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

IDEAL CARE HOMES INC
IDEAL CARE HOME INC
4205 164TH AVE SE
BELLEVUE, WA 98006

RE: IDEAL CARE HOME INC License # 751183

Dear Provider:

This letter addresses Compliance Determination(s) 74638 (Completion Date 03/20/2026) and 71316 (Completion Date 01/22/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/20/2026 and found that you have corrected the violations listed in the Full report dated 01/22/2026. Your home is back in compliance as of 02/27/2026 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 388-76-10165-1-b, WAC 388-76-10165-2

The Department staff who did the off-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.

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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 the unannounced on-site full inspection on 01/12/2026 of:

IDEAL CARE HOME INC
4205 164TH AVE SE
BELLEVUE, WA 98006

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 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

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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 388-76-10165 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:

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

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure there was a valid Washington State Name and Date of Birth (WNDOB) background check for 2 of 6 staff (Staff B and E, Caregivers). In addition, the AFH failed to ensure a national fingerprint background check/inquiry (FBGC) was completed for 2 of 6 staff (Staff C and F, Caregivers). These failures placed 4 current residents at risk of being cared for by unqualified staff.

Findings included…

STAFF B

During an unannounced visit to the AFH on 01/12/2026 at 10:40 AM, Staff B was in the

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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

01/27/2027
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

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure there was a valid Washington State Name and Date of Birth (WNDOB) background check for 2 of 6 staff (Staff B and E, Caregivers). In addition, the AFH failed to ensure a national fingerprint background check/inquiry (FBGC) was completed for 2 of 6 staff (Staff C and F, Caregivers). These failures placed 4 current residents at risk of being cared for by unqualified staff.

Findings included...

STAFF B

During an unannounced visit to the AFH on 01/12/2026 at 10:40 AM, Staff B was in the

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AFH and introduced themselves as one of the caregivers in the home responsible for residents wellbeing on that day.

In an interview on 01/12/2026 at 4:11 PM, Staff A, Entity Representative, said that Staff B was a full-time caregiver who lived in the AFH.

Review of personnel records showed the AFH hired Staff E as a caregiver on 12/03/2014. Further record review showed Staff B's WNDOB background check dated 11/28/2022 which expired on 11/28/2024 (410 days overdue).

Staff E

On 01/12/2026 at 10:40 AM, Staff E was not observed at the AFH.

In an interview on 01/12/2026 at 4:11 PM, Staff A said that Staff E was a full-time caregiver.

Review of personnel records showed the AFH hired Staff E as a caregiver on 06/01/2021. Further record review showed Staff E's WNDOB background check dated 07/22/2022 which expired on 07/22/2024 (539 days overdue).

In a telephone interview on 01/20/2026 at 5:20 PM, Staff A said that they thought Staff B and E had current WNDOB background check, but they checked their Background Check Central Unit (BCCU) account, and it showed no current WNDOB background check for Staff B and E.

Staff C

On o1/12/2026 at 1:15 PM, Staff C interacted and provided care to Resident 1 in their bedroom.

In an interview on 01/12/2026 at 4:11 PM, Staff A said that Staff C was a full-time caregiver.

Review of personnel records showed the AFH hired Staff C as a caregiver on 03/22/2024. Further record reviews showed Staff C did not have an FBGC (542 days overdue).

Staff F

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On 01/12/2026 at 10:40 AM, Staff F was not observed at the AFH.

In an interview on 01/12/2026 at 4:11 PM, Staff A said that Staff F was a full-time caregiver.

Review of personnel records showed the AFH hired Staff F as a caregiver on 08/11/2024. Further record reviews showed Staff F did not have an FBGC (399 days overdue).

In a telephone interview on 01/12/2026 at 5:20 PM, Staff A said that Staff C and F had no FBGC because they forgot to do it.

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, IDEAL CARE HOME 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

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