STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

July 16, 2025

ELECTRONIC-FACSIMILE

Licensee, Senior Best Care Inc
Senior Best Care Inc.
21210 132ND AVE SE
KENT, WA 98042

Adult Family Home License #**753621**
Entity Representative: Tarlok Singh

IMPOSITION OF CIVIL FINES AND CONDITIONS ON A LICENSE

Dear Licensee:

On July 2, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter is formal notice of the imposition of civil fines and conditions on the license for your adult family home, located at **21210 132ND AVE SE**, **KENT**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The civil fines and conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated July 2, 2025.

Civil Fines

WAC 388-76-10340(1)(2)(3)(4)(5) Preliminary service plan. **$400.00**

The licensee failed to develop a Preliminary Service Plan (PSP) for one resident upon admittance to the Adult Family Home. This failure placed one resident at risk for unmet care needs and diminished quality of life.

This is a repeated deficiency previously cited on January 11, 2024, April 20, 2023, November 30, 2022, and September 7, 2022.

WAC 388-76-10400(1)(2)(3)(a)(b)(c)(4) Care and services. **$500.00**

The licensee failed to actively ensure one resident's care and needs were supported. This failure placed one resident at risk of not receiving appropriate care and services based on their medical needs.

This is a repeated deficiency previously cited on October 1, 2024, July 9, 2024, April 23, 2024, May 4, 2023, and November 23, 2022.

WAC 388-76-10405(1)(2) Nursing care. **$200.00**

The licensee failed to hire or contract with a nurse to provide delegation to one resident. This failure placed one resident at risk for not receiving necessary care and services based on their medical needs.

WAC 388-76-10530(1)(a)(b)(c)(d)(e)(f)(g)(h)(2) Resident rights — Notice of rights and services. **$400.00**

The licensee failed to ensure that one resident had signed and dated the Notice of Services (Admission Agreement) before their admission to the Adult Family Home. This failure placed the resident at risk of not being aware of available care and services, service charges, home rules, and the right to file a complaint with the state hotline.

This is a repeated deficiency previously cited on April 23, 2024, and January 11, 2024.

WAC 388-76-10650(1)(2)(a)(b)(c)(d) Medical devices. **$500.00**

The licensee failed to have an assessment in place for bedrails that identified the resident's need for and ability to use a medical device with a known safety risk, the consent for the use of a medical device, and documentation on the Preliminary Service Plan (PSP) or Negotiated Care Plan (NCP) on how bedrails would be used for one resident. This failure placed one resident at risk for injury from improper use of a medical device.

This is a repeated deficiency previously cited on October 1, 2024, July 9, 2024, April 23, 2024, January 11, 2024.

NOTE: These are the violations, which resulted in the fines and conditions; see the attached Statement of Deficiencies for any additional violations.

Conditions on License

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) provider must retain the services of a qualified nurse consultant to ensure compliance with requirements related to service plans, care and services, medical devices, nurse delegation, and admission agreements within 45 days of this notice***

- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

These conditions were verbally imposed by the Field Manager and effective on **July 15, 2025.** These conditions will remain in effect until lifted by formal Department of Social and Health Services notice.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Alfredo Brown, Field Manager
Region 2, Unit K
20311 52nd Avenue West Suite 100
Lynnwood, WA 98036 Mailstop: N17-14
Phone: (253) 341-7376 / Fax: (206) 971-6791
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter. You **must** use an **IDR Request Form** for **each** citation or enforcement action you plan to dispute. You can find this **revised** form and guidelines on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr.

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline.** For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Please **email** your request(s) and supporting documentation to:

RCSIDR@dshs.wa.gov

OR

FAX to: 360-725-3225

Formal Administrative Hearing

You may contest the civil fines and conditions by requesting a formal administrative hearing to challenge the deficiencies**,** which resulted in the civil fines and conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$2,000.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Alfredo Brown, Field Manager, at (253) 341-7376.

Sincerely,

Bárbara del Mar Robles-Conklin, J.D., LL.M.
Compliance and Enforcement Unit Manager
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit K
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
SN