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) 69007 (Completion Date 11/26/2025) and 59675 (Completion Date 07/02/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/26/2025 and found that you have corrected the violations listed in the Complaint report dated 07/02/2025. Your home is back in compliance as of 11/07/2025 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 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5, WAC 388-76-10400, WAC 388-76-10400-1, WAC 388-76-10400-2, WAC 388-76-10400-3, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b, WAC 388-76-10400-3-c, WAC 388-76-10400-4, WAC 388-76-10405, WAC 388-76-10405-1, WAC 388-76-10405-2, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10530, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-h, WAC 388-76-10530-2, WAC 388-76-10650, WAC 388-76-10650-1, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

The Department staff who did the on-site verification:

Imelda Cornelio, NCI
Jennifer Domingo, AFH Complaint Investigator

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 753621	Compliance Determination # 59675
Plan of Correction	Senior Best Care Inc.	Completion Date
Page 1 of 11	Licensee: Senior Best Care Inc	07/02/2025

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 05/15/2025 of:

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

This document references the following complaint number(s): 177989, 179268

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Ywen Dah Liou, AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to develop a Preliminary Service Plan (PSP) upon admittance to the AFH for 1 of 6 residents (Resident 1). This failure placed Resident 1 at risk for unmet care needs and diminished quality of life.

Findings included…

Review of Department's records dated [redacted]/2025 showed that Resident 1 was a [redacted] client and was admitted to the AFH from the local hospital on [redacted]/2025.

Review of Resident 1's assessment dated 03/31/2025 showed that Resident 1 had multiple health diagnoses, including [redacted]. Resident 1 needed care and services that required nurse delegation, such as hemodialysis (a treatment for

kidney failure that mimics the kidneys' function by removing waste, excess fluid, and toxins from the blood through a dialyzer) and the care of hemodialysis catheter (A flexible tube used to deliver fluids into or withdraw fluids from the body)/dressing. The assessment stated that Resident 1's hemodialysis catheter care needed to be completed 2 to 3 times per week at the clinic/practioner's office. The assessment stated that Resident 1's dressing applications needed to be completed at the AFH 2 to 3 times per week by staff.

Observation on 05/15/2025 at 10:15 AM showed that Resident 1 was in their bedroom and had a hemodialysis catheter/dressing on their chest.

During an interview on 05/15/2025 at 10:15 AM, Resident 1 stated that they had not received any nurse delegation for their care and services before or after their admission to the AFH. Resident 1 stated that the AFH did not consult with them about their hemodialysis treatment and hemodialysis catheter/dressing care. Resident 1 stated that the AFH did not consult with them about the transportation arrangement to dialysis center for their scheduled hemodialysis.

During an interview on 05/15/2025 at 10:40 AM, Staff A, Provider, stated that they had not completed any nurse delegation for Resident 1. Staff A stated that they had not developed a PSP for Resident 1.

Review of R1's records at the AFH on 05/15/2025 showed that the AFH did not have Resident 1's PSP.

This is a repeated deficiency previously cited on 01/11/2024, 04/20/2023, 11/30/2022, and 09/07/2022.

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)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

(b) Actively supports the safety of each resident; and

(c) Reasonably accommodates each resident's individual needs and preferences except when the accommodation endangers the health or safety of the individual or another resident.

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to actively ensure 1 of 6 residents (Resident 1) care and needs were supported. This failure placed Resident 1 at risk for not receiving appropriate care and services based on their medical needs.

Findings included…

Review of the Department's records dated [redacted]/2025 showed that Resident 1 was a [redacted] client and was admitted to the AFH from the local hospital on [redacted]/2025.

Review of Resident 1's assessment dated 03/31/2025 showed that Resident 1 had multiple health diagnoses, including [redacted]. Resident 1 needed care and services that required nurse delegation, such as hemodialysis (a treatment for kidney failure that mimics the kidneys' function by removing waste, excess fluid, and toxins from the blood through a dialyzer) and the care of hemodialysis catheter (A flexible tube used to deliver fluids into or withdraw fluids from the body)/dressing. The assessment stated that Resident 1's hemodialysis catheter care needed to be completed 2 to 3 times per week at the clinic/practioner's office. The assessment stated that Resident 1's dressing applications needed to be completed at the AFH 2 to 3 times per week by staff.

Observation on 05/15/2025 at 8:50 AM showed that Resident 1 was in their room at the AFH.

Observation on 05/15/2025 at 10:15 AM showed that Resident 1 had hemodialysis

catheter/dressing on their chest.

During an interview on 05/15/2025 at 10:15 AM, Resident 1 stated that they did not have any nurse delegation for their care and services before or after the admission. Resident 1 stated that the AFH did not consult with them about their hemodialysis treatment and hemodialysis catheter/dressing care. Resident 1 stated that the AFH did not consult with them about the transportation arrangement to the dialysis center for their scheduled hemodialysis.

During an interview on 05/15/2025 at 10:40 AM, Staff A stated that they did not complete any nurse delegation for Resident 1. Staff A stated that they did not develop Preliminary Service Plan (PSP) or Negotiated Care Plan (NCP) of Resident 1.

During an interview on 05/15/2025 at 10:50 AM, Collateral Contact 1, Social Service Specialist, stated that Staff A did not set up Resident 1's required nurse delegation prior to admission to the AFH.

Review of Resident 1's records at the AFH on 05/15/2025 showed that the AFH did not have Resident 1's PSP, NCP, and nurse delegation.

This is a repeated deficiency previously cited on 10/01/2024, 07/09/2024, 04/23/2024, 05/04/2023, and 11/23/2022.

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)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

(1) Contract with a nurse currently licensed in the state of Washington to provide the nursing care and service; or

(2) Hire or contract with a nurse to provide nurse delegation.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to hire or contract with a nurse to provide nursing delegation to 1 of 6 residents (Resident 1). This failure placed Resident 1 at risk for not receiving necessary care and services based on their medical needs.

Findings included…

Review of Department's records dated [redacted]/2025 showed that Resident 1 was a [redacted] client and was admitted to the AFH from the local hospital on [redacted]/2025.

Review of Resident 1's assessment dated 03/31/2025 showed that Resident 1 had multiple health diagnoses, including [redacted]. Resident 1 needed care and services that required nurse delegation, such as hemodialysis (a treatment for kidney failure that mimics the kidneys' function by removing waste, excess fluid, and toxins from the blood through a dialyzer) and the care of hemodialysis catheter (A flexible tube used to deliver fluids into or withdraw fluids from the body)/dressing. The assessment stated that Resident 1's dressing applications needed to be completed at the AFH 2 to 3 times per week by staff.

Observation on 05/15/2025 at 8:50 AM showed that Resident 1 was in their room at the AFH.

Observation on 05/15/2025 at 10:15 AM showed that Resident 1 had hemodialysis catheter/dressing on their chest.

During an interview on 05/15/2025 at 10:15 AM, Resident 1 stated that they did not have any nurse delegation for their care and services before or after the admission. Resident 1 stated that the AFH did not consult with them about their hemodialysis treatment and hemodialysis catheter/dressing care.

During an interview on 05/15/2025 at 10:40 AM, Staff A stated that they had not completed any nurse delegation for Resident 1.

During an interview on 05/15/2025 at 10:50 AM, Collateral Contact 1, Social Service Specialist, stated that Staff A did not set up Resident 1's required nurse delegation prior to admission to the AFH.

Review of Resident 1's records at the AFH on 05/15/2025 showed that, the AFH did not hire or contract with a nurse to provide nurse delegation for Resident 1's care and

services.

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)_____ .

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

Provider (or Representative) Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to ensure the Medicaid Policy was signed and dated for 1 of 6 residents (Resident 1). This failure placed Resident 1 at risk of not being fully aware of their rights.

Findings included…

Review of the Department's records dated [redacted]/2025 showed that Resident 1 was a [redacted] client and was admitted to the AFH from the local hospital on [redacted]/2025.

Observation on 05/15/2025 at 8:50 AM showed that Resident 1 was in their room at the AFH.

Review of Resident 1's records at the AFH on 05/15/2025 showed that, the AFH did not

have a Medicaid policy signed and dated by Resident 1.

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)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's

record.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the Adult Family Home (AFH) failed to ensure the 1 of 6 residents (Resident 1) had signed and dated Notice of Services (Admission Agreement) before their admission to AFH. This failure placed Resident 1 at risk of not being aware of available care and services, services charges, home rules, and the right to file a complaint with the state hotline.

Findings included…

Review of Department's records dated [redacted]/2025 showed that Resident 1 was a [redacted] client and was admitted to the AFH from the local hospital on [redacted]/2025.

Observation on 05/15/2025 at 8:50 AM showed that Resident 1 was in their room at the AFH.

During an interview on 05/15/2025 at 10:15 AM, Resident 1 stated that they did not sign and date any admission agreement before or after their admission to AFH.

During an interview on 05/15/2025 at 10:40 AM, Staff A stated that they admitted Resident 1 to their AFH on [redacted]/2025. Staff A stated that there was no admission agreement signed and dated by Resident 1.

Review of Resident 1's records at the AFH on 05/15/2025 showed that the AFH did not have an admission agreement signed and dated by Resident 1.

This is a repeated deficiency previously cited on 04/23/2024 and 01/11/2024.

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)_____ .

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.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the 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 review, the Adult Family Home (AFH) failed to have an assessment in place for [redacted] 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 [redacted] would be used for 1 of 6 residents (Residents 1). This failure placed Resident 1 at risk for injury from improper use of a medical device.

Findings included…

Review of the Department's records dated [redacted]/2025 showed that Resident 1 admitted to the AFH on [redacted]/2025.

Review of Resident 1's assessment dated 03/31/2025 showed that there was no order or instruction of [redacted] use. Resident 1 was an independent decision maker. Resident 1 had multiple health diagnoses, including [redacted] and [redacted]. Resident 1 needed one-person physical assistance for bed mobility and transfer.

Observation on 05/15/2025 at 10:15 AM showed that a [redacted] was installed on Resident 1's right-side of their bed. Observation showed right-side [redacted] was in the raised position.

During an interview on 05/15/2025 at 10:15 AM, Resident 1 stated that Staff A, Provider, did not consult with them or ask their consent about the [redacted] use. Resident 1 stated that they were not sure if Staff A obtained the physician's order prior to their [redacted] installation.

During an interview on 05/15/2025 at 10:40 AM, Staff A stated that Staff B, Caregiver, installed a [redacted] on Resident 1's bed. Staff A stated that the AFH did not have the physician's order for Resident 1's [redacted] use, Physical Therapist/Occupational Therapist assessment, and training prior to the [redacted] installation.

Review of Resident 1's record on 05/15/2025 showed Resident 1's PSP or NCP had not been completed and there was no physician's order for [redacted] use.

This is a repeated deficiency previously cited on 10/01/2024, 07/09/2024, 04/23/2024, and 01/11/2024.

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)_____ .

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

_____ _____
Provider (or Representative) Date