



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

Caring Kind Adult Family Home LLC
Caring Kind Adult Family Home LLC
23436 28TH AVE S
DES MOINES, WA 98198

RE: Caring Kind Adult Family Home LLC License # 755397

Dear Provider:

This letter addresses Compliance Determination(s) 66964 (Completion Date 10/15/2025) and 64269 (Completion Date 09/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/15/2025 and found that you have corrected the violations listed in the Full report dated 09/03/2025. Your home is back in compliance as of 09/05/2025 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 388-76-10146-1, WAC 388-76-10146-2-c, WAC 388-112A-0400-4-a, WAC 388-76-10865-1

The Department staff who did the on-site verification:
Angelica Rios, ALF Licenser

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 #: 755397	Compliance Determination # 64269
Plan of Correction	Caring Kind Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Caring Kind Adult Family Home LLC	09/03/2025

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 08/14/2025 of:

Caring Kind Adult Family Home LLC
23436 28TH AVE S
DES MOINES, WA 98198

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:

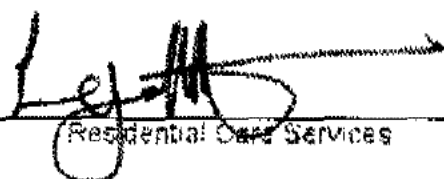
Angelica Rios, ALF Licenser

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.

Statement of Deficiencies	License #: 755397	Compliance Determination # 64269
Plan of Correction	Caring Kind Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: Caring Kind Adult Family Home LLC	09/03/2025

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

9-4-2025
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 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(a) Developmental disabilities specialty training as described in WAC 388-112A-0420 .

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC,

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff F, Caregiver) had developmental disabilities (conditions beginning in childhood that affect an individual's physical, learning, language or behavior development) specialty training before they provided care to developmentally disabled residents. This failure placed Resident 5 at risk of unmet care needs.

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
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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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WAC 388-112A-0400 What is specialty training and who is required to take it?

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(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff F, Caregiver) had developmental disabilities (conditions beginning in childhood that affect an individual's physical, learning, language or behavior development) specialty training before they provided care to developmentally disabled residents. This failure placed Resident 5 at risk of unmet care needs.

Statement of Deficiencies	License #: 755397	Compliance Determination # 64259
Plan of Correction	Caring Kind Adult Family Home LLC	Completion Date
Page 3 of 4	Licensee: Caring Kind Adult Family Home LLC	09/03/2025

Findings included...

During a visit on 08/14/2025 at 10:45 AM, observation showed Resident 5 lived in and received care from the AFH.

Review of Staff F's personnel records showed Staff F was hired on 04/18/2025. Further review showed Staff F had no record of developmental disability specialty training.

Review of Resident 5's records showed Resident 5 was admitted to the AFH on [REDACTED] 2021. Further review of Resident 5's records showed Resident 5 had a developmental disability.

Observation on 08/14/2025 at 12:20 PM, showed Staff F providing toileting assistance to Resident 5 unsupervised.

During an interview on 08/14/2025 at 1:09 PM, Staff A, Entry Representative/Resident Manager, stated that they did not realize Staff F had not yet completed their developmental disabilities specialty training. Staff A further stated that they would ensure Staff F was enlisted in a training class as soon as possible to provide direct care to all residents.

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, Caring Kind Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 9-5-2025

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


Provider (or Representative)

9-5-2025
Date

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, interview and review, the Adult Family Home (AFH) failed to ensure they were able to evacuate all residents from the home in five minutes or less.

Findings included...

During a visit on 08/14/2025 at 10:45 AM, observation showed Resident 5 lived in and received care from the AFH.

Review of Staff F's personnel records showed Staff F was hired on 04/18/2025. Further review showed Staff F had no record of developmental disability specialty training.

Review of Resident 5's records showed Resident 5 was admitted to the AFH on [REDACTED]/2021. Further review of Resident 5's records showed Resident 5 had a developmental disability.

Observation on 08/14/2025 at 12:20 PM, showed Staff F providing toileting assistance to Resident 5 unsupervised.

During an interview on 08/14/2025 at 1:09 PM, Staff A, Entity Representative/Resident Manager, stated that they did not realize Staff F had not yet completed their developmental disabilities specialty training. Staff A further stated that they would ensure Staff F was enlisted in a training class as soon as possible to provide direct care to all residents.

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, Caring Kind Adult Family Home 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 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, interview and review, the Adult Family Home (AFH) failed to ensure they were able to evacuate all residents from the home in five minutes or less.

Statement of Deficiencies	License #: 755397	Compliance Determination # 84259
Plan of Correction	Caring Kind Adult Family Home LLC	Completion Date
Page 4 of 4	Licensee: Caring Kind Adult Family Home LLC	09/03/2026

This failure placed all residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm in the event of an emergency that required evacuation of the home.

Findings included..

During a visit on 09/14/2025 at 10:45 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

Review of the AFH's evacuation drill logs showed the last full emergency evacuation drill was conducted on 04/23/2025. Further review showed the drill lasted 15 minutes.

During an interview on 09/14/2026, Staff A, Entity Representative/Resident Manager, stated that they did not realize the full evacuation drill needed to be in five minutes or less. Staff A further stated that they would conduct a full evacuation drill within 24 hours and ensure it took less than five minutes for all residents to be evacuated from the home.

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, Caring Kind Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 9-5-2025

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



Provider (or Representative)

9-5-2025

Date

This failure placed all residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm in the event of an emergency that required evacuation of the home.

Findings included...

During a visit on 08/14/2025 at 10:45 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

Review of the AFH's evacuation drill logs showed the last full emergency evacuation drill was conducted on 04/23/2025. Further review showed the drill lasted 15 minutes.

During an interview on 08/14/2025, Staff A, Entity Representative/Resident Manager, stated that they did not realize the full evacuation drill needed to be in five minutes or less. Staff A further stated that they would conduct a full evacuation drill within 24 hours and ensure it took less than five minutes for all residents to be evacuated from the home.

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, Caring Kind Adult Family Home 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