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

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

First Class Luxury LLC

First Class Luxury LLC
3818 104th St NE
Marysville, WA 98271

RE: First Class Luxury LLC License # 756858

Dear Provider:

This letter addresses Compliance Determination(s) 75767 (Completion Date 04/13/2026) and 73323 (Completion Date 02/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/13/2026 and found that you have corrected the violations listed in the Complaint report dated 02/24/2026. Your home is back in compliance as of 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 388-76-10350-2-d

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

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

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Statement of Deficiencies	License #: 756858	Compliance Determination # 73323
Plan of Correction	First Class Luxury LLC	Completion Date
Page 1 of 3	Licensee: First Class Luxury LLC	02/24/2026

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 an unannounced on-site complaint investigation on 02/23/2026 of:

First Class Luxury LLC
3818 104th St NE
Marysville, WA 98271

This document references the following complaint number(s): 212399

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

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community 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.

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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 5 residents (Residents 2 & 3) had an assessment that was reviewed and updated at least every 12 months. This failure placed Residents 2 & 3 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses. Review of Resident 2's assessment, dated 12/13/2024, showed Resident 2 required caregiver assistance with activities of daily living. Resident 2's assessment was more than two months past due for review and updates.

Record review showed the AFH admitted Resident 3 on [redacted]/2024 with multiple diagnoses. Review of Resident 3's assessment, dated 12/16/2024, showed Resident 3 required caregiver assistance with activities of daily living. Resident 3's assessment was more than two months past due for review and updates.

In an interview, on 02/23/2026 at 1:05 PM, Staff A (Entity Representative) stated that the AFH did not have the assessments for Resident 2 & 3 reviewed and updated within

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the last 12 months because they did not realize that even if there were no significant changes they still needed an assessment updated every 12 months.

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, First Class Luxury 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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