STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Laura Raica
NORTHWEST HOME CARE
21831 14TH PL W
LYNNWOOD, WA 98036

RE: NORTHWEST HOME CARE License # 111200

Dear Provider:

This letter addresses Compliance Determination(s) 65769 (Completion Date 09/17/2025) and 64312 (Completion Date 08/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/17/2025 and found that you have corrected the violations listed in the Complaint report dated 08/19/2025. Your home is back in compliance as of 08/20/2025 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 388-76-10025-1

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 111200	Compliance Determination # 64312
Plan of Correction	NORTHWEST HOME CARE	Completion Date
Page 1 of 3	Licensee: Laura Raica	08/19/2025

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 08/19/2025 of:

NORTHWEST HOME CARE
21932 14TH PL W
LYNNWOOD, WA 98036

This document references the following complaint number(s): 188857

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 investigated the Adult Family Home:

Theresia Karundeng, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

AUG 26 2025
DSHS/ALTSA/RCS

Statement of Deficiencies License #: 111200 Compliance Determination #: 84312
Plan of Correction NORTHWEST HOME CARE Completion Date
Page 2 of 3 Licensee: Laura Raica 08/19/2025

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 — 08/25/2025 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.

Laura Raica — Provider (or Representative) — 8-25-2025 Date

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to pay the annual licensing fee before the due date on 08/15/2025. This failure resulted in 2 of 2 residents (Resident 1 and 2) living in the AFH that has been operating with an unpaid license fee since 08/16/2025.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 08/18/2025, showed the AFH had not paid their annual licensing fee that was due on 08/15/2025. The Department database showed a balance of $1350.

An observation, on 08/19/2025 at 10:20 AM, showed the facility had two residents and two staff in the AFH.

Review of email dated 08/19/2025 at 9:52 AM, showed Staff A, Provider, could not show proof that the annual licensing fee was paid. Staff A reported that they would send a check on 08/20/2025 to make a payment for the annual licensing fee.

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 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to pay the annual licensing fee before the due date on 06/15/2025. This failure resulted in 2 of 2 residents (Resident 1 and 2) living in the AFH that has been operating with an unpaid license fee since 06/16/2025.

Findings included...

Review of the Department’s Secure Tracking and Reporting System, on 08/18/2025, showed the AFH had not paid their annual licensing fee that was due on 06/15/2025. The Department database showed a balance of $1350.

An observation, on 08/19/2025 at 10:20 AM, showed the facility had two residents and two staff in the AFH.

Review of email dated 08/19/2025 at 9:52 AM, showed Staff A, Provider, could not show proof that the annual licensing fee was paid. Staff A reported that they would send a check on 08/20/2025 to make a payment for the annual licensing fee.

Statement of Deficiencies Plan of Correction Page 3 of 3	License #: 111200 NORTHWEST HOME CARE Licensee: Laura Raica	Compliance Determination #: 54312 Completion Date 08/19/2025

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, NORTHWEST HOME CARE is or will be in compliance with this law and / or regulation on (Date) 8-20-2025.

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

Laura Raica
Provider (or Representative)

8-25-2025
Date

* The Check was sent on: 4/26/2025 and never got to your office *

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, NORTHWEST HOME CARE 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