STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Pendo Homecare LLC
PENDO HOMECARE LLC
2128 W LAKESIDE DR
Moses Lake, WA 98837

RE: PENDO HOMECARE LLC License # 757465

Dear Provider:

This letter addresses Compliance Determination(s) 70691 (Completion Date 12/29/2025) and 67704 (Completion Date 12/01/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/29/2025 and found that you have corrected the violations listed in the Complaint report dated 12/01/2025. Your home is back in compliance as of 12/15/2025 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 388-76-10025-3, WAC 388-76-10025-2, WAC 388-76-10025-1

The Department staff who did the off-site verification:
Brittney Shull, Community Complaint Investigator

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
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1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 757465	Compliance Determination #67704
Plan of Correction	PENDO HOMECARE LLC	Completion Date
Page 1 of 3	Licensee: Pendo Homecare LLC	12/01/2025

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 10/22/2025 and 12/01/2025 of:

PENDO HOMECARE LLC
2128 W LAKESIDE DR
Moses Lake, WA 98837

This document references the following complaint number(s): 196019

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

The department staff that investigated the Adult Family Home:

Brittney Shull, Community Complaint Investigator
Michelle Yarbrough, Adult Family Home Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Ann Garbrough
Residential Care Services

12/03/2025
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)

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 interview and record review, the Adult Family Home (AFH) failed to ensure that the annual license fee was received by the Department in a timely manner for 1 of 1 license. This failure resulted in residents living in an AFH with outstanding licensing fees.

Findings included...

Review of Department records showed that the AFH was licensed for 5 beds as of 07/25/2024.

On 10/01/2025 at 12:59pm, Staff A, Provider, stated they were unable to verify payment details for the AFH's license fee. Staff A stated they would verify payment details and call the Regulator with the information.

Review of Department Financial Records dated 10/22/2025 showed that the AFH owed a

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Findings included...

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On 10/01/2025 at 12:50pm, Staff A, Provider, stated they were unable to verify payment details for the AFH's license fee. Staff A stated they would verify payment details and call the Regulator with the information.

Review of Department Financial Records dated 10/22/2025 showed that the AFH owed a

total of $2,250 in license fees on 07/15/2025. The record showed that a partial payment of $1,125 had been posted to the AFH account on 10/20/2025 with a remaining balance of $1,125.

As of 10/23/2025, Staff A had not communicated any payment details.

On 10/24/2025 at 12:34pm, Staff A stated that they had intended to pay a license fee of $2,250 and paid only $1,125. Staff A stated that they would send a check for the remaining balance. The Regulator provided Staff A with directions of where to send the payment and what details to provide on the check to ensure proper payment.

On 11/24/2025 at 12:58pm, Staff A stated they thought they had sent an additional payment to the Department. Staff A stated they were not in their office and were unable to provide details of what payments had been sent, what dates the payments had been mailed, and whether they had cleared from the AFH bank account. Staff A stated they would call the Regulator with further details when they returned to the office.

As of 11/30/2025, Staff A had not communicated any further payment details.

Review of Department records on 12/01/2025 showed that the AFH still owed the Department $1,125.

On 12/01/2025 at 12:55pm, Staff A asked the Regulator how much was still due. Staff A stated they had mailed the payment to the wrong address, and the check had returned to them in the mail.

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, PENDO HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 12/15/2025 .

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

Provider (or Representative) _____ Date _____

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