STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

LIFE CARE ADULT FAMILY HOME INC

LIFE CARE ADULT FAMILY HOME INC
4 165TH AVE SE
BELLEVUE, WA 98008

RE: LIFE CARE ADULT FAMILY HOME INC License # 751041

Dear Provider:

This letter addresses Compliance Determination(s) 68500 (Completion Date 11/10/2025) and 65843 (Completion Date 09/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/10/2025 and found that you have corrected the violations listed in the Full report dated 09/25/2025. Your home is back in compliance as of 09/23/2025 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 388-76-10165-1-a, WAC 388-76-10350-2-d, WAC 388-76-10463-3, WAC 388-76-10530-2

The Department staff who did the off-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 09/18/2025 of:

LIFE CARE ADULT FAMILY HOME INC
4 165TH AVE SE
BELLEVUE, WA 98008

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 751041	Compliance Determination # 65843
Plan of Correction	LIFE CARE ADULT FAMILY HOME INC	Completion Date
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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

9-25-2025
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.

Provider (or Representative)

9/30/2025
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 ;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 2 of 3 Household members (HH2 and HH3) had a valid Washington State Name and Date of Birth (WNDOB) Background Check Inquiry (BGI). This failure placed all residents (Residents 1, 2, 3 and 4) at risk of receiving care from staff and exposed to individuals in the home whose criminal background history was unknown.

Findings included...

Review of the AFH records showed Household Member 2 (HH2) had a WNDOB BGI conducted on 07/07/2021 with no findings, the BGI expired 07/07/2023. Household Member 3 (HH3) had a WNDOB BGI conducted on 04/26/2022 with no findings, the BGI expired 04/26/2024.

Observation on 09/18/2025 showed HH2 working outside of the AFH throughout the day.

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During an interview on 09/18/2025 at 2:14 PM, Staff A, Representative, stated that HH2 was the spouse for Staff C, Housekeeper, and that HH2 regularly performed yard work and had unsupervised access to residents. Staff A stated they overlooked running a WNDOB BGI for HH3. Staff A stated that HH3 was at school, and they lived in a bedroom next to the family room.

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, LIFE CARE ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 9/18/25 .

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

BCAguacil
Provider (or Representative)

9/30/2025
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 they received a completed assessment for 1 of 2 sampled residents (Resident 1) every 12 months. This placed the resident at risk of inadequate care and unmet needs.

Findings included...

Review of AFH records showed the AFH admitted Resident 1 on [redacted]/2010. An assessment for Resident 1 was completed by Home and Community Services (HCS) on 08/06/2024. The assessment was 6 weeks overdue from being updated.

During an interview, on 09/18/2025 at 10:51 AM, Staff A, Representative, stated that Resident 1 had converted to private pay for the months of July, August and September 2025) so HCS didn't complete their annual assessment.

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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, LIFE CARE ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 9/23/2025 .

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

BCAguado — Provider (or Representative)

9/30/2025 — Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 2 of 2 sampled residents (Residents 1 and 2) in their Negotiated Care Plan (NCP). This failure placed Residents 1 and 2 at risk of harm due to unmet mental health care needs.

Findings included...

Resident 1
Review showed that Resident 1 had multiple disabling diagnoses including: [redacted] and [redacted]

Observation with Staff A, Representative, on 09/18/2025 at 10:55 AM, showed Resident 1's medication bin contained Mirtazapine (medication for mood disorders), 15 milligrams (mg), one

mood for which each of the mood disorder medications were prescribed. The NCP's section for Psych/Social/Cognitive Status stated, "Requires psychopharmacological medications", the box for "Yes" was not checked, and "If yes, describe symptoms for each medication" the box for "Yes" was not checked. No information about Trazodone or Mirtazapine could be found in the NCP.

During an interview on 09/18/2025 at 11:34 AM, Staff A stated that they needed to update Resident 1's NCP.

Resident 2
Review showed that Resident 2 had multiple disabling diagnoses including: [redacted] and [redacted].

Observation with Staff A, on 09/18/2025 at 11:55 AM, showed Resident 2's medication bin contained Fluoxetine Hydrochloride (medication for mood disorders), 10 mg, one tablet by mouth every morning, and Trazodone (medication for mood disorders that was used for difficulty sleeping), 50 mg by mouth at bedtime.

Review of Resident 2's NCP, dated 06/17/2025, showed no information about Fluoxetine Hydrochloride and Trazodone. The NCP's section for Psych/Social/Cognitive Status stated "Requires psychopharmacological medications," the box for "No" was checked.

During an interview on 09/18/2025 at 12:10 PM, Staff A stated that they needed to update Resident 2's NCP.

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, LIFE CARE ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 9/23/2025 .

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

BCAguirre 9/30/2025
Provider (or Representative) Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy

mood for which each of the mood disorder medications were prescribed. The NCP's section for Psych/Social/Cognitive Status stated, "Requires psychopharmacological medications", the box for "Yes" was not checked, and "If yes, describe symptoms for each medication" the box for "Yes" was not checked. No information about Trazodone or Mirtazapine could be found in the NCP.

During an interview on 09/18/2025 at 11:34 AM, Staff A stated that they needed to update Resident 1's NCP.

Resident 2
Review showed that Resident 2 had multiple disabling diagnoses including: [redacted] and [redacted].

Observation with Staff A, on 09/18/2025 at 11:55 AM, showed Resident 2's medication bin contained Fluoxetine Hydrochloride (medication for mood disorders), 10 mg, one tablet by mouth every morning, and Trazodone (medication for mood disorders that was used for difficulty sleeping), 50 mg by mouth at bedtime.

Review of Resident 2's NCP, dated 06/17/2025, showed no information about Fluoxetine Hydrochloride and Trazodone. The NCP's section for Psych/Social/Cognitive Status stated "Requires psychopharmacological medications," the box for "No" was checked.

During an interview on 09/18/2025 at 12:10 PM, Staff A stated that they needed to update Resident 2's NCP.

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, LIFE CARE ADULT FAMILY HOME INC 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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of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Resident or Resident Representatives for 1 of 2 sampled residents (Resident 1) had signed and dated the Notice of Rights and Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1, and their representatives at risk for not being aware of the rules of the home, resident rights, care and services available in the home, and the charges associated with their care and services.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2010 with multiple disabling diagnoses. Resident 1's Admission Agreement was signed and dated by the resident representative on 06/12/2023. The Admission Agreement was 3 months overdue for another signature and acknowledgement.

During an interview, on 09/18/2025 at 11:30 AM, Staff B, Resident Manager, stated that Resident 1's representative was on medical leave in June 2025, so the AFH didn't get the Admission Agreement signed when it was due.

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, LIFE CARE ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 9/19/2025 .

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

BCAguard — Provider (or Representative)

9/30/2025 — Date