



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

Better Care Adult Family Home LLC
Better Care Adult Family Home LLC
29031 40th Ave S
Auburn, WA 98001

RE: Better Care Adult Family Home LLC License # 755399

Dear Provider:

This letter addresses Compliance Determination(s) 67384 (Completion Date 10/17/2025) and 62776 (Completion Date 08/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/17/2025 and found that you have corrected the violations listed in the Full report dated 08/25/2025. Your home is back in compliance as of 10/09/2025 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 388-76-10265-1-d, WAC 388-76-10375-1, WAC 388-76-10490-2-b-i, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10522, WAC 388-76-10530-1, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
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

Statement of Deficiencies	License #: 755399	Compliance Determination # 62776
Plan of Correction	Better Care Adult Family Home LLC	Completion Date
Page 1 of 10	Licensee: Better Care Adult Family Home LLC	08/25/2025

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 the unannounced on-site full inspection on 07/17/2025 of:

Better Care Adult Family Home LLC
29031 40th Ave S
Auburn, WA 98001

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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


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.


 Residential Care Services

 8-28-2025
 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)

 9/5/2025
 Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff B, Caregiver) had Tuberculosis [(TB) communicable disease affecting lungs] testing done within three days of employment. This failure placed all four residents at risk of possible exposure to TB.

Findings included...

Observation on 07/17/2025 at 9:02 AM showed three residents (Residents 1, 2, and 3) in the home, with Staff C, Caregiver and Staff D, Caregiver who provided care for them.

Observation on 07/17/2025 at 9:53 AM showed Staff B entered the home. Staff B introduced self and stated that Staff A, Entity Representative/Resident Manager, was not available for the day. Staff B stated they were to assist with the inspection process.

Record review of Staff B's personnel records showed the AFH hired them on 01/04/2022. Staff B had TB skin test administered on 05/07/2024, with negative result when read on 05/09/2024. Staff B had the second TB skin test administered on 05/21/2024, that was read on 05/23/2024 with negative result. There was no other TB test completed upon Staff B's three days of employment.

Statement of Deficiencies	License #: 755399	Compliance Determination # 62776
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In an interview on 07/17/2025 at 3:08 PM, Staff B stated they had other TB tests completed with their other job, and they would send it to the department.

In an interview on 08/22/2025 at 4:34 PM, Staff B stated that they could not obtain their TB test records from their other job. Staff B stated they completed the TB skin tests in 2024 as they were told that they did not have TB tests in their AFH personnel files. Staff B stated they were not aware of the regulation of TB testing within three days of employment.

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, Better Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on
 (Date) 10/10/2025 10/9/2025

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

Lucy Muoro 9/5/2025
 Provider (or Representative) Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure that the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) was agreed to, signed, and dated by the resident. This placed Resident 1 at risk of unmet care needs and receiving care they did not negotiate.

Findings included...

Observation on 07/17/2025 at 9:02 AM showed three residents (Residents 1, 2, and 3) with Staff C, Caregiver and Staff D, Caregiver who provided care for them.

In an interview on 07/17/2025 at 9:55 AM, Staff B, Caregiver stated that Resident 1 was

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

coherent.

Review of Resident 1's AFH records showed the AFH admitted them on [REDACTED]/2024. Resident 1's admission agreement was signed and dated [REDACTED]/2024. Resident 1's 7/30/2024 NCP was not signed by the resident, and their representative.

In an interview on 07/17/2025 at 4:51 PM, Staff B had no response when informed that Resident 1's NCP was not signed by resident.

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, Better Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on
 (Date) 10/10/2025 - 10/9/2025

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

Lucy muonia _____ 9/5/2025
 Provider (or Representative) Date

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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Resident 1 and Resident 2) had a signed and dated Medicaid Policy in their record. These failures placed the residents at risk of not being informed of the home's Medicaid policy.

Findings included...

Observation on 07/17/2025 at 9:02 AM showed three residents (Residents 1, 2, and 3)

with Staff C, Caregiver and Staff D, Caregiver who provided care for them.

In an interview on 07/17/2025 at 9:55 AM, Staff B, Caregiver stated the three residents had [REDACTED] as their payment source.

Resident 1

Review of Resident 1's AFH records showed the AFH admitted them on [REDACTED]/2024. Resident 1's admission agreement was signed and dated [REDACTED]/2024. There was no Medicaid policy signed and dated on their file.

In an interview on 07/17/2025 at 12:04 PM, Staff B stated they could not find Resident 1's Medicaid policy document. Staff B acknowledged that Resident 1 did not have the Medicaid policy in the AFH file.

Resident 2

Review of Resident 2's AFH records showed the AFH admitted them on [REDACTED]/2022. Resident 2's admission agreement was signed and dated on 05/01/2022. There was no Medicaid policy signed and dated on their file.

In an interview on 07/17/025 at 12:22 PM, Staff B acknowledged that Resident 2 did not have Medicaid Policy signed and dated in the AFH file.

In an interview on 07/17/2025 at 2:38 PM, Staff B stated they had no idea where Resident 2's Medicaid Policy was.

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, Better Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on
 (Date) 10/10/2025 10/9/2025

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

Luy muoria
 Provider (or Representative)

9/5/2025
 Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language the resident understands;
- (3) Be provided to all prospective residents, before admission to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Resident 1 and Resident 2) had a signed and dated Medicaid Policy in their record. This failures placed the residents at risk of not being informed of the home's Medicaid policy.

Findings included...

Observation on 07/17/2025 at 9:02 AM showed three (Residents 1, 2, and 3) with Staff C, Caregiver and Staff D, Caregiver who provided care for them.

In an interview on 07/17/2025 at 9:55 AM, Staff B, Caregiver stated the three residents

had [REDACTED] as their payment source.

Resident 1

Review of Resident 1's AFH records showed the AFH admitted them on [REDACTED]/2024. Resident 1's admission agreement was signed and dated [REDACTED]/2024. There was no Medicaid policy signed and dated on their file.

In an interview on 07/17/2025 at 12:04 PM, Staff B stated they could not find Resident 1's Medicaid policy document. Staff B acknowledged that Resident 1 did not have the Medicaid policy in the AFH file.

Resident 2

Review of Resident 2's AFH records showed the AFH admitted them on [REDACTED]/2022. Resident 2's admission agreement was signed and dated on 05/01/2022. There was no Medicaid policy signed and dated on their file.

In an interview on 07/17/025 at 12:22 PM, Staff B acknowledged that Resident 2 did not have Medicaid Policy signed and dated in the AFH file.

In an interview on 07/17/2025 at 2:38 PM, Staff B stated they had no idea where Resident 2's Medicaid Policy was.

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, Better Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on
 (Date) 10/15/2025 10/19/2025

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

Lily muong
 Provider (or Representative)

9/15/2025
 Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the AFH's admission agreement (notice of rights and services agreement) with 1 of 2 sampled residents (Resident 2) every 24 months after their admission. This failure placed Resident 2 at risk of unmet care needs.

Findings included...

Review of Resident 2's AFH records showed the AFH admitted them on [REDACTED]/2022. Resident 2's admission agreement was signed and dated on 05/01/2022. There was no other admission agreement found in Resident 2's file.

In an interview on 07/17/2025 at 4:50 PM, Staff B, Caregiver stated they were not aware that the admission agreement had to be reviewed every 24 months.

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, Better Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 10/10/2025 10/9/2025

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

Lucy Muong

Provider (or Representative)

9/5/2025

Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct partial emergency evacuation drills in a 1 of 1 AFH, at least every sixty days. This failure placed all three residents (Residents 1, 2, and 3) at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

Observation on 07/17/2025 at 9:02 AM showed three (Residents 1, 2, and 3) with Staff C, Caregiver and Staff D, Caregiver who provided care for them.

In an interview on 07/17/2025 at 9:55 AM, Staff B, Caregiver, stated that Resident 1 and Resident 3 were independent with evacuation.

Record review on 07/17/2025 of the AFH 2024 emergency evacuation drill records showed eight completed drills. A fire drill completed on 01/05/2024 labelled as full evacuation, participated by three staff and three residents for a total of three minutes. A fire drill completed on 02/06/2024 was labelled as partial evacuation, participated by three staff and three residents that took three minutes. A fire drill on 03/07/2024 was labelled as partial evacuation, participated by three staff and four residents that took four minutes. A fire drill on 06/07/2024 was labelled as partial evacuation, participated by two staff and two residents that took three minutes. A fire drill on 07/08/2024 was labelled as partial evacuation, participated by two staff and two residents that took

three minutes. A fire drill on 08/07/2024 was labelled as partial evacuation, participated by two staff and two residents that took five minutes. A fire drill on 09/04/2024 was labelled as partial evacuation, participated by two staff and two residents that took four minutes. A fire drill on 11/05/2024 was labelled as partial evacuation, participated by two staff and two residents that took three minutes and 2 seconds. The completed fire drills on 03/07/2024 and 06/07/2024 were 92 days apart.

Record review on 07/17/2025 of the AFH 2025 emergency evacuation drill record showed five completed drills. A fire drill on 02/01/2025 was labelled as partial evacuation, participated by one staff and two residents that took three minutes and two seconds. Fire drills were completed on 03/01/2025, 04/01/2025, 05/01/2025, and 06/06/2025. The last fire drill for 2024 was completed on 11/05/2024 and the first fire drill on 2025 was completed on 02/01/2025, these fire drills were 82 days apart.

In an interview on 07/17/2025 at 4:50 PM, Staff B acknowledged that the fire drills completed on 03/07/2024 and 06/07/2024 were beyond 60 days. Staff B nodded in agreement that the fire drill completed on 11/05/2024 and the first fire drill completed on 02/01/2025 were beyond 60 days.

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, Better Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on
 (Date) 10/10/2025 10/9/2025

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

Lucy Muona
 Provider (or Representative)

9/15/2025
 Date