Date 08/24/2026) and 79223 (Completion Date 06/22/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/24/2026 and found that you have corrected the violations listed in the Full report dated 06/22/2026. Your home is back in compliance as of 07/31/2026 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

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

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 06/18/2026 of:
1st Drive AFH LLC
10225 1st Drive SE
Everett, WA 98208

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

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

06/30/2026
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.

Kalilu Konteh
Provider (or Representative)

07/31/26
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;

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B & C) 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 showed the AFH must ensure TB testing is done intradermal (between layers of skin) administration (tests are also known as 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).

TUBERCULOSIS-ONE TEST
Review of WAC 388-76-10280 showed 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

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



Aug 03 2026 9:25pm

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;

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff B & C) 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 showed the AFH must ensure TB testing is done intradermal (between layers of skin) administration (tests are also known as 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).

TUBERCULOSIS-ONE TEST
Review of WAC 388-76-10280 showed 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

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

Review of WAC 388-76-10285 showed 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 Staff B's (Caregiver) employee file showed the AFH hired Staff B on 09/23/2022. Staff B's TB records showed they had a negative blood test on 08/30/2022.

Record review of Staff C's (Caregiver) employee file showed the AFH hired Staff C on 09/23/2022. Staff C's TB records showed they had a negative blood test on 08/29/2022.

Interview, on 06/18/2026 at 1:30 PM, Staff A (Entity Representative) stated that Staff B and Staff C had blood test done prior to their hire date. Staff A stated that they thought Staff B and Staff C's TB records met the requirements. Staff A stated that they were unaware of the requirement of TB testing within three days of staff hire 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, 1st Drive AFH LLC is or will be in compliance with this law and / or regulation on (Date) 07/31/26

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

Kaluu Kontah — Provider (or Representative)

07/31/26 — Date

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



Aug 03 2026 9:25pm

Review of WAC 388-76-10285 showed 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 Staff B's (Caregiver) employee file showed the AFH hired Staff B on 09/23/2022. Staff B's TB records showed they had a negative blood test on 08/30/2022.

Record review of Staff C's (Caregiver) employee file showed the AFH hired Staff C on 09/23/2022. Staff C's TB records showed they had a negative blood test on 08/29/2022.

Interview, on 06/18/2026 at 1:30 PM, Staff A (Entity Representative) stated that Staff B and Staff C had blood test done prior to their hire date. Staff A stated that they thought Staff B and Staff C's TB records met the requirements. Staff A stated that they were unaware of the requirement of TB testing within three days of staff hire 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, 1st Drive AFH 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

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***

06/30/2026

1st Drive AFH LLC
1st Drive AFH LLC
10225 1st Drive SE
Everett, WA 98208

RE: 1st Drive AFH LLC # 755615

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/22/2026 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:

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

eFax: (360) 651-6940
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 (06/22/2026), no later than 08/06/2026 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 388-76-10506 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

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(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

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

help them, they must call the long-term care discharge defense screening line at (888) 437-0017.

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date]. [ Statutory Authority: RCW 18.20.090 , 70.97.230 , and 70.128.040 . WSR 26-08-074, s 388-76-10506, filed 3/30/26, effective 4/30/26. Statutory Authority: RCW 18.20.090 , 70.97.230 , 70.128.040 , 74.09.520 (2), 74.39A.007 , 42 C.F.R. 441.530 (a)(1)(vi)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-76-10506, filed 8/25/25, effective 1/1/26. ]

The Adult Family Home (AFH) failed to have a Residency agreement for a previous resident who had [redacted] as a payor. The AFH corrected the deficiency with a typed-up Residency agreement form for future residents by the exit conference.

**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
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.

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

help them, they must call the long-term care discharge defense screening line at (888) 437-0017.

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date]. [ Statutory Authority: RCW 18.20.090 , 70.97.230 , and 70.128.040 . WSR 26-08-074, s 388-76-10506, filed 3/30/26, effective 4/30/26. Statutory Authority: RCW 18.20.090 , 70.97.230 , 70.128.040 , 74.09.520 (2), 74.39A.007 , 42 C.F.R. 441.530 (a)(1)(vi)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-76-10506, filed 8/25/25, effective 1/1/26. ]

The Adult Family Home (AFH) failed to have a Residency agreement for a previous resident who had [redacted] as a payor. The AFH corrected the deficiency with a typed-up Residency agreement form for future residents by the exit conference.

**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.

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

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) 651-6940
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

---

**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

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

**1st Drive AFH LLC**
**10225 1st Dr SE Everett**
**WA 98208**

**Statement of action of correction on TB testing Citation during the last unannounced on-site full inspection by the DSHS at the above AFH on 06/18/2026.**

In accordance with WAC 388-76-10265 TB testing requirement, 1st Drive AFH will in future be complying to do tuberculosis testing on any staff within 3 days of hire.

Kalilu Konteh
Provider.
Sign:
Date: 07/31/26

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



Aug 03 2026 9:25pm