STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Home Life Care AFH LLC

Home Life Care AFH LLC
2344 41st Ave SE
Puyallup, WA 98374

RE: Home Life Care AFH LLC License # 757368

Dear Provider:

This letter addresses Compliance Determination(s) 79315 (Completion Date 06/22/2026) and 78592 (Completion Date 06/05/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/22/2026 and found that you have corrected the violations listed in the Full report dated 06/05/2026. Your home is back in compliance as of 06/15/2026 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 on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

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Statement of Deficiencies	License #: 757368	Compliance Determination #78592
Plan of Correction	Home Life Care AFH LLC	Completion Date
Page 1 of 3	Licensee: Home Life Care AFH LLC	06/05/2026

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 the unannounced on-site full inspection on 06/03/2026 of:
Home Life Care AFH LLC
2344 41st Ave SE
Puyallup, WA 98374

The following sample was selected for review during the unannounced on-site visit: 1 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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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 — 06/11/2026 (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.

Remedios Seria — Provider (or Representative) — 06/15/2026 (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 observation, interview, and record reviews, the adult family home (AFH) failed to ensure 2 of 5 AFH staff (Caregiver A and Caregiver C) had documentation they completed a two-step Tuberculosis (TB, an infectious disease) within three-days of hire. This failure resulted in 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) having contact with AFH caregivers with an unknown TB infection status.

Findings included...

On 06/03/2026, record review showed Caregiver A (CG A) was hired on 03/22/2026 and Caregiver C (CG C) was hired on 05/22/2026. CG A and CG C had documentation of an annual TB screening questionnaire. There was no documentation CG A or CG C completed a two-step TB test.

On 06/03/2026 at 8:35 AM, observation showed CG C worked in the AFH.

On 06/03/2026 at 12:00 PM, in an interview with the Provider, when asked why CG A and CG C did not have documentation they completed a two-step TB test within three

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days of hire, the Provider stated they will go through their emails and look for the documentation.

On 06/05/2026 at 4:18 PM, record review of Department email showed CG A is to return to get their one-step TB test read on 06/062026 or 06/07/2026 and CG C completed their one-step TB test on 06/05/2026. There was no documentation CG A and CG C completed a two-step TB test within three days of their 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, Home Life Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 06/15/2026 .

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

Remedios Seria

Provider (or Representative)

06/15/2026

Date

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HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Home Life Care AFH LLC
Home Life Care AFH LLC
2344 41st Ave SE
Puyallup, WA 98374

RE: Home Life Care AFH LLC # 757368

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/05/2026 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:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

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eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/05/2026), no later than 07/20/2026 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 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

On 06/03/2026, record review showed Caregiver B (CG B) completed a two-step tuberculosis (TB an infectious disease) test on 02/07/2026 and was hired on 05/08/2026 and Caregiver D (CG D) completed a TB blood test on 11/07/2025 and was hired on 05/16/2026. Both TB tests were negative and there was no documentation CG B or CG D completed a TB test after their date of hire. The Provider submitted one-step TB tests dated 06/05/2026 for CG B and CG D by the end of inspection. The results were negative.

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 (253)208-3090.

Sincerely,

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Rathana Duong, AFH Field Manager
Region 3, Unit A
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:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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

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Panel IDR, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** 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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