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

ICare Adult Family Care Inc
Icare Adult Family Care Inc 2
6113 S 295th Ct
Auburn, WA 98001

RE: Icare Adult Family Care Inc 2 License # 756238

Dear Provider:

This letter addresses Compliance Determination(s) 80086 (Completion Date 07/08/2026) and 79010 (Completion Date 06/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/08/2026 and found that you have corrected the violations listed in the Complaint report dated 06/15/2026. Your home is back in compliance as of 06/27/2026 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 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

The Department staff who did the on-site verification:
Vadim Panitkov, 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.

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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 an unannounced on-site complaint investigation on 06/15/2026 of:

Icare Adult Family Care Inc 2
6114 S 295th Ct
Auburn, WA 98001

This document references the following complaint number(s): 226140

The following sample was selected for review during the unannounced on-site visit: 0 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, 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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Statement of Deficiencies	License #: 756238	Compliance Determination # 79010
Plan of Correction	Icare Adult Family Care Inc 2	Completion Date
Page 2 of 3	Licensee: ICare Adult Family Care Inc	06/15/2026

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.

Residential Care Services — 6-23-2026 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.

Provider (or Representative) — 6/27/2026. Date

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay their 1 of 1 annual license fee when due. This failure resulted in the AFH operating with outstanding license fees.

Findings included...

On 06/15/2026 a review of the department's "Secure Tracking and Reporting System" (STARS) showed the AFH was licensed on 04/04/2023 and the annual licensing fee was due in the month of April each year. A further review of records using STARS showed that the AFH had a past due license fee in the amount of $2,700.00.

On 06/15/2026 at 11:46 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 in the AFH with Staff C, Caregiver, and Staff D, Caregiver. Observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

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On 06/15/2026 at 12:10 PM, in an interview Department Staff (DS) asked Staff A, Entity Representative, why the annual license fee was not paid. Staff A stated that they forgot to pay the annual license fee. DS asked Staff A what the plan was for paying the annual license fee, Staff A stated that they will pay it right away.

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, Icare Adult Family Care Inc 2 is or will be in compliance with this law and / or regulation on (Date) 6/27/2026

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

Provider (or Representative) — Date: 6/27/2026

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