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

Good Care Adult Family Home, LLC

Good Care Adult Family Home, LLC
13120 24th Dr SE
Everett, WA 98208

RE: Good Care Adult Family Home, LLC License # 757036

Dear Provider:

This letter addresses Compliance Determination(s) 60804 (Completion Date 06/09/2025) and 58350 (Completion Date 04/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/09/2025 and found that you have corrected the violations listed in the Complaint report dated 04/29/2025. Your home is back in compliance as of 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 388-76-10025-3

The Department staff who did the on-site verification:
Shelly Scarboro, AFH Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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3906-172nd St NE, Suite #100, Arlington, WA 98223

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 04/22/2025 of:

Good Care Adult Family Home, LLC
13120 24th Dr SE
Everett, WA 98208

This document references the following complaint number(s): 172932

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

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.

Provider (or Representative) | Date

WAC 388-76-10025 License annual fee.

(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 ensure the Department received the annual license fee when it was due. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 & 5) at risk of living in a home that had not paid their annual licensing fee.

Findings included…

Record review, on 04/22/2025 at 8:00 AM, of the department's electronic Secure Tracking and Reporting System, showed the AFH had an overdue annual license fee of $1350.00 due 02/15/2025.

Observation, on 04/22/2025 at 1:05 PM, showed Resident 1, 2, 3, 4 & 5 lived in the AFH.

Record review, on 04/29/2025 at 10:00 AM, of the department's electronic Secure Tracking and Reporting System, showed on 04/25/2025 the department processed $1335.00 of the AFH's $1350.00 annual license fee that was due on 02/15/2025, and still had an overdue annual license fee balance of $15.00.

In an interview, on 04/29/2025 at 11:00 AM, Staff A (Entity Representative) stated that they missed sending the AFH's annual license fee of $1350.00 when it was due on

02/15/2025. Staff A stated the AFH made a mistake on the amount of the annual license fee of $1350.00 that was due 02/15/2025 and did not realize there was still a $15.00 balance due.

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, Good 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