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

Hope Living Adult Family Home LLC

Hope Living Adult Family Home LLC
7501 68th Ave NE
Marysville, WA 98270

RE: Hope Living Adult Family Home LLC License # 755716

Dear Provider:

This letter addresses Compliance Determination(s) 79959 (Completion Date 07/16/2026) and 79113 (Completion Date 06/17/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/16/2026 and found that you have corrected the violations listed in the Full report dated 06/17/2026. Your home is back in compliance as of 06/19/2026 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the off-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 06/16/2026 of:

Hope Living Adult Family Home LLC
7501 68th Ave NE
Marysville, WA 98270

The following sample was selected for review during the unannounced on-site visit: 1 of 2 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

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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.

[redacted]ices

6.18.2026
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.

Leteberhan Belay
Provider (or Representative)

6/23/2026
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure 1 of 1 staff, Staff A, Entity Representative, had two-step Tuberculosis testing (TB) completed within three days of their date of hire. This failure placed residents and staff at risk of being exposed to a communicable disease.

Findings included...

Record Review of the Department's Secure Tracking and Reporting System (STARS) on 06/16/2026, showed Staff A received their AFH license to provide care and services for up to 6 residents on 07/13/2022.

Review of Staff A's personnel file on 06/16/2026 showed Staff A had completed a one-step TB skin test on 03/04/2011 & 11/11/2020, a chest X-ray on 03/04/2011 and had a negative QuantiFERON TB Plus (a blood test to test for the presence of TB antigens. An antigen is the body's response to TB disease or TB vaccine) blood test dated 11/06/2020. There was no TB testing completed for Staff A within three days of Staff A's date of hire.

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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

6.18.2026
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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to ensure 1 of 1 staff, Staff A, Entity Representative, had two-step Tuberculosis testing (TB) completed within three days of their date of hire. This failure placed residents and staff at risk of being exposed to a communicable disease.

Findings included...

Record Review of the Department's Secure Tracking and Reporting System (STARS) on 06/16/2026, showed Staff A received their AFH license to provide care and services for up to 6 residents on 07/13/2022.

Review of Staff A's personnel file on 06/16/2026 showed Staff A had completed a one-step TB skin test on 03/04/2011 & 11/11/2020, a chest X-ray on 03/04/2011 and had a negative QuantiFERON TB Plus (a blood test to test for the presence of TB antigens. An antigen is the body's response to TB disease or TB vaccine) blood test dated 11/06/2020. There was no TB testing completed for Staff A within three days of Staff A's date of hire.

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In an interview on 06/16/2026 at 12:40 PM, Staff A stated that they thought they had met the TB requirements.

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, Hope Living Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/19/2026 .

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

Leteberhan Belay — Provider (or Representative)

6/23/2026 — Date

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In an interview on 06/16/2026 at 12:40 PM, Staff A stated that they thought they had met the TB requirements.

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

06/18/2026

Hope Living Adult Family Home LLC
Hope Living Adult Family Home LLC
7501 68th Ave NE
Marysville, WA 98270

RE: Hope Living Adult Family Home LLC # 755716

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/17/2026 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 (06/17/2026), no later than 08/01/2026 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

The Adult Family Home (AFH) had to search for personnel records that were not in the personnel file. The AFH located the documents needed for the Department to review. This deficiency was corrected 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.

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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.

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

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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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