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

Senior Best Care Inc

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

RE: Senior Best Care Inc. License # 753621

Dear Provider:

This letter addresses Compliance Determination(s) 43558 (Completion Date 07/02/2024) and 41603 (Completion Date 05/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/02/2024 and found that you have corrected the violations listed in the Complaint report dated 05/29/2024. Your home is back in compliance as of 05/24/2024 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, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

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Statement of Deficiencies	License #: 753621	Compliance Determination # 41603
Plan of Correction	Senior Best Care Inc.	Completion Date
Page 1 of 3	Licensee: Senior Best Care Inc	05/29/2024

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 05/21/2024 and 05/21/2024 of:

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

This document references the following complaint number(s): 128345

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, 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 — 6/3/2024 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) 06/05/24 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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to pay their annual license fee when due. This failure resulted in the AFH practicing with an invalid license from March 2024 until present (three months).

Findings included...

On 05/21/2024 a review of the departments "Secure Tracking and Reporting System" (STARS) showed the AFH was licensed on 03/06/2018 and the annual licensing fee is due in the month of March each year. A review of records using the department STARS showed that the AFH had past due license fee in the amount of $1,350.00.

On 05/21/2024 at 2:18 PM, in a telephone interview, Staff A, Entity Representative/Resident Manager, stated that Residents 1, 2, 3, and 4 were residents at the facility and received care and services.

On 05/21/2024 at 2:22 PM, in a telephone interview, Staff A stated that they did not remember when they paid the annual licensing fee. Staff A stated that they normally paid the annual licensing fee with an automatic withdrawal. Staff A stated that they needed to check their bank account if the annual fee was withdrawn as they were out of town. Staff A requested contact information regarding where to send the payment for the licensing fee.

Attestation Statement

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, Senior Best Care Inc. is or will be in compliance with this law and / or regulation on (Date) 05-24-2024.

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

Statement of Deficiencies	License #: 753621	Compliance Determination # 41603
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Page 3 of 3	Licensee: Senior Best Care Inc	05/29/2024

Provider (or Representative) Date 06/04/24