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

Great Foundation LLC
Benevolent Adult Family Home 2
11823 102nd Pl NE
Kirkland, WA 98034

RE: Benevolent Adult Family Home 2 License # 756503

Dear Provider:

This letter addresses Compliance Determination(s) 68846 (Completion Date 11/17/2025) and 67541 (Completion Date 10/27/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/17/2025 and found that you have corrected the violations listed in the Complaint report dated 10/27/2025. Your home is back in compliance as of 10/28/2025 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 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Vadim Panitkov, 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

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 10/21/2025 of:

Benevolent Adult Family Home 2
11823 102nd Pl NE
Kirkland, WA 98034

This document references the following complaint number(s): 196126

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, 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 #: 756503	Compliance Determination #:67541
Plan of Correction	Benevolent Adult Family Home 2	Completion Date
Page 2 of 3	Licensee: Great Foundation LLC	10/27/2025

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 — 10-27-2025 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) — 10/28/2025 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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay their 1 of 1 annual license fee when due. This failure resulted in the AFH operating with outstanding license fees.

Findings included...

On 10/20/2025 a review of the department's "Secure Tracking and Reporting System" (STARS) showed the AFH was licensed on 07/14/2023 and the annual licensing fee was due in the month of July each year. A further review of records using the department's STARS showed that the AFH had overdue license fee in the amount of $2,250.

On 10/21/2025 at 10:02 AM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff A, Entity Representative, Staff B, Resident Manager, and Staff C, Caregiver. Observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

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 388-76-10025 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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay their 1 of 1 annual license fee when due. This failure resulted in the AFH operating with outstanding license fees.

Findings included…

On 10/20/2025 a review of the department’s “Secure Tracking and Reporting System” (STARS) showed the AFH was licensed on 07/14/2023 and the annual licensing fee was due in the month of July each year. A further review of records using the department’s STARS showed that the AFH had overdue license fee in the amount of $2,250.

On 10/21/2025 at 10:02 AM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff A, Entity Representative, Staff B, Resident Manager, and Staff C, Caregiver. Observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

Statement of Deficiencies	License #: 758503	Compliance Determination #:67541
Plan of Correction	Benevolent Adult Family Home 2	Completion Date
Page 3 of 3	Licensee: Great Foundation LLC	10/27/2025

On 10/21/2025 at 10:07 AM, in an interview Department Staff (DS) asked Staff A when the AFH's annual license fee was due, Staff A stated it was due in October DS informed Staff A that the annual license fee was not paid, which was due in July. DS asked Staff A why the annual license fee was not paid, Staff A stated that they did not know. Staff A stated that they had not received a notice. Staff A stated that they will write a check and send it out same day.

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, Benevolent Adult Family Home 2 is or will be in compliance with this law and / or regulation on (Date) 10/28/2025

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

Provider (or Representative) — Date: 10/28/2025

On 10/21/2025 at 10:07 AM, in an interview Department Staff (DS) asked Staff A when the AFH's annual license fee was due, Staff A stated it was due in October. DS informed Staff A that the annual license fee was not paid, which was due in July. DS asked Staff A why the annual license fee was not paid, Staff A stated that they did not know. Staff A stated that they had not received a notice. Staff A stated that they will write a check and send it out same day.

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, Benevolent Adult Family Home 2 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

Dear Department of Social and Health Services

We received the citation for failed to pay annual license renewal.

Attached :

- Copy of check No.1356 and certified mail sent on 10/21/2025
- Proof that the check is cleared on 10/27/2025
- Tracking sheet to renew next year license fee (receive the notification mail or not)

Thank you

Dee (Dyah) Sulistyaningrum

Phone : 425 820 7117

Fax : 425 821 7117