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

Betterliving Adult Family Home 1 LLC
Betterliving Adult Family Home 1
1610 SW 146th Street
Burien, WA 98166

RE: Betterliving Adult Family Home 1 License # 753036

Dear Provider:

This letter addresses Compliance Determination(s) 60519 (Completion Date 06/03/2025) and 57021 (Completion Date 04/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/03/2025 and found that you have corrected the violations listed in the Complaint report dated 04/25/2025. Your home is back in compliance as of 05/05/2025 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 388-76-10025-3, WAC 388-76-10025-4, WAC 388-76-10025-2, WAC 388-76-10025-1, WAC 388-76-10025

The Department staff who did the on-site verification:
Mavis Downing, 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

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Statement of Deficiencies	License #: 753036	Compliance Determination # 57021
Plan of Correction	Betterliving Adult Family Home 1	Completion Date
Page 1 of 3	Licensee: Betterliving Adult Family Home 1 LLC	04/25/2025

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 03/26/2025 of:

Betterliving Adult Family Home 1
1610 SW 146th Street
Burien, WA 98166

This document references the following complaint number(s): 169130

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 investigated the Adult Family Home:

Mavis Downing, 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

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 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family home (AFH) failed to pay their annual license fee when it was due on 01/15/2025. This failure resulted in an invalid license from 01/15/2025 and placed 4of 4 residents (Residents 1, 2, 3 and 4) at risk of losing their home.

Findings included...

Observation on 03/26/2025 at 2:00 PM showed 4 residents in the home (Residents 1, 2, 3 and 4), received care and services from Staff B (Caregiver) and Staff C (Caregiver).

Review of records using department’s Secure Tracking and Reporting System (STARS) on 03/26/2025, showed the department licensed the AFH on 06/16/2015. The STARS record showed the AFH did not pay their annual license renewal fee in the amount of

$1,125.00, which was due on 01/15/2025.

In an interview on 03/26/2025 at 2:30 PM, Staff A, Entity Representative stated they did not pay their annual licensing fee in January 2025 as they had travelled out of the country to attend to an emergency situation during the same time the license fee was due. Staff A stated they will submit their payment to the department as soon as possible.

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, Betterliving Adult Family Home 1 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