



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 755858	Compliance Determination # 50980
Plan of Correction	Platinum Care 365	Completion Date
Page 1 of 3	Licensee: Platinum Care 365 LLC	12/02/2024

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 12/02/2024 and 12/02/2024 of:

Platinum Care 365
1685 SW 10th Ave
Oak Harbor, WA 98277

This document references the following complaint number(s): 153668

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

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

Provider (or Representative)

Date

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.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Department received the annual license fee when it was due. This failure placed 3 of 3 residents (Residents 1, 2 & 3) at risk of living in a home that had not paid their annual licensing fee.

Findings included...

Record review, on 12/02/2024 at 08:00 AM, of the Department's electronic Secure Tracking and Reporting System, showed the AFH had an overdue annual license fee of \$900.00 due 09/15/2024.

Observation, on 12/02/2024 at 10:38 AM, showed three residents who lived in the AFH.

In an interview, on 12/02/2024 at 10:49 AM, Staff A (Provider) stated that it was an oversight that the AFH's annual license fee was not paid on time.

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, Platinum Care 365 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.

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

_____ Provider (or Representative)	_____ Date
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