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

Family To Family Senior Care Inc
FAMILY TO FAMILY SENIOR CARE INC
25633 SE 30th St
Sammamish, WA 98075

RE: FAMILY TO FAMILY SENIOR CARE INC License # 2347

Dear Administrator:

This letter addresses Compliance Determination(s) 61266 (Completion Date 06/18/2025) and 60138 (Completion Date 06/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/18/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b

The Department staff who did the on-site verification:
Thomas Forkgen, ALF Licensor
Michelle Yip, ALF Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
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 Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 05/27/2025 and 05/28/2025 of:

FAMILY TO FAMILY SENIOR CARE INC
25633 SE 30th St
Sammamish, WA 98075

The following sample was selected for review during the unannounced on-site visit: 4 of 12 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Michelle Yip, ALF Licensor
Thomas Forkgen, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 2347	Compliance Determination #60138
Plan of Correction	FAMILY TO FAMILY SENIOR CARE INC	Completion Date
Page 2 of 3	Licensee: Family To Family Senior Care Inc	06/05/2025

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.

Laurie Anderson — Residential Care Services

06/06/2025 — Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

6/10/25 — Date

WAC 388-78A-2466 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 assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete 3 of 4 sampled staff's (Staff C, Staff E, and Staff F) Washington State name and date of birth background inquiry (BGI) every two years. This failure placed all 12 residents at risk of abuse, neglect, or exploitation from staff persons with unknown backgrounds.

Findings included...

STAFF C

Review of the facility's undated Employee Roster showed that the facility hired Staff C, Assistant Administrator, on 10/12/2022. Review of Staff C's employee records showed their previous Washington state name and date of birth BGI expired on 09/29/2022. The records showed that the facility submitted and completed a BGI on 11/12/2024, 44 days after the previous BGI expired.

STAFF F

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.

Laurie Anderson
Residential Care Services

06/06/2025
Date

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Administrator (or Representative)

Date

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STAFF E

Statement of Deficiencies	License # 2347	Compliance Determination # 601368
Plan of Correction	FAMILY TO FAMILY SENIOR CARE INC	Completion Date
Page 3 of 3	Licensee: Family To Family Senior Care Inc	06/05/2025

Review of the facility's undated Employee Roster showed that the facility hired Staff E, Caregiver/Medication Technician, on 03/23/2020. Review of Staff E's employee records showed their previous Washington state name and date of birth BGI expired on 03/23/2022. The records showed that the facility submitted and completed a BGI on 09/11/2023, 537 days after the previous BGI expired.

STAFF F

Review of the facility's undated Employee Roster showed that the facility hired Staff F, Caregiver/Medication Technician, on 01/10/2023. Review of Staff F's employee records showed their previous Washington state name and date of birth BGI expired on 01/10/2025. The records showed that the facility submitted and completed a BGI on 01/14/2205, four days after the previous BGI expired.

During an interview on 05/28/2025 at 3:00 PM, Staff G, Executive Director, stated that they misunderstood the Washington state background check requirements. Staff G stated that they renewed the background check late for Staff C, Staff E, and Staff F.

Plan/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, FAMILY TO FAMILY SENIOR CARE INC is or will be in compliance with this law and / or regulation on (Date) 6/10/25.

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

Amanda Pow — 6/10/25

Administrator (or Representative) — Date

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

_____ _____
Administrator (or Representative) Date