



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Bani & Baivi Well-Being, LLC
Bani & Baivi Well-Being, LLC
8815 E Broadway Ave
Spokane Valley, WA 99212

RE: Bani & Baivi Well-Being, LLC License # 755244

Dear Provider:

This letter addresses Compliance Determination(s) 59926 (Completion Date 05/21/2025) and 58794 (Completion Date 05/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/21/2025 and found that you have corrected the violations listed in the Full report dated 05/05/2025. Your home is back in compliance as of 05/13/2025 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the off-site verification:
Scott Sorensen, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 755244	Compliance Determination # 58794
Plan of Correction	Bani & Baivi Well-Being, LLC	Completion Date
Page 1 of 3	Licensee: Bani & Baivi Well-Being, LLC	05/05/2025

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 the unannounced on-site full inspection on 04/29/2025 of:

Bani & Baivi Well-Being, LLC
8815 E Broadway Ave
Spokane Valley, WA 99212

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

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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
<p>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.</p>	
Provider (or Representative)	Date

WAC 388-76-10165 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 adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain an updated Washington state name and date of birth background check result for 2 of 2 sample staff (Staff A & B). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Review of staff records on 04/29/2025 showed Staff A, Provider, had a Washington state name and date of birth background check that expired on 07/13/2024.

Review of staff records on 04/29/2025 showed Staff B, Caregiver, had a Washington state name and date of birth background check that expired on 12/30/2023.

During an interview on 04/29/2025 at 1:30 PM, Staff A stated that the Washington state

name and date of birth background checks were expired.

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, Bani & Baivi Well-Being, LLC 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