



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

July 14, 2020

CERTIFIED MAIL

9489 0090 0027 6086 5959 55

1st Choice Senior Care Adult Family Home LLC
**1st Choice Senior Care Adult Family Home LLC
9332 64th Ave NE
Marysville, WA 98270

RE: **1st Choice Senior Care Adult Family Home LLC License #753559

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on June 23, 2020 and found that your home does not meet the adult family home licensing requirements below.

The Department staff who did the investigation and provided consultation:
Toni Bolo, Complaint Investigator

Consultation:

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

Resident #2 lived in the adult family home (AFH) since [REDACTED]/2019. Resident #2's negotiated care plan dated 12/12/2019 showed she required an escort to activities. Resident #2 was left at the public library on 02/20/2020 without a caregiver escort. On 02/27/2020 at 3:37 PM, Resident #2 stated that she did not feel unsafe or was harmed when she was left at the library unattended. The Provider was given a verbal consultation during the complaint investigations at the AFH on 02/27/2020. On 06/18/2020 at 11:14 AM Resident #2 stated that she had not been out of the AFH unattended since the initial occurrence on 02/20/2020. The Provider reported on 06/18/2020 at 11:33 AM the residents of the AFH had been remaining in the AFH due to COVID-19 precautions.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

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- Inspect the home to determine if you have corrected all deficiencies.

You May:

- Ask for an 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.

If You Have Any Questions:

- Please contact me at (360) 651-6872.

Sincerely,

A handwritten signature in black ink, appearing to read "Scarboro", written in a cursive style.

Shelly Scarborough, Field Manager
Region 2, Unit B
Residential Care Services