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

ALCANTARA ENTERPRISES INC
RIVER OF LIFE HOME CARE
239 NE 178TH ST
SHORELINE, WA 98155

RE: RIVER OF LIFE HOME CARE License # 751431

Dear Provider:

This letter addresses Compliance Determination(s) 69699 (Completion Date 12/03/2025) and 67727 (Completion Date 11/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/03/2025 and found that you have corrected the violations listed in the Full report dated 11/03/2025. Your home is back in compliance as of 10/24/2025 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-b

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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
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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 751431	Compliance Determination # 67727
Plan of Correction	RIVER OF LIFE HOME CARE	Completion Date
Page 1 of 3	Licensee: ALCANTARA ENTERPRISES INC	11/03/2025

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 the unannounced on-site full inspection on 10/23/2025 of:
RIVER OF LIFE HOME CARE
239 NE 178TH ST
SHORELINE, WA 98155

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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

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Page 2 of 3	Licensee: ALCANTARA ENTERPRISES INC	11/03/2025

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 — 11/14/2025 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) — 11/14/2025 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:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff members (Staff D) had a current Washington state name and date of birth (WSNDOB) background check in their record. This failure placed 3 of 3 residents (Residents 1, 2 and 3) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of Staff D's (Caregiver) personnel record showed a WSNDOB background check had been completed on 10/05/2023 and expired on 10/06/2025.

In an interview, on 10/23/2025 at 3:15 PM, Staff A (Provider) stated that they would get a current WSNDOB background check completed for Staff D.

Statement of Deficiencies	License #: 751431	Compliance Determination # 67727
Plan of Correction	RIVER OF LIFE HOME CARE	Completion Date
Page 3 of 3	Licensee: ALCANTARA ENTERPRISES INC	11/03/2025

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, RIVER OF LIFE HOME CARE is or will be in compliance with this law and / or regulation on (Date) 10/24/2025.

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

Provider (or Representative) — Date: 11/14/2025

RIVER OF LIFE HOME CARE

239 NE 178TH ST SHORELINE WA 98155 P: 206-361-2645; 206-427-4929 F: 206-420-1638

November 14, 2025

RENEE BOURQUE, FIELD MANAGER
RESIDENTIAL CARE SERVICES
REGION 2, UNIT 1

Dear Ms Renee Bourque,

We refer to your letter dated November 14, 2025, citing among others, that DSHS has completed a full inspection of our Adult Family Home on October 23, 2025 and found that our home does not meet the Adult Family Home licensing requirements as indicated in the Statement of Deficiencies.

WAC 388-76-10165 Background Checks Washington state name and date of birth background check Valid for two years National 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 :
(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161

As required, we are returning the Plan/Attestation Statement and report with signatures and dates.

In compliance with this regulation, the home immediately requested a name and date background check for Staff D on October 23, 2025 and was able to acquire the requirement on October 24, 2025.

Sincerely,

RODIL ALCANTARA
Provider

Attachments:

1. Plan/Attestation Statement and report signed and dated
2. Copy of the Background Check dated October 23, 2025