



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

SNOQUALMIE VALLEY ELDER CARE INC  
SNOQUALMIE VALLEY ELDER CARE INC  
13739 436TH AVE SE  
NORTH BEND, WA 98045

RE: SNOQUALMIE VALLEY ELDER CARE INC License # 752091

Dear Provider:

This letter addresses Compliance Determination(s) 56207 (Completion Date 03/12/2025) and 53874 (Completion Date 02/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/12/2025 and found that you have corrected the violations listed in the Complaint report dated 02/03/2025. Your home is back in compliance as of 01/31/2025 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the off-site verification:  
Ellen Schooler, NCI Nurse Consultant Institution

If you have any questions, please contact me at (253)341-7376.

Sincerely,

*Alfredo Brown*

Alfredo Brown, Allied Health Field Manager  
Region 2, Unit K  
Residential Care Services



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Statement of Deficiencies	License #: 752091	Compliance Determination #53874
Plan of Correction	SNOQUALMIE VALLEY ELDER CARE INC	Completion Date
Page 1 of 3	Licensee: SNOQUALMIE VALLEY ELDER CARE INC	02/03/2025

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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 01/29/2025 of:

SNOQUALMIE VALLEY ELDER CARE INC  
13739 436TH AVE SE  
NORTH BEND, WA 98045

This document references the following complaint number(s): 161474

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Ellen Schooler, NCI Nurse Consultant Institution

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



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.

Alfredo Brown  
Residential Care Services

02/10/2025  
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 pay their annual license fee that was due on 11/15/2024. This failure resulted in 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of residing in an unlicensed home.

Findings included...

Review of the Department's Records, on 01/29/2025, showed a balance for the AFH's annual license fee of \$1,350. The AFH's annual license fee was due on 11/15/2024.

During an interview, on 01/29/2025 at 11:30AM, Staff A, Entity Representative stated that they had received the invoice for annual license fee but had forgotten to pay it. Staff A stated they had misplaced their annual license fee invoice. Staff A stated that they were aware their annual license fee was due every November.

This is a repeated deficiency previously cited on 01/31/2023.

Statement of Deficiency as	License # 752001	Compliance Bulletin number 0-5-10174
Plan of Correction	SNOQUALMIE VALLEY ELDER CARE INC	Completion Date
Page 7 of 8	Licensee: SNOQUALMIE VALLEY ELDER CARE INC	02/03/2025

I hereby certify that I have reviewed this report and have taken or we take active measures to correct this deficiency. By taking this action, SNOQUALMIE VALLEY ELDER CARE INC is in compliance with the law and / or regulation.  
 (Date) 1/31/2026

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

*[Signature]*  
 Provider (or Representative)

2/10/2025  
 Date

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

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, SNOQUALMIE VALLEY ELDER CARE INC 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