STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Platinum Care 365 LLC
Platinum Care 365
1685 SW 10th Ave
Oak Harbor, WA 98277

RE: Platinum Care 365 License # 755858

Dear Provider:

This letter addresses Compliance Determination(s) 84042 (Completion Date 09/21/2026) and 82618 (Completion Date 08/24/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/21/2026 and found that you have corrected the violations listed in the Full report dated 08/24/2026. Your home is back in compliance as of 08/30/2026 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 388-76-10650-2-c

The Department staff who did the off-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 08/20/2026 of:

Platinum Care 365
1685 SW 10th Ave
Oak Harbor, WA 98277

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:

Toni Bolo, Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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Statement of Deficiencies	License #: 755858	Compliance Determination # 62618
Plan of Correction	Platinum Care 365	Completion Date
Page 2 of 3	Licensee: Platinum Care 365 LLC	08/24/2026

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.

Nicholette Flynn
Residential Care Services

08/26/2026
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.

Billie Goldsmith/Billie Goldsmith 9/9/26
Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that 2 of 2 residents with [redacted] (Resident 1 & 3) had negotiated care plans (NCP) that reflected the need and safe use of the [redacted]. This failure placed the residents at risk for misuse or injury.

Findings included...

RESIDENT 1
Observation on 08/20/2026 at 9:55 AM, showed Resident 1 had a [redacted] on the left side and towards the head of their [redacted] in the up position.

Record review showed the AFH admitted Resident 1 on [redacted]/2026 with multiple diagnoses. Resident 1's [redacted] assessment, dated 03/03/2026, showed Resident 1 used [redacted] for bed mobility and transfers. Resident 1's NCP, dated 04/04/2026, did not document [redacted] and how Resident 1 used the [redacted].

RESIDENT 3
Observation on 08/20/2026 at 9:52 AM, showed Resident 3 had a [redacted] on the right side and towards the head of their [redacted] in the up position.

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Statement of Deficiencies	License #: 755858	Compliance Determination # 82618
Plan of Correction	Platinum Care 365	Completion Date
Page 3 of 3	Licensee: Platinum Care 365 LLC	08/24/2026

Record review showed the AFH admitted Resident 3 on [redacted]/2025 with multiple diagnoses. Resident 3's assessment, dated 03/16/2025, showed Resident 3 had and used a [redacted] for bed mobility and transfers. Resident 3's NCP, dated 04/04/2026, did not document [redacted] and how Resident 3 used the [redacted].

In an interview on 08/20/2026 at 4:17 PM, Staff A (Entity Representative) stated that they knew [redacted] assessments were required for Resident 1 and 3 to use [redacted], but Staff A was unaware that Resident 1 and 3's NCP were required to reflect [redacted] use.

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, Platinum Care 365 is or will be in compliance with this law and / or regulation on (Date) AUG 30 2026.

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

Billie Goldsmith Billie Goldsmith 9/9/2026

Provider (or Representative) Date

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

08/26/2026

Platinum Care 365 LLC
Platinum Care 365
1685 SW 10th Ave
Oak Harbor, WA 98277

RE: Platinum Care 365 # 755858

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/24/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:

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eFax: (360) 651-6940
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (08/24/2026), no later than 10/08/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

The Adult Family Home (AFH) failed to have the AFH policy on accepting Medicaid as a payment source as a separate document from the AFH admission agreement for all their residents. Staff A (Entity Representative) printed their policy on accepting Medicaid on a separate document, reviewed it with each current resident, and had all current residents sign the policy document, correcting the deficiency prior to the exit conference.

WAC 388-76-10506 Written residency agreement Residents with medicaid as a payor.

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

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(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at (888) 437-0017.

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date]. [Statutory Authority: RCW 18.20.090 , 70.97.230 , and 70.128.040 . WSR 26-08-074, s 388-76-10506, filed 3/30/26, effective 4/30/26. Statutory Authority: RCW 18.20.090 , 70.97.230 , 70.128.040 , 74.09.520 (2), 74.39A.007 , 42 C.F.R. 441.530 (a)(1)(vi)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-76-10506, filed 8/25/25, effective 1/1/26.]

The Adult Family Home (AFH) failed to have a Residency agreement for residents with [redacted] as a payor. The AFH corrected the deficiency with a typed-up Residency agreement form by the exit conference.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager

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Region 2, Unit B
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6940
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20**

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working days after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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