STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

AMC PRIVATE CARE LLC
AMC PRIVATE CARE
11300 SE 180TH PL
RENTON, WA 98055

RE: AMC PRIVATE CARE License # 662800

Dear Provider:

This letter addresses Compliance Determination(s) 72908 (Completion Date 02/12/2026) and 71416 (Completion Date 01/20/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/12/2026 and found that you have corrected the violations listed in the Full report dated 01/20/2026. Your home is back in compliance as of 01/29/2026 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 388-76-10485-1, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Liza Flowers, 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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 01/13/2026 of:
AMC PRIVATE CARE
11300 SE 180TH PL
RENTON, WA 98055

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 inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit E
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 | 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep the prescribed medication for 1 of 2 sampled residents (Resident 1) in locked storage. This failure placed Resident 1 at risk of harm had they accessed and inappropriately taken and/or used the medication.

Findings included…

In an interview on 01/13/2026 at 12:52 PM, Staff A, Entity Representative, stated that Resident 1 used Bathroom 1 that was located inside their bedroom.

In an interview on 01/13/2026 at 12:46 PM, Staff A stated that Resident 1 required assistance from staff with medication.

During an environmental tour in Bathroom 1 with Staff A, located inside Resident 1's bedroom on 01/13/2026 at 1:41 PM, observation showed a tube of Metrodinazole Gel (a medication used to specific bacterial and inflammatory skin condition) on top of the unlocked cart. According to Staff A the medication was prescribed for Resident 1 used.

Review of the Metrodinazole gel medication warning label showed “For external use only. Not for oral, ophthalmic, or intravaginal use…”

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

In an interview on 01/13/2026 at 1:44 PM, Staff A stated that they did not noticed that the medication was placed on top of the unlocked cart.

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, AMC PRIVATE CARE 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 388-76-10265 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 have a system to ensure 1 of 2 sampled staff (Staff B, Caregiver) had Tuberculosis (TB- is a disease that usually affects the lungs that can spread through the air when people with active TB cough, sneeze, or spit) testing within three days of hire. This failure placed the residents at risk of exposure to an infectious disease.

Findings included…

On 09/13/2026 at 11:41 AM, Staff B interacted and provided care to Resident 1 in the living room.

In an interview with Staff A, Entity Representative, on 09/13/2026 at 1:30 PM, Staff A stated that Staff B worked as a full-time caregiver in the AFH.

Record review of the AFH orientation record dated 07/21/2025 showed the AFH hired Staff B on 07/21/2025.

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

Record review of Staff B's file showed a TB blood test collected on 08/20/2025 and read positive on 08/21/2025. Further record review showed a chest x-ray (picture or imaging of the lungs) was done on 08/29/2025 with a negative result for TB. There was no document that showed Staff B had TB testing done within three days of hire.

In an interview on 01/13/2026 at 4:00 PM, Staff A stated that they could not remember the reason why Staff B did not have a TB test done within three days of hire.

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, AMC PRIVATE CARE 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

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