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

In Home Loving Care LLC

In Home Loving Care LLC
4439 153rd Ave SE
Bellevue, WA 98006

RE: In Home Loving Care LLC License # 753979

Dear Provider:

This letter addresses Compliance Determination(s) 66204 (Completion Date 09/25/2025) and 63415 (Completion Date 08/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/25/2025 and found that you have corrected the violations listed in the Full report dated 08/13/2025. Your home is back in compliance as of 08/16/2025 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 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e, WAC 388-76-10530-2, WAC 388-76-10522-3, WAC 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10201-2

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 07/30/2025 of:
In Home Loving Care LLC
4439 153rd Ave SE
Bellevue, WA 98006

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 _____ 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 388-76-10530 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;

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

(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 observation, interview and record review, the Adult Family Home (AFH) failed to provide and ensure 2 of 2 sampled residents (Residents 1 and 2) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them, at least every twenty-four months after admission. This failure placed Residents 1, 2 and/or their representatives at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included…

RESIDENT 1

On 07/30/2025 at 12:35 PM, observation showed Staff A, Entity Representative, went to Resident 1's room to notify them that it was lunch time.

In an interview on 07/30/2025 at 3:29 PM, Staff A stated that Resident 1 was admitted to the home on [redacted]/2019.

Record review of Resident 1's undated notice of services, showed Resident 1 and/or its representative and the AFH last reviewed and signed the notice of services on 10/17/2022 (286 days overdue).

RESIDENT 2

On 07/30/2025 at 12:41 PM, observation showed Resident 2 was in a wheelchair propelled by Staff A from the dining room to the toilet.

Record review of Resident 2's undated notice of services, showed the AFH admitted them on [redacted]/2019. Further review of Resident 2's undated notice of services showed Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on 09/12/2021 (687 days overdue).

In an interview on 07/30/2025 at 3:39 PM, Staff A stated that Residents 1 and 2's notice of services were not reviewed and signed every two years because they did not know.

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, In Home Loving 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 388-76-10522 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:

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Medicaid (A joint federal and state program that helps cover medical costs for some people with limited income and resources) payment source policy written separately from other documents and at least 14 font were provided, signed and dated by 2 of 2 sampled residents (Residents 1 and 2) or their representatives. This failure placed Residents 1 and 2 or their representatives of not being fully informed of the AFH policy regarding [redacted] as a payment source.

Findings included...

In an interview on 07/30/2025 at 11:28 AM, Staff A, Entity Representative, stated that Resident 1 was a [redacted] funded resident and Resident 2 was privately funded.

RESIDENT 1

In an interview on 07/30/2025 at 3:29 PM, Staff A stated that Resident 1 was admitted to the home on [redacted]/2019.

RESIDENT 2

Record review of Resident 2’s undated notice of services, showed the AFH admitted

them on [redacted].

Review of Resident 1 and 2's book of records and/or file showed that it did not include a Medicaid policy that were separate from other documents, at least fourteen fonts, signed and dated by Residents 1 and 2 or their representatives.

In an interview on 07/30/2025 at 2:18 PM, Staff A stated that Residents 1, 2, and/or their representatives were not provided with Medicaid policy because they did not ask for it.

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, In Home Loving 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) did not ensure there was a written plan (Succession plan) that outlines how the home would continue to provide care and services to 4 of 4 current residents (Residents 1, 2, 3, and 4) in the event of Staff A, Entity Representative, was unable to fulfill their duties. This failure placed all residents at risk of unmet care needs.

Findings included…

In an interview on 07/30/2025 at 11:28 AM, Staff A, Entity Representative, said that the AFH had four current residents.

On 07/30/2025 at 10:49 AM, Residents 3 and 4 were observed sitting on a wheelchair in the living room.

On 07/30/2025 at 12:35 PM, Resident 1 was observed in his bedroom interacted with Staff A.

On 07/30/2025 at 12:41 PM, Resident 2 was observed in a wheelchair propelled by Staff A.

Review of the AFH files showed no succession plan.

In an interview on 07/30/2025 at 3:00 PM, Staff A stated that they did not have a succession plan.

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, In Home Loving 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