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

Highlands Best Care LLC

Highlands Best Care LLC
4120 NE 10th Pl
Renton, WA 98059

RE: Highlands Best Care LLC License # 753865

Dear Provider:

This letter addresses Compliance Determination(s) 43680 (Completion Date 07/03/2024) and 42575 (Completion Date 06/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/03/2024 and found that you have corrected the violations listed in the Full report dated 06/12/2024. Your home is back in compliance as of 06/18/2024 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 388-76-10805-3, WAC 388-76-10750-3

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

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

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 06/11/2024 and 06/11/2024 of:

Highlands Best Care LLC
4120 NE 10th Pl
Renton, WA 98059

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 inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 06/17/2024 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) Date

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure smoke alarms were interconnected. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk of harm in the event of a fire.

Findings included...

During an environmental tour on 06/11/2024 at 11:20 AM with Staff A, Entity Representative, observation showed the smoke detector in the kitchen area sounded when pressed but did not activate any other smoke alarm in the home.

In an interview on 06/11/2024 at 11:20 AM, Staff A stated that each smoke alarm in the home was battery powered and not interconnected to each other.

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, Highlands Best Care LLC 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 388-76-10750 Safety and maintenance. The adult family home must:

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to secure the portable toilet riser on 1 of 1 toilet. This failure placed all current residents at risk for injury and harm.

Findings included...

During an environmental tour on 06/11/2024 at 12:24 PM with Staff A, Entity Representative, observation showed a portable toilet riser on the toilet used by the residents. The portable toilet riser immediately came off with minimal pressure applied.

In an interview on 06/11/2024 at 12:24 PM, Staff A stated that the caregiver possibly did not tighten it.

In an interview on 06/11/2024 at 12:33 PM, Staff A stated that all residents used the bathroom with assistance from staff.

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, Highlands Best Care LLC 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