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

Good Rest Senior Care LLC

Good Rest Senior Care LLC
13304 119th Ave NE
Kirkland, WA 98034

RE: Good Rest Senior Care LLC License # 754553

Dear Provider:

This letter addresses Compliance Determination(s) 76532 (Completion Date 04/27/2026) and 72583 (Completion Date 02/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/27/2026 and found that you have corrected the violations listed in the Full report dated 02/26/2026. Your home is back in compliance as of 04/12/2026 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 388-76-10285, WAC 388-76-10290-1

The Department staff who did the off-site verification:
Jimmie Jordan, 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

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 02/06/2026 of:
Good Rest Senior Care LLC
13304 119th Ave NE
Kirkland, WA 98034

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:

Jimmie Jordan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure a second Tuberculosis (TB) screening skin test was completed within one to three weeks after their first skin test, as required, for 3 of 4 staff (Staff A, Entity Representative/Resident Manager, Staff B, Caregiver and Staff D, Caregiver). This failure placed all residents (Residents 1, 2, 3, 4, and 5) at risk of contracting a communicable disease.

Findings included…

Record review showed that Staff A became the Entity Representative/Resident Manager on 11/22/2019 for the AFH that was first licensed on 06/09/2020. Staff A had a one-step tuberculin skin test (test used to detect individuals with past exposure to TB who now have diminished skin test reactivity), given on 06/07/2020 and was read on 06/09/2020 showing a negative result. Staff A had no record of their second step TB skin test.

Record review showed that Staff B was hired on 06/10/2025. Staff B had a one-step tuberculin skin test, given on 06/10/2025 and was read on 06/12/2025 showing a negative result. The AFH had no record of the second step tuberculin skin test for Staff B.

Record review showed that Staff D was hired on 11/03/2025. Staff D had a one-step

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tuberculin skin test, given on 11/03/2025 and was read on 11/05/2025 showing a negative result. The AFH had no record of the second step tuberculin skin test for Staff D.

During an interview, on 02/06/2026 at 2:38 PM, Staff A stated they weren't aware that the Staff needed to receive a second step tuberculin skin test, if the results for the first step tuberculin skin test were negative.

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, Good Rest Senior Care 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

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 4 caregivers (Staff C, Caregiver) received a chest X-ray within seven days after testing positive for Tuberculosis (TB) from a skin test. This failure placed all residents (Residents 1, 2, 3, 4, and 5) at risk of contracting a communicable disease.

Findings included...

Record review showed that the AFH hired Staff C on 05/08/2025. An Evaluation for New Positive TB Test from Staff C's health care provider showed the date of new positive TB test was 05/09/2025. Record review showed that Staff C received a chest x-ray on 09/10/2025 showing no evidence of active tuberculosis, which was 4 months after the positive TB test date.

During an interview, on 02/06/2026 at 2:49 PM, Staff A, Entity Representative/Resident Manager, stated that they weren't aware that Staff C had to get a chest x-ray within 7 days after a positive TB test.

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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, Good Rest Senior Care 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

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