STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Marlen Deochoa
Casa Mia
605 Hull Rd
Brewster, WA 98812

RE: Casa Mia License # 755916

Dear Provider:

This letter addresses Compliance Determination(s) 81686 (Completion Date 08/05/2026) and 79924 (Completion Date 07/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/05/2026 and found that you have corrected the violations listed in the Full report dated 07/08/2026. Your home is back in compliance as of 07/21/2026 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 388-76-10015, WAC 388-76-10015-1, WAC 388-76-10015-2, WAC 388-76-10015-3, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
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

1200 Alder Street, Union Gap, WA 98903

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 07/02/2026 of:

Casa Mia
605 Hull Rd
Brewster, WA 98812

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Ann Garbrough
Residential Care Services

07/09/2026
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.

Marlen DeOchoa
Provider (or Representative)

07/21/2026
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.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) before completing blood glucose testing for 1 of 2 residents (Resident 1). This failure resulted in AFH staff collecting bodily fluids and acting on the results without regulatory oversite.

Findings included . . .

Review of Washington State Department of Health MTSW facility search on 07/02/2026 showed the AFH had no MTSW certification granted or pending.

During an interview on 07/02/2026 at 2:00 PM, Staff A, Provider, stated Resident 1 required daily blood glucose testing that was performed by staff. Staff A stated they had the MTSW application provided at the last AFH inspection though did not complete and send the MTSW application to the Department.

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

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 07/21/2026 .

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

Marlen DeOchoa — Provider (or Representative)

07/21/2026 — Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C) had a valid Washington name and date of birth background check (WADOB). This This failure placed the residents at risk from staff whose background history is not known.

Findings included . . .

Record review on 07/02/2026 showed Staff C, Caregiver, had a WADOB that expired on 11/21/2025, 223 days overdue.

In an interview on 07/07/2026 at 3:35 PM, Staff A, Provider, stated that they had missed the WADOB expiration date for Staff C.

This is a repeated deficiency previously cited on 02/13/2025.

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

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 07/21/2026.

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

Marlen DeOchoa
Provider (or Representative)

07/21/2026
Date

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

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, Casa Mia 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.