STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Better Place Adult Family Home LLC
Better Place AFH #2 LLC
629 21st St SE
Puyallup, WA 98372

RE: Better Place AFH #2 LLC License # 751592

Dear Provider:

This letter addresses Compliance Determination(s) 69071 (Completion Date 11/20/2025) and 67939 (Completion Date 10/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/20/2025 and found that you have corrected the violations listed in the Full report dated 10/29/2025. Your home is back in compliance as of 11/04/2025 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 388-76-10146, WAC 388-76-10146-2, WAC 388-112A-0050, WAC 388-112A-0050-1, WAC 388-112A-0050-1-a, WAC 388-112A-0050-1-a-iii, WAC 388-76-10146-2-b, WAC 388-76-10146-3, WAC 388-76-10650, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 10/28/2025 of:

Better Place AFH #2 LLC
629 21st St SE
Puyallup, WA 98372

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 — 10/30/2025 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) — 11-3-25 Date

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

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

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(b) Basic;

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure 2 of 4 AFH Staff (Caregiver A and Caregiver B) received their Home Care Aid (HCA) Certification within 200 days of hire. This failure resulted in 6 of 6 Residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) being cared for by two AFH staff who did not meet the minimum caregiver qualifications.

Findings included...

On 10/28/2025, record review showed Caregiver A (CG A) was hired on 11/01/2023 and Caregiver B (CG B) was hired on 08/13/2022. There was no documentation CG A or CG B received their HCA certification.

On 10/28/2025 at 8:45 AM, observation showed CG A worked in the AFH.

On 10/28/2025 at 10:20 AM, in an interview with CG A, when asked if they completed their HCA certification, CG A stated they did not pass the HCA knowledge test. When asked if they rescheduled to take the HCA knowledge test, CG A stated they did not.

On 10/28/2025 at 1:45 PM, in an interview, when asked why CG A and CG B did not have documentation they had their HCA certification, the Provider stated CG A failed the test twice and CG B must take the classes.

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, Better Place AFH #2 LLC is or will be in compliance with this law and / or regulation on (Date) 10-31-25.

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

Provider (or Representative) — Date: 11-3-25

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure 2 of 4 AFH Staff (Caregiver A and Caregiver B) received their Home Care Aid (HCA) Certification within 200 days of hire. This failure resulted in 6 of 6 Residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) being cared for by two AFH staff who did not meet the minimum caregiver qualifications.

Findings included…

On 10/28/2025, record review showed Caregiver A (CG A) was hired on 11/01/2023 and Caregiver B (CG B) was hired on 09/13/2022. There was no documentation CG A or CG B received their HCA certification.

On 10/28/2025 at 8:45 AM, observation showed CG A worked in the AFH.

On 10/28/2025 at 10:20 AM, in an interview with CG A, when asked if they completed their HCA certification, CG A stated they did not pass the HCA knowledge test. When asked if they rescheduled to take the HCA knowledge test, CG A stated they did not.

On 10/28/2025 at 1:45 PM, in an interview, when asked why CG A and CG B did not have documentation they had their HCA certification, the Provider stated CG A failed the test twice and CG B must take the classes.

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, Better Place AFH #2 LLC 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

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 2 residents (Resident 1) who had [redacted] installed was assessed for the need for [redacted], documented how [redacted] were used in their negotiated care plan (NCP) prior to their use, and ensure the [redacted] were installed correctly. These failures placed R1 at risk of injury or entrapment and resulted in Resident 1 (R1) receiving care from AFH staff that was not included in R1's NCP.

Findings included…

On 10/28/2025, record review showed there was no [redacted] assessment for R1 and R1's NCP dated 05/03/2025 did not document how [redacted] were used.

On 10/28/2025 at 10:00 AM, observation showed [redacted] attached to R1's bed and were in the upright position.

On 10/28/2025 at 10:00 AM, in an interview, when asked what the [redacted] were used for, the Provider stated R1 holds on to them when they are turned.

On 10/28/2025 at 1:40 PM, observation showed the Resident Manager writing on R1's NCP dated 05/03/2025.

On 10/28/2025, record review of R1's NCP dated 05/03/2025 showed how [redacted] were to be used. There was no documentation the NCP was updated prior to the inspection.

On 10/28/2025 at 1:45 PM, in an interview, when asked why R1 did not have documentation of a [redacted] assessment and why the NCP did not document how [redacted] were used, the Provider stated they thought it was already done.

On 10/29/2025 at 10:05 AM, the Provider emailed a [redacted] order from R1's primary care provider and a page from R1's assessment dated 04/30/2025 that had a hand-written line from a Registered Nurse that described the [redacted] were to be used for repositioning and care. There was no documentation that R1 had been assessed for other alternatives to [redacted] explored and attempted, why the current equipment does not meet their current medical or functional needs, if the client needs assistance with raising and lowering the [redacted], R1's cognitive ability, and R1's history of falls and transfer ability, and if the [redacted] were installed correctly.

Statement of Deficiencies	License # 751592	Compliance Determination # 67939
Plan of Correction	Better Place AFH #2 LLC	Completion Date
Page 5 of 5	Licensee: Better Place Adult Family Home LLC	10/29/2025

This is a repeated deficiency previously cited on 08/25/2023.

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, Better Place AFH #2 LLC is or will be in compliance with this law and / or regulation on (Date) 11-4-25 .

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

Provider (or Representative) Date 11-3-25

This is a repeated deficiency previously cited on 08/25/2023.

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, Better Place AFH #2 LLC 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