



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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) 56465 (Completion Date 03/17/2025) and 54800 (Completion Date 02/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/17/2025 and found that you have corrected the violations listed in the Complaint report dated 02/25/2025. Your home is back in compliance as of 02/14/2025 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,
WAC 388-76-10025-4

The Department staff who did the off-site verification:

Alina Zaharie, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2 - Unit K
Residential Care Services



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Statement of Deficiencies	License #: 751538	Compliance Determination #54800
Plan of Correction	ELDERS CARE HOME	Completion Date
Page 1 of 3	Licensee: ORATHAI NACKVISETH	02/25/2025

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 02/13/2025 of:

ELDERS CARE HOME
1700 FERRY AVE SW
SEATTLE, WA 98116

This document references the following complaint number(s): 165317

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:

Alina Zaharie, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Statement of Deficiencies	License #: 751538	Compliance Determination # 54800
Plan of Correction	ELDERS CARE HOME	Completion Date
Page 2 of 3	Licensee: ORATHAI NACKVISETH	02/25/2025

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.

Alfreda Brown
Residential Care Services

02/25/2025
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.

[Signature]

Provider (or Representative)

3/11/25
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 70.129.060.
- (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.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to pay the annual licensing fee of \$ 1,350 before the due date on 12/15/2024. This failure resulted in the AFH operating without a valid license.

Findings included:

Review of department records on 02/13/2025, showed the AFH license fee was due on 12/15/2024. Department records showed an outstanding balance of \$1,350.

Review of department records on 02/25/2025, showed that AFH had been contacted on 02/24/2022 due to failure to pay the annual license fee by due date.

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

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.

<u>Alfredo Brown</u> Residential Care Services	<u>02/26/2025</u> Date
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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.
- (4) If the home does not pay the fee when it is due , the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to pay the annual licensing fee of \$ 1,350 before the due date on 12/15/2024. This failure resulted in the AFH operating without a valid license.

Findings included...

Review of department records on 02/13/2025, showed the AFH license fee was due on 12/15/2024. Department records showed an outstanding balance of \$1,350.

Review of department records on 02/25/2025, showed that AFH had been consulted on 02/24/2022 due to failure to pay the annual license fee by due date.

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


Statement of Deficiencies	License # 751538	Compliance Determination # 54806
Plan of Correction	ELDERS CARE HOME	Completion Date
Page 3 of 3	Licensee: ORATHAI NACKVISETH	02/25/2025

Observation on 02/13/2025 at 10:19 AM, showed that four residents were receiving care and services from the AFH.

In an interview on 02/13/2025 at 10:37 AM, Staff A Entity Representative stated that they forgot to pay the annual licensing fee.

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) 2/14/25

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



Provider (or Representative)

2/14/25

Date

Observation, on 02/13/2025 at 10:19 AM, showed that four residents were receiving care and services from the AFH.

In an interview, on 02/13/2025, at 10:37 AM, Staff A, Entity Representative stated that they forgot to pay the annual licensing fee.

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