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

Best Choice Adult Family Home LLC

Best Choice Adult Family Home LLC
3848 165TH PL SE
BELLEVUE, WA 98008

RE: Best Choice Adult Family Home LLC License # 754347

Dear Provider:

This letter addresses Compliance Determination(s) 71305 (Completion Date 01/12/2026) and 68431 (Completion Date 11/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/12/2026 and found that you have corrected the violations listed in the Full report dated 11/17/2025. Your home is back in compliance as of 01/02/2026 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 388-76-10463-3, WAC 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-d, WAC 388-76-10650-2-c, WAC 388-76-10650-2, WAC 388-76-10650

The Department staff who did the off-site verification:
Jimmie Jordan, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
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

Statement of Deficiencies	License #: 754347	Compliance Determination # 68431
Plan of Correction	Best Choice Adult Family Home LLC	Completion Date
Page 1 of 5	Licensee: Best Choice Adult Family Home LLC	11/17/2025

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 the unannounced on-site full inspection on 11/06/2025 of:
Best Choice Adult Family Home LLC
3848 165TH PL SE
BELLEVUE, WA 98008

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, 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

Statement of Deficiencies	License #: 754347	Compliance Determination # 68431
Plan of Correction	Best Choice Adult Family Home LLC	Completion Date
Page 2 of 5	Licensee: Best Choice Adult Family Home LLC	11/17/2025

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

11-18-2025
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)

11/25/25
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) in their Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of harm due to unmet mental health care needs.

Findings included...

Resident 1
Record review showed that Resident 1 had a disabling diagnosis, namely [redacted] and [redacted]

Observation with Staff D, Caregiver, on 11/06/2025 at 11:35 AM, showed Resident 1's medication bin contained Bupropion HCL (medication for mood disorder), 100 milligrams (mg), one tablet by mouth every morning, Mirtazapine (medication for mood disorder) 30 mg, take 1 tablet by mouth at bedtime, and Trintellix (medication for mood disorder) 20 mg by mouth every morning.

Statement of Deficiencies	License #: 754347	Compliance Determination # 68431
Plan of Correction	Best Choice Adult Family Home LLC	Completion Date
Page 3 of 5	Licensee: Best Choice Adult Family Home LLC	11/17/2025

Review of Resident 1's NCP, dated 03/25/2025, showed no strategies, environmental modifications, or directions for staff behaviors in response to symptoms of Resident 1's behaviors and mood for which the mood disorder medications were prescribed.

Resident 2
Record review showed that Resident 2 had multiple disabling diagnoses including [redacted] and [redacted].

Observation with Staff D on 11/06/2025 at 11:35 AM, showed Resident 2's medication bin contained Escitalopram (medication for mood disorder) 10 mg, one tablet by mouth every morning, Quetiapine Fumarate (medication for mental/mood disorders), 50 mg, one tablet by mouth daily at bedtime, and Buspirone HCL (medication to treat anxiety), 10 mg, take one tablet by mouth three times daily.

Review of Resident 2's NCP, dated 01/18/2025, showed no strategies, environmental modifications, or directions for staff behaviors in response to symptoms of Resident 2's behaviors and mood for which the mental and mood disorder medications were prescribed.

During an interview on 11/12/2025 at 3:15 PM, Staff A, Representative/Resident Manager, stated that they didn't address the psychopharmaceutical medications on Residents 1 and 2 NCPs, and need to update their records.

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, Best Choice Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/08/2026.

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

Provider (or Representative) [signature] Date 11/25/2025

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.

Statement of Deficiencies	License #: 754347	Compliance Determination # 68431
Plan of Correction	Best Choice Adult Family Home LLC	Completion Date
Page 4 of 5	Licensee: Best Choice Adult Family Home LLC	11/17/2025

(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 record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place for 1 of 2 sampled residents (Resident 1) to ensure an assessment was completed; the resident or representative was given information on the safety risks associated with the [redacted] the Negotiated Care Plan (NCP) included instructions to the caregivers regarding the [redacted] and the installation instructions for the [redacted] were available before a medical device with a known safety risk was used. These failures placed Resident 1 at risk for injury from improper use of the medical device.

Findings included...

Observation on 11/06/2025 at 10:26 AM with Staff D, Caregiver, showed Resident 1's bed with upper half [redacted] elevated on one side of their bed.

Resident 1's records showed no assessment had been completed that identified Resident 1's need for and ability to use the medical devices with a known safety risk. Resident 1's record showed no resident or representative consent for the use of the [redacted] and showed no documentation the AFH gave the resident or representative information regarding the risks associated with [redacted]. Resident 1's records showed no installation instructions to ensure the [redacted] were properly installed.

Review of Resident 1's NCP dated 03/25/2025 showed no instruction to the caregivers regarding when the [redacted] should be elevated or lowered, and no information about when the [redacted] would be checked regularly for potential safety issues.

In an interview on 11/12/2025 at 3:45 PM, Staff A, Representative/Resident Manager, stated that Resident 1's family wanted Resident 1 to have the [redacted] so they brought it in and installed it on Resident 1's bed when they were admitted. Staff A stated that they didn't follow up to ensure the assessment was completed, and the consent explaining the risk and benefits was signed.

Statement of Deficiencies	License #: 754347	Compliance Determination # 68431
Plan of Correction	Best Choice Adult Family Home LLC	Completion Date
Page 5 of 5	Licensee: Best Choice Adult Family Home LLC	11/17/2025

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, Best Choice Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/02/2026.

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

Provider (or Representative) Date 11/25/25