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

ICare Adult Family Care Inc

ICare Adult Family Care Inc
6113 S 295th Ct
Auburn, WA 98001

RE: ICare Adult Family Care Inc License # 753260

Dear Provider:

This letter addresses Compliance Determination(s) 64654 (Completion Date 08/28/2025) and 61491 (Completion Date 07/02/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/28/2025 and found that you have corrected the violations listed in the Full report dated 07/02/2025. Your home is back in compliance as of 07/09/2025 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 388-76-10265-1-d

The Department staff who did the off-site verification:
Marites Gatan, 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 06/23/2025 of:

ICare Adult Family Care Inc
6113 S 295th Ct
Auburn, WA 98001

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, 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 #: 753260	Compliance Determination #: 81491
Plan of Correction	ICare Adult Family Care Inc	Completion Date
Page 2 of 3	Licensee: ICare Adult Family Care Inc	07/02/2025

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 — 07/03/2025 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)) — 7/9/25 Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff B, Caregiver) had Tuberculosis [(TB) communicable disease affecting lungs] testing completed within three days of employment. This failure placed all four residents at risk of possible exposure to TB.

Findings included...

Observation on 06/23/2025 at 10:00 AM showed Staff A, Entity Representative/ Resident Manager with Staff B, Staff C, Caregiver, Staff D, Caregiver and Staff I, Housekeeper with five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Record review of Staff B's AFH personnel records showed the AFH hired them on 08/25/2023. Staff B had completed their AFH orientation on 08/25/2023 to 08/28/2023. Staff B had a 08/12/2023 TB blood test with a negative result. Staff B had no other TB test in their AFH file. Staff B had no TB test done within three days of employment.

In an interview on 06/23/2025 at 4:30 PM, Staff A stated they thought that Staff B's TB blood test was adequate. Staff A added that it was likely that in year 2023 there was a TB test suspension related to COVID 19 (an infectious disease caused by a respiratory

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Residential Care Services | Date

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Provider (or Representative) | Date

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Statement of Deficiencies	License #: 753260	Compliance Determination #: 81491
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Page 3 of 3	Licensee: ICare Adult Family Care Inc	07/02/2025

virus).

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, ICare Adult Family Care Inc is or will be in compliance with this law and / or regulation on (Date) 07/09/2025

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

Provider (or Representative) — Date: 07/09/2025

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_____ _____

Provider (or Representative) Date