STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

ORATHAI NACKVISETH
ELDERS CARE HOME
1700 FERRY AVE SW
SEATTLE, WA 98116

RE: ELDERS CARE HOME License # 751538

Dear Provider:

This letter addresses Compliance Determination(s) 65099 (Completion Date 09/08/2025) and 62347 (Completion Date 08/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/08/2025 and found that you have corrected the violations listed in the Full report dated 08/05/2025. Your home is back in compliance as of 08/18/2025 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 388-76-10175-1, WAC 388-76-10175-2, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10720-3-b, WAC 388-76-10720-3-a, WAC 388-76-10720-3, WAC 388-76-10750-1, WAC 388-76-10715-5

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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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 the unannounced on-site full inspection on 07/09/2025 of:

ELDERS CARE HOME
1700 FERRY AVE SW
SEATTLE, WA 98116

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 inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

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

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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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (WNDOB) background check was submitted for 1 of 5 staff (Staff D, Caregiver) as required. In addition, no criminal history disclosure statement was found for Staff D. This placed residents at risk of potential harm from staff with an unknown criminal background.

Findings included…

On 07/09/2025 at 11:00 AM interview, Staff A, Provider, said that Staff D was a full-time day shift caregiver.

Review of Staff D's orientation to the home record dated 02/01/2023, showed the AFH hired them on 02/10/2023. Review of Staff D's WNDOB background check record dated 08/29/2024 (18 months after hired date), 04/24/2022 (10 months before hire date), and 10/29/2020 showed "No record". There was no signed criminal history disclosure

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statement record found for Staff D.

On 07/09/2025 at 4:00 PM interview, Staff A said that not submitting Staff D's WNDOB no later than one working day of hiring them was an oversight.

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, ELDERS CARE HOME 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

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:

(a) Provide a copy to each resident prior to or upon admission to the home;

(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 observation, interview, and record review the Adult Family Home (AFH) failed to ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) signed a written acknowledgement of receiving the completed department disclosure of fees and charges forms. This placed the residents at risk for resident rights violation and unmet care needs.

Findings included…

On 07/09/2025 at 12:00 PM, observation in the dining room showed Staff C, Caregiver served lunch to Residents 2, 3, and 4. At the same time, Resident 1 prepared her own lunch at the kitchen counter.

On 07/09/2025 at 11:22 AM interview, Staff A, Provider, said that all residents paid with private funds.

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Record review of admission agreements showed the following:
-Resident 1 dated [redacted]/2024, was admitted to the home on [redacted]/2024
-Resident 2 dated [redacted]/2024, was admitted to the home on [redacted]/2024
-Resident 3 dated [redacted]/2025, was admitted to the home on [redacted]/2025
-Resident 4 dated [redacted]/2025, was admitted to the home on [redacted]/2025

Record review of Resident 1, 2, 3, and 4's files for department disclosure of charges forms were not found.

On 07/09/2025 at 5:00 PM interview, Staff A said that they thought the completed disclosure of services form was the same as disclosure of fees and charges form. Staff A said that they remembered completing the form but did not remember what happened to them. Staff A said that they would send them to the department as soon as possible.

As of 08/04/2025, the AFH has not sent a completed department disclosure of fees and charges forms signed and dated by the residents or their representatives.

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, ELDERS CARE HOME 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

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(3) The home must notify all residents in writing of the video monitoring equipment. The home must:

(a) Identify in the written notification each person or organization with access to electronic monitoring; and

(b) Retain an acknowledgment that has been signed and dated by both the resident and the home that states in writing that the resident has received this notification.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed

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to ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) and/or their representative were aware of electronic video monitoring. This placed the residents at risk for a decreased quality of life and privacy.

Findings included…

On 07/09/2025 at 10:39 AM, observation showed a round-shaped electronic video monitor on the wall to the left side of the main door facing the front yard of the AFH, a black round-shaped electronic video monitor was observed on the wall above the two windows facing the driveway, and a black square electronic monitor above the house number sign of the home facing the driveway. There was no sign alerting residents, residents' representatives, or guests of the AFH that they are on camera in those locations.

Record review of Resident 1, Resident 2, Resident 3, and Resident 4's admission agreements dated [redacted]/2024, [redacted]/2024, [redacted]/2025, and [redacted]/2025, included "Video Monitoring Policy". The home's electronic video monitoring equipment policy did not include who had access to the equipment and there was no signed and dated written notification acknowledgement that showed the residents, or their representatives, were aware of the video monitoring when they enter or exit the home.

On 07/09/2025 at 5:00 PM interview, Staff A, Provider, said that the video monitoring outside the home was for safety reasons. Staff A said that there was no audio, and they were the only one who had access to it on their phone. When asked if the home had the video monitoring policy notification signed and dated by residents, or their representative, Staff A said that they were not aware they needed a signed and dated electronic notification. Staff A said that they would have the residents and residents' representatives sign them and send them to the department.

As of 08/04/2025, the AFH had not sent Resident 1, 2, 3, and 4 signed and dated written video monitoring notification to the department.

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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, ELDERS CARE HOME 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

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the home was free of potential hazards and in a homelike condition affecting 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4). This placed residents at risk of harm due to trip hazards, potential health risk due to dusty emergency drinking water containers, and diminished quality of life while residing at the AFH.

Findings included…

On 07/09/2025 at 12:05 environmental tour, observation showed to the left outside the main door, facing the front yard, on a concrete floor were clutter of water hose, white sneakers, sponge, orange towel stained with gray dirt, black and red folding chairs, stuffed toy, an open bucket with dark blue liquid, placed under a folded chair, and pairs of shoes. The walkway from the main door to the garage door was cluttered with barbecue grills, folding cart, empty planters, empty boxes, detergent tub, folded red wagon, folded canopy bracket, and a large metal device with burner for cooking food using gas or electricity, leaning on a wall.

On 07/09/2025 at 12:10 PM, observation inside the garage showed six refillable white emergency drinking water containers covered in dust, boxes, metal containers, folding ladder, and blue shopping bags.

On 07/09/2025 at 12:30 PM, resident bedrooms tour showed the flooring of Bedroom [redacted] (occupied by Resident 1 and 3) and Bedroom B (vacant) had cracks, chipped, and peeling linoleum and wood in various areas. Outside of Bedroom [redacted] (occupied by Resident 4) window were clutters of a light blue metal beverage server, metal pitcher,

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folded baby strollers.

On 07/09/2025 at 1:30 PM, observation showed Resident 1 sitting in a chair facing a glass door leading to the back area of the AFH. The back area of the AFH visible to Resident 1's view was clutters of two blue mattresses leaning on a wall, dusty brown and black tarpaulin on the ground, wheeled cart, folded used carpet, black garbage bags, dusty folding tables, folding chairs, and Styrofoam box. Towards the rear below Bedroom [redacted] window was another mattress on the ground and broken metal [redacted]

On 07/09/2025 at 1:35 PM interview, Staff A, Provider, said that the home just had a "July 4th" celebration", and the reason for the clutter in the front walkway to the garage. Staff A said that the AFH was due for flooring renovation and that their landlord was supposed to clear the clutter in the backyard. Staff A said that they would have someone clear all the clutters outside the home and fix the flooring as soon as possible.

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, ELDERS CARE HOME 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

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(5) All internal and external doors comply with local jurisdictional requirements as well as the building code requirements in chapter 51-51 WAC.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the main door egress (exit) of the AFH did not have a secondary locking mechanism affecting 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4). This placed the residents at risk of harm in the event of emergency evacuation and the door required additional time to open.

Findings included…

According to WAC 51-51-0330 Section R330—Adult family homes.
R330.1 General. This section shall apply to all newly constructed adult family homes

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and all existing single-family homes being converted to adult family homes. This section shall not apply to those adult family homes licensed by the state of Washington department of social and health services prior to July 1, 2001. Required exit doors shall have no additional locking devices.

On 07/09/2025 at 12:05 PM environmental tour, observation showed the main door egress of the home had two locking devices, a deadbolt and a door handle lever with twist locking mechanism inside the home. The outside of the main door egress showed two unlocking devices requiring two keys to open, the deadbolt and a door handle.

On 07/09/2025 at 12:15 PM, Staff A, Provider, said that the door handle lever locking mechanism was loose and inoperable. Staff A said that they just use the lever to open and close the door. At this same time, Staff A demonstrated the opening and closing of the door using the door lever which opened smoothly from inside and outside of the home.

On 07/09/2025 at 1:30 PM, as the department staff reentered the AFH from the outside, observation showed the door handle lever did not turn to open the door. The locking mechanism of the door handle worked, and it took a minute for Staff A to open the door for the department staff from the inside of the home.

On 07/09/2025 at 1:32 PM interview, Staff A said that they would have someone fix the locking mechanism of the main door and remove one of it.

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, ELDERS CARE HOME 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

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

08/06/2025

ORATHAI NACKVISETH
ELDERS CARE HOME
1700 FERRY AVE SW
SEATTLE, WA 98116

RE: ELDERS CARE HOME # 751538

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/05/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
o Sign and date the enclosed report;
o For each deficiency, indicate the date you have or will correct each deficiency;
o Return the Plan/Attestation Statement and report with signatures to:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:

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eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

The Adult Family Home (AFH) failed to ensure the posted floor plan evacuation route of the main floor (where resident bedrooms were located), basement, second and third floor levels included the designated safe meeting place outside the AFH. Staff A, Provider, marked the posted AFH emergency floor plan meeting place outside the home before the end of the department's visit.

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

(c) Require that the safe disposal of the medication is recorded in a document that includes:

(i) Name of resident;

(ii) Name of medication;

(iii) Amount of medication;

(iv) Date of disposal or transfer; and

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(v) Name of individual completing the task.

The Adult Family Home failed to have a medication disposal policy that included disposal of expired, discontinued, and refused medication of residents within 30 days of discontinuation, expiration, or resident refusal and recording the disposed medications with resident name, name of medication, amount of medication, date/method of disposal, and the staff name completing the task. Two days after the department's visit, Staff A, Provider, sent to the department the revised and updated AFH medication disposal policy.

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

The Adult Family Home failed to ensure the nurse delegation (means a registered nurse transfers the performance of selected nursing tasks to competent nursing assistants, home care aides, or qualified long-term workers in selected situations. The registered nurse delegating the task retains the responsibility and accountability for the nursing care of the resident) records of Resident 2 and Resident 3 were readily available for review. Two days after the department's visit, Staff A, Provider, sent to the department Resident 2's nurse delegation nursing visit record dated 06/06/2025 and Resident 3's dated 06/09/2025.

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

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

(a) The resident; and

(b) The adult family home.

The Adult Family Home (AFH) failed to ensure the personal belongings inventory of Resident 1,2,3, and 4 were completed and signed. Two days after the department's visit, Staff A, Provider, sent to the department Resident 1,2,3, and 4's completed personal belongings inventory with residents' and AFH signatures.

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;

The Adult Family Home failed to ensure there was a completed assessment form regarding the use of a [redacted] in Resident 4's bedroom. Staff A, Provider, said that

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Resident 4 did not require any mobility device. Staff A had the [redacted] removed in Bedroom [redacted] before the end of the department's visit.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:
eFax: (253) 395-5071

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Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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