



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

Ruby Matti Caring Professionals LLC
Ruby Matti Caring Professionals LLC
30042 14th Ave S
Federal Way, WA 98003

RE: Ruby Matti Caring Professionals LLC License # 753952

Dear Provider:

This letter addresses Compliance Determination(s) 43975 (Completion Date 07/16/2024) and 39145 (Completion Date 04/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/16/2024 and found that you have corrected the violations listed in the Complaint report dated 04/16/2024. Your home is back in compliance as of 04/19/2024 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

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, Field Manager
Region 2, Unit G
Residential Care Services

04.18.2024 14:35:58

State of Washington

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AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753952	Compliance Determination # 39145
Plan of Correction	Ruby Matti Caring Professionals LLC	Completion Date
Page 1 of 3	Licensee: Ruby Matti Caring Professionals LLC	04/16/2024

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 04/01/2024 and 04/01/2024 of:

Ruby Matti Caring Professionals LLC
30042 14th Ave S
Federal Way, WA 98003

This document references the following complaint number(s): 121996

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that investigated 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

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

4-18-2024
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.

This document was prepared by Residential Care Services for the Locator website.



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Page 1 of 3	Licensee: Ruby Matti Caring Professionals LLC	04/16/2024

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Date

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Statement of Deficiencies	License #: 753952	Compliance Determination # 39145
Plan of Correction	Ruby Matti Caring Professionals LLC	Completion Date
Page 2 of 3	Licensee: Ruby Matti Caring Professionals LLC	04/16/2024

Provider (or Representative)

CAROLINE PRICE

Date

04/19/2024

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 observation, interview and record review, the Adult Family Home (AFH) failed to pay their annual licensing fee when due. This failure resulted in the AFH operating without a valid license since 01/15/2024 while caring for all their residents.

Findings included...

Review of the Department record using the Facilities Management System (FMS) on 03/29/2024 revealed that the AFH licensing fee was due on 01/15/2024 in the amount of \$1350.00

In an interview on 04/01/2024 at 1:58 PM, Staff B, Caregiver stated that there were six residents (Residents 1, 2, 3, 4, 5, and 6) who lived and received care from the AFH staff. One of the residents (Resident 6) went out shopping.

In an interview on 04/01/2024 at 2:57 PM, Staff A, Entity Representative/Resident Manager stated that they paid and mailed their AFH annual license fee last January 2024 or December 2023. In addition, Staff A stated that they do not have a copy of the check as they used certified check from their financial institution.

In an interview on 04/01/2024 at 3:14 PM, Staff A stated that they paid their AFH license fee. In addition, Staff A stated they would look in their computer at their other house and would send their proof to the department.

On 04/01/2024 at 4:06 PM, department staff received a telephone text message from Staff A. The text message stated that they found the AFH license fee bill, and would send their payment. The text message included a photo of a certified financial institution check dated

Provider (or Representative)

Date

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In an interview on 04/01/2024 at 2:57 PM, Staff A, Entity Representative/Resident Manager stated that they paid and mailed their AFH annual license fee last January 2024 or December 2023. In addition, Staff A stated that they do not have a copy of the check as they used certified check from their financial institution.

In an interview on 04/01/2024 at 3:14 PM, Staff A stated that they paid their AFH license fee. In addition, Staff A stated they would look in their computer at their other house and would send their proof to the department.

On 04/01/2024 at 4:06 PM, department staff received a telephone text message from Staff A. The text message stated that they found the AFH license fee bill, and would send their payment. The text message included a photo of a certified financial institution check dated

04/01/2024 in the amount of \$1350.00 issued to the department.

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, Ruby Matti Caring Professionals 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