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

*Dynamic Care Adult Family Home LLC

*Dynamic Care Adult Family Home LLC
11614 SE 52nd St
Bellevue, WA 98006

RE: *Dynamic Care Adult Family Home LLC License # 754401

Dear Provider:

This letter addresses Compliance Determination(s) 67731 (Completion Date 10/23/2025) and 65800 (Completion Date 09/23/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/23/2025 and found that you have corrected the violations listed in the Full report dated 09/23/2025. Your home is back in compliance as of 10/01/2025 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 388-76-10720-3, WAC 388-76-10720-3-a, WAC 388-76-10720-3-b, WAC 388-76-10375-1, 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 388-76-10530-2, WAC 388-76-10430-2-d, WAC 388-76-10265-1-d, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b

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 09/17/2025 of:

*Dynamic Care Adult Family Home LLC
11614 SE 52nd St
Bellevue, WA 98006

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:

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 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.**

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) and/or their representatives were aware of the electronic video monitoring. This failure placed the residents at risk for privacy violations.

Findings included…

On 09/17/2025 at 10:18 AM, observation showed a video camera was mounted above the right side of the home's entrance door. There was no sign alerting residents, residents' representatives, or guests of the AFH that they were on video camera in that location.

Record review of Residents 1 and 2 's files did not include a signed and dated written notification acknowledgement that showed the residents, or its representatives were aware of the video camera used and who had access to it.

In an interview on 09/17/2025 at 11:02 AM, Staff A, Entity Representative, stated that the video camera located by the front entrance door had no audio. Staff A and Staff D, Non-caregiving Staff, were the only ones who accessed the video. Staff A stated that that the residents and their representatives were aware of the video camera and were notified verbally. Staff A further stated that the camera was placed for safety. According to Staff A there were no signed notifications or acknowledgements from the residents as they did not know that it was needed.

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, *Dynamic Care Adult Family Home 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

(1) Resident; and

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the Adult Family Home (AFH) did not ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) was signed by the resident and/or its representative. This failure placed Resident 1 at risk of unmet care needs and receiving services that were not negotiated and agreed.

Findings included…

During the unannounced visit to the AFH on 09/17/2025 at 10:54 AM, observation showed Resident 1 was in the living room interacted with Staff A, Entity Representative.

Review of Resident 1's notice of services, dated [redacted]/2022, showed the AFH admitted Resident 1 on [redacted]/2022.

Review of Resident 1's NCP, dated 10/03/2024, showed that it was signed by the AFH representative on 10/03/2024. Further record review of the 10/03/2024 NCP showed no signature by Resident 1 and/or its representative.

In an interview on 09/17/2025 at 12:37 PM, Staff A stated that Resident 1's 10/03/2024 NCP was not signed by the resident or its representative because Resident 1's Representative refused to sign.

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, *Dynamic Care Adult Family Home 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 388-76-10530 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;

(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 that 1 of 2 sampled residents (Resident 1) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every 24 months after admission. This failure placed Resident 1 and/or their representative at risk of being unaware of the current house rules, residents' rights, services, and costs.

Findings included…

During the unannounced visit to the AFH on 09/17/2025 at 10:54 AM, observation showed Resident 1 was in the living room interacted with Staff A, Entity Representative.

Review of Resident 1's notice of services, dated [redacted]/2022, showed the AFH admitted Resident 1 on [redacted]/2022. Further record reviews showed Resident 1 and/or its representative and the AFH last reviewed and signed the notice of services on [redacted]/2022 (378 days overdue).

In an interview on 09/19/2025 at 12:50 PM, Staff A stated that they did not know residents' notice of services had to be reviewed and signed every 24 months.

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, *Dynamic Care Adult Family Home 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 388-76-10430 Medication system.**

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to give the correct medication dose as prescribed for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of health complications or harm due to medication error.

Findings included…

In an interview on 09/17/2025 at 12:57 PM, Staff A, Entity Representative, stated that Resident 2 received medication assistance from staff.

Observation on 09/17/2025 at 12:06 PM, showed Staff A spoon-fed Resident 2 their medication in the dining room.

Observation on 09/17/2025 at 3:34 PM, showed Resident 2's medication supplies included a bottle with the following label: "Genna MD maximum defense for urinary tract health (used to prevent urinary tract infections) 36 milligrams (mg) … cranberry juice extract".

Record review of the Resident 2's September 2025 Medication Administration Record (MAR) showed the following was written; "Cranberry 450 mg tablet … Take 1 tablet by mouth every morning". The MAR had staff initials from September 1 to September 17, 2025, to indicate this medication was given.

Record review of Resident 2's doctor's order dated 11/17/2023 showed the above medication was ordered by the doctor as written in the MAR.

In an interview on 09/17/2025 at 3:39 PM, Staff A stated that they were not sure how they missed and gave the wrong dosage for Resident 2's ordered Cranberry 450 mg.

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, *Dynamic Care Adult Family Home 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 388-76-10265 Tuberculosis Testing Required.**

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system to ensure 1 of 2 sampled staff ( Staff B, Caregiver) had Tuberculosis (TB- is a disease that usually affects the lungs that can spread through the air when people with active TB cough, sneeze, or spit) testing within three days of hire. This failure placed the residents at risk of exposure to an infectious disease.

Findings included…

On 09/17/2025 at 11:30 AM, Staff B, Caregiver, was observed in the kitchen preparing lunch for all six residents.

On 09/17/2025 at 12:58 PM, Staff B was observed interacting with and providing care to Resident 2 in the living room.

In an interview with Staff A, Entity Representative, on 09/17/2025 at 1:30 PM, Staff A stated that the AFH hired Staff B as a full-time caregiver.

Record review of the AFH orientation record dated 01/03/2023 showed the AFH hired Staff B on 01/03/2023.

Record review of Staff B's file showed the following TB skin testing were administered

on the following dates: 07/26/2020 and read with a negative result on 07/28/2020, 08/10/2020 and read with a negative result on 08/12/2020, 02/13/2022 and read with a negative result on 02/16/2022..There was no document that showed TB testing was done within three days of Staff B's hire.

In an interview on 09/17/2025 at 4:00 PM, Staff A stated that Staff B did not have another TB testing done within three days of hire because they thought that Staff B's previous TB testing were enough.

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, *Dynamic Care Adult Family Home 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 388-76-10191 Liability insurance required. The adult family home must:**

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to maintain general and professional liability insurance. This failure placed 6 of 6 current residents (Residents 1, 2, 3, 4, 5, and 6) unprotected against claims arising from bodily injuries, damage to their personal property, and unprotected in the event of negligence and malpractice.

Findings included…

In an interview on 09/17/2025 at 12:57 PM, Staff A, Entity Representative, said that the AFH had six residents.

Record review of the AFH certificate of liability insurance dated 04/08/2024, showed that their general and professional liability insurance coverage expired on 03/31/2025.

In a telephone interview on 09/19/2025 at 3:46 PM, Staff A stated that the general and professional liability insurance was expired, and they were in the process of getting a new one.

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, *Dynamic Care Adult Family Home 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