STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Better Living Retreat LLC

Better Living Retreat LLC
415 9TH AVE S
EDMONDS, WA 98020

RE: Better Living Retreat LLC License # 756148

Dear Provider:

This letter addresses Compliance Determination(s) 78019 (Completion Date 05/26/2026) and 74956 (Completion Date 04/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/26/2026 and found that you have corrected the violations listed in the Full report dated 04/08/2026. Your home is back in compliance as of 05/01/2026 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 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10161-2, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10181-1-a, WAC 388-76-10181-1-b, WAC 388-76-10181-1, WAC 388-76-10146-1, WAC 388-76-10146-2-a, WAC 388-76-10146-2-b, WAC 388-76-10146-2-c, WAC 388-76-10146-2-d, WAC 388-76-10810-2-b, WAC 388-76-10750-6-c, WAC 388-76-10750-7, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10430-2-d, WAC 388-76-10265-1-d, WAC 388-76-10198-1, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-3, WAC 388-76-10320-8, WAC 388-76-10320-10-a, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10532-2-c, WAC 388-76-10840-1, WAC 388-76-10840-1-a, WAC 388-76-10840-1-b, WAC 388-76-10840-1-c, WAC 388-76-10840-1-d, WAC 388-76-10840, WAC 388-76-10221-1, WAC 388-76-10221-1-a, WAC 388-76-10221-1-b

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 756148	Compliance Determination # 74956
Plan of Correction	Better Living Retreat LLC	Completion Date
Page 1 of 20	Licensee: Better Living Retreat LLC	04/08/2026

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 03/27/2026 of:
Better Living Retreat LLC
415 9TH AVE S
EDMONDS, WA 98020

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

04/09/2026
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)

April 14th 2026
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 4 current staff (Staff C [Caregiver] and Staff D [Caregiver]) had the required Washington state name and date of birth background check (WSNDOB) and the national fingerprint background check results available to review in the AFH personnel records. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH personnel records for Staff C and Staff D showed there were no WSNDOB or national fingerprint background check results available to review.

In an interview, on 03/27/2026 at 2:30 PM, Staff A (Provider) stated that they would look for the background check results and submit them to the department. The department did not receive any further documents related to the background check results.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) April 17 2026 .

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

Provider (or Representative) — Date: April 14th 2026

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staff members (Staff A [Provider] and Staff B [Caregiver]) had a current Washington state name and date of birth (WSNDOB) background check available to review. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH personnel records for Staff A and Staff B showed the following WSNDOB background check results:

1. Staff A had a national fingerprint background check result with a WSNDOB background check done with it, which had expired on 01/22/2026. No other WSNDOB background check results or testing for Staff A was available to review.
2. Staff B had a WSNDOB background check available in their personnel record that expired on 01/02/2026.

In an interview, on 03/27/2026 at 2:40 PM, Staff A stated that they would get the required background checks completed.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-17-26 .

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

Provider (or Representative) — Date: 4-14-2026

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete a character, competence and suitability review and documentation for 1 of 4 staff members (Staff A) who had a non-disqualifying finding. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of receiving care from an unqualified caregiver.

Findings included...

Review of the AFH staff personnel records showed Staff A (Provider) had a non-disqualifying finding and a character, competence and suitability review had not been completed.

In an interview, on 03/27/2026 at 2:50 PM, Staff A stated that they would complete the character, competence and suitability review and submit it to the department. The department did not receive any further information from Staff A.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-17-26 .

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

Provider (or Representative) — Date: April 14th 2026

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure of 4 current staff (Staff A [Provider], Staff B [Caregiver], Staff C [Caregiver] and Staff D [Caregiver]) had the required training completed. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of receiving care from an unqualified caregiver. 4

Findings included...

STAFF A:
Review of Staff A's personnel record showed the following were expired:
1. Food handler's certification expired 01/14/2026.
2. Cardiopulmonary resuscitation (CPR) and first aid card expired 03/09/2026.

STAFF B:
Review of Staff B's personnel record showed the following were expired:
1. CPR and first aid card expired 09/2025.
2. Food handler's certification expired on 09/18/2025.

STAFF C:
Review of Staff C's personnel record showed the following were not available to review:
1. AFH Orientation
2. CPR and first aid card
3. Nurse delegation training and nurse delegation diabetic training (if delegated)
4. Food handlers' card

STAFF D:
Review of Staff D's personnel record showed the following were not available to review:
1. AFH orientation
2. Basic training and orientation and safety training
3. CPR and first aid card
4. Nurse delegation training and nurse delegation diabetic training (if delegated)
5. Food handlers' card
6. Specialty training for dementia and mental health

In an interview, on 03/27/2026 at 2:55 PM, Staff A stated they would ensure trainings were completed.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-17-2026 .

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

Provider (or Representative) — Date: 4-14-2026

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 fire extinguishers in the home were serviced and inspected annually. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of injury during an emergency.

Findings included...

Observation, on 03/27/2026 at 11:00 AM, showed the following:

- Extinguisher #1 located in the main floor kitchen area had a maintenance tag indicating the last service had been in 01/2023.
- Extinguisher #2 located on the main floor hallway had a maintenance tag indicating the last service had been in 04/2022.
- Extinguisher #3 located in the lower private area of the AFH did not have a maintenance tag present.

In an interview, on 03/27/2026 at 11:00 AM, Staff A (Provider) stated that they did not know when extinguisher #3 had been last serviced and they would replace the fire extinguishers throughout the AFH.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-11-26 .

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

Provider (or Representative) — Date: 4-14-26

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances were kept in locked storage and that the hot water temperatures at all fixtures accessible by residents did not exceed one-hundred and twenty degrees Fahrenheit (F). These failures placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury.

Findings included...

TOXIC SUBSTANCES:
Observation, on 03/27/2026 at 11:05 AM, showed an under the kitchen sink cabinet containing multiple bottles of cleaning solutions including bleach products. There was no locking device noted on the cabinet. In addition, an unlocked hallway closet also contained multiple bottles of cleaning solutions.

WATER TEMPERATURES:
Observation, on 03/27/2026 at 11:10 AM, showed the sink in the resident bathroom in a hallway had a temperature of one-hundred twenty-eight-point seven (128.7) degrees F.

In an interview, on 03/27/2026 at 11:10 AM, Staff A (Provider) stated that they would decrease the water temperature for the AFH and would secure the toxic substances.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-09-26 .

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

Zligue Barr
Provider (or Representative)

April 14th 2026
Date

WAC 388-76-10650 Medical devices.

(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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Resident 1 and Resident 2) had the required [redacted] safety assessment, had received information including all risks and benefits and that negotiated care planning (NCP) for the [redacted] was completed prior to the use of a medical device. This failure placed Resident 1 and Resident 2 at risk of injury related to the use of [redacted].

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Observation of Resident 1's bed, on 03/27/2026 at 11:30 AM, showed one-half length [redacted] on both sides of their upper bed as well as one-half length [redacted] on both sides of their lower bed.

Review of Resident 1's record showed the required [redacted] safety assessment and the documentation which indicated Resident 1 had been informed of all the risks and benefits of [redacted] use were present in Resident 1's record. Resident 1 did not have the required NCP documentation indicating how [redacted] were utilized for Resident 1.

In an interview, on 03/27/2026 at 2:45 PM, Staff A (Provider) stated that Resident 1 used the [redacted] while in bed to assist with repositioning and they had been on the bed since Resident 1 was admitted. Staff A stated the lower one-half length [redacted] would be removed and the required documentation would be completed.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Observation of Resident 2's bed, on 03/27/2026 at 11:35 AM, showed one-half length [redacted] on both sides of their bed.

Review of Resident 2's record showed the required [redacted] safety assessment and the documentation which indicated Resident 2 had been informed of all the risks and

benefits of [redacted] use were not present in Resident 2's record. Resident 2 did not have the required NCP documentation indicating how [redacted] were utilized for Resident 2.

In an interview, on 03/27/2026 at 2:45 PM, Staff A (Provider) stated that Resident 2 and staff used the [redacted] while Resident 2 were in bed to assist with repositioning. Staff A stated the required documentation would be completed.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-21-26.

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

Zhiqin Bai
Provider (or Representative)

4-14-26
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, record review and interview, the Adult Family Home (AFH) failed to develop a system to ensure all medications were available for administration for 2 of 6 residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk for medication administration errors and unmet care needs.

Findings included...

RESIDENT 1:
Review of Resident 1's March 2026 Medication Log (ML) showed the following orders that did not have the medication available in the AFH to administer:

1. Ketotifen Fumarate 0.025% (an eye drop for eye relief) as needed.
2. Lactulose (a medication used for constipation relief) twice daily as needed.
3. Lidocaine 5 % ointment (an ointment used for pain relief) three times a day as needed.

RESIDENT 2:
Review of Resident 2's March 2026 ML showed the following orders that did not have the medication available in the AFH to administer:

1. Milk of Magnesia (a medication used for constipation) once a day as needed.
2. Nystatin cream (a cream used for fungal infection relief) twice daily as needed.
3. Nystatin cream (a cream used for fungal infection relief) 100,000 units/gram apply twice a day at 8:00 AM and 8:00 PM every day.
4. Polyethylene Glycol (a solution used for constipation) 1 packet daily as needed.
5. Bisacodyl Suppository (a medication used for constipation) use as needed.
6. Saline enema (a medication used in enema form for constipation) once per day as needed.

In an interview, on 03/27/2026 at 3:10 PM, Staff A (Provider) stated some of the missing medications were not brought in by family and some had been reordered from the pharmacy. Staff A stated that they would ensure all ordered medications would be available.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-23-26

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

Zhiqin Ban — Provider (or Representative)

4-14-26 — 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 record review and interview, the Adult Family Home (AFH) failed to develop and implement a system to ensure 2 of 4 staff (Staff C [Caregiver] and Staff D [Caregiver]) had tuberculosis (TB) testing within 3 days of hire. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of exposure to TB.

Findings included...

Review of the AFH personnel records showed that current Staff C and Staff D had no record of TB testing in their records. There were no hire dates for Staff C or Staff D in their records.

In an interview, on 03/27/2026 at 2:30 PM, Staff A (Provider) stated that they would get the TB testing for Staff C and Staff D. Staff A stated that they did not recall the hire dates for Staff C or Staff D.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-17-2026 .

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

Provider (or Representative) 4-14-26 Date

(S) **WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**

(1) Staff information such as address and contact information.

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 current staff (Staff C[Caregiver] and Staff D [Caregiver]) and unknown former staff had the required personnel records available to review. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of receiving care from unqualified caregivers.

Findings included...

STAFF C:
Review of current Staff C's personnel record, (unknown hire date), showed the following requirements unavailable to review:
1. Staff address and contact information.
2. AFH orientation and training records.
3. Training records to include food handlers card and nurse delegation and diabetic nurse delegation if delegated.
4. Cardiopulmonary resuscitation (CPR) and first aid.

STAFF D:
Review of current Staff D's personnel record, (unknown hire date), showed the following requirements unavailable to review:
1. Staff address and contact information.
2. AFH orientation and training records.
3. Training records to include basic training, specialty training, food handlers card, nurse delegation and diabetic nurse delegation if delegated.
4. Cardiopulmonary resuscitation (CPR) and first aid.

FORMER STAFF:
In an interview, on 03/27/2026 at 2:30 PM, Staff A (Provider) stated that there were staff which had left employment in the past year at the AFH, but they could not recall how many staff, when the staff were hired or when the staff left. Staff A stated they would look for the personnel records for Staff C, Staff D and the former staff, (to include Washington state name and date of birth background checks and national fingerprint background check results), and submit them to the department. The department did not receive any further information related to personnel 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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-24-26 .

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

Zhiqu Bai — Provider (or Representative)

4-14-26 — Date

(8) The resident's Social Security number;

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Resident 1 and Resident 2) had a personal belongings list (PBL) available and that 1 of 6 residents (Resident 1) had their Social Security number available in their record.
These failures placed 2 of 6 residents (Resident 1 and Resident 2) at risk of unrecognized missing personal belongings and placed 1 of 6 residents (Resident1) at risk of misidentification.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted]

Review of Resident 1's record showed there was no Social Security number listed for Resident 1 and there was no personal belonging list available.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 had been admitted on [redacted]/2025

with multiple diagnoses including [redacted].

Review of Resident 2's record showed there was no personal belonging list available.

In an interview, on 03/27/2026 at 2:50 PM, Staff A (Provider) stated they would complete the required documents.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-24-26.

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

Provider (or Representative) — Date: 4-14-26

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

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Resident 1 and Resident 2) had their Negotiated Care Plans (NCP) signed and dated by the resident and the AFH. This failure placed Resident 1 and Resident 2 at risk of unmet care needs.

RESIDENT 1:
Review of Resident 1's record showed Resident 1 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Review of Resident 1's record showed the current NCP, dated 05/02/2025, was not signed or dated by the resident or the AFH.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Review of Resident 2's record showed the current NCP, dated 05/06/2025, was not signed or dated by the resident or the AFH.

In an interview, on 03/27/2026 at 2:50 PM, Staff A (Provider) stated that they would have the NCP's signed and dated.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-27-26 .

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

Provider (or Representative) — Date: 4-14-26

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:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

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

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 6 residents (Resident 1 and Resident 2) had the required signed and dated policy for accepting Medicaid as a payment source available in their records. This failure placed Resident 1 and Resident 2 at risk of a lack of knowledge affecting their care.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Review of Resident 1's record showed the required document on the AFH's Medicaid policy was not available.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Review of Resident 2's record showed the required document on the AFH's Medicaid policy was not available.

In an interview, on 03/27/2026 at 3:00 PM, Staff A (Provider) stated that they would have the AFH Medicaid policy completed.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-30-26.

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

Provider (or Representative) — Date: 4-14-26

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Resident 1 and Resident 2) had the required signed and dated disclosure of charges (DOC) required form available in their records. This failure placed Resident 1 and Resident 2 at risk for a lack of knowledge related to their charges for care.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Review of Resident 1's record showed the required DOC that was present in Resident 1's record was blank and not signed or dated by the resident.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 had been admitted on [redacted]/2025 with multiple diagnoses including [redacted].

Review of Resident 2's record showed the required DOC that was present in Resident 2's record was not signed or dated by the resident.

In an interview, on 03/27/2026 at 3:00 PM, Staff A (Provider) stated that they would have the DOC's completed and signed/dated.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 5-01-26 .

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

Provider (or Representative) 4-14-26 Date

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(a) Will last for a minimum of seventy-two hours for each resident and each household member;

(b) Meets the dietary needs of each resident, including any specific dietary restrictions they may have;

(c) Can be stored with other food in the home; and

(d) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure sufficient emergency food supply was available for residents and staff. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of unmet care needs during an emergency.

Findings included...

Observation, on 03/27/2026 at 11:15 AM, showed the AFH pantry with a moderate supply of dried and canned goods. The supply of food was not sufficient to supply nourishment for all six residents and AFH staff during an emergency. There was not a specific supply of dried emergency packaged meals available.

In an interview, on 03/27/2026 at 11:15 AM, Staff A (Provider) stated that they would supply more emergency food.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-08-26 .

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

Eliza Ba | 4-14-26

Provider (or Representative) | Date

WAC 388-76-10221 Resident roster Requirements.

(1) The adult family home must create, maintain, and regularly update a resident roster.

The roster must include:

(a) The list of current resident names; and

(b) Room identifier assigned to each resident.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to create, maintain and regularly update a resident roster. This failure placed 6 of 6 residents at risk of misidentification.

Findings included...

Review of the AFH records showed a current resident roster was not available.

In an interview, on 03/27/2026 at 10:40 AM, Staff A (Provider) stated that they would make a resident roster.

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, Better Living Retreat LLC is or will be in compliance with this law and / or regulation on (Date) 4-08-26 .

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

Zhiqu Bai 4-14-26

Provider (or Representative) Date