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

VALLEY VISTA ADULT FAMILY HOME INC
Valley Vista Adult Family Home Inc.
16117 NE 97th Street
Redmond, WA 98052

RE: Valley Vista Adult Family Home Inc. License # 758945

Dear Provider:

This letter addresses Compliance Determination(s) 79792 (Completion Date 06/30/2026) and 76524 (Completion Date 06/02/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/30/2026 and found that you have corrected the violations listed in the Complaint report dated 06/02/2026. Your home is back in compliance as of 06/15/2026 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 388-76-10617-1, WAC 388-76-10617-2, WAC 388-76-10617-3, WAC 388-76-10617-4

The Department staff who did the on-site verification:
Kailash Sharma, ALF Licensor

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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 758945	Compliance Determination # 76524
Plan of Correction	Valley Vista Adult Family Home Inc.	Completion Date
Page 1 of 4	Licensee: VALLEY VISTA ADULT FAMILY HOME INC	06/02/2026

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 04/24/2026 and 06/02/2026 of:

Valley Vista Adult Family Home Inc.
16117 NE 97th Street
Redmond, WA 98052

This document references the following complaint number(s): 220356

The following sample was selected for review during the unannounced on-site visit: 0 of 1 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Kailash Sharma, ALF Licensor

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 — 06/08/2026 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) — 6/15/2026 Date

(1) Include in the notice contact information provided by the department for the legal services agencies assigned to provide legal counsel;

(2) Clearly state in the notice that, subject to legislative appropriation, legal counsel at public expense is available to represent the resident's interests in the transfer or discharge process. This language must be substantially in the following form: "Subject to legislative appropriation you have a right to a free lawyer to help you respond to a notice of transfer or discharge. If you want a free lawyer to help you, please call the long-term care discharge defense screening line at [phone number].";

(3) Within three calendar days of issuing the notice, provide a copy of the notice to the resident's assigned department case manager;

(4) Within three calendar days of issuing the notice, provide a copy of the notice to the Washington state long-term care ombudsman program; and

WAC 388-76-10617 Resident rights—Transfer and discharge notice—Residents with medicaid as a payor. For residents with medicaid as a payor, in addition to the requirements in WAC 388-76-10616, the adult family home must do the following when issuing a written notice of transfer or discharge:

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide 1 of 1 resident (Resident 1) with information about legal services agencies available to them when they planned to discharge the resident. Additionally, they failed to provide a copy of the resident's discharge notice to the Ombudsman Program, and the Department Case Manager (DCM). These failures placed Resident 1 at risk of a violation of resident rights.

Findings included...

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Observation on 04/24/2026, at 2:00 PM showed Resident 1 no longer lived in the AFH.

In an interview, Staff A, Representative/Resident Manager, stated that Resident 1 had been discharged on [redacted]/2026.

Review of Resident Discharge/Transfer Form dated [redacted]/2026 showed Resident 1 was admitted to the AFH on [redacted]/2025 and discharged on [redacted]/2026.

Review of AFH Resident Admission Agreement dated [redacted]/2026 showed that Resident 1 was a Medicaid eligible resident.

Review of Resident 1 progress notes dated [redacted]/2026 showed that Resident 1was taken to an Emergency Room for evaluation.

During an interview on 04/28/2026 at 1:45 PM, Staff A stated that they had not informed Resident 1 or their legal representative regarding their rights to free legal services in response to transfer and discharge notice.

During an interview on 06/02/2026 at 12:15 PM, Collateral Contact 1 (CC1) stated that on [redacted]/2026, they were told by a facility staff on the phone that Resident 1 cannot return to AFH. They stated that AFH staff had not provided any other information related to legal counsel.

During an interview on 06/02/2026 at 4:50 PM, the DCM stated that they were not provided with a copy of Resident 1's discharge transfer notice.

During an interview on 04/28/2026 at 1:45 PM, Staff A stated that they had not informed Ombudsman and had no intention of doing so.

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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, Valley Vista Adult Family Home Inc. is or will be in compliance with this law and / or regulation on (Date) 6/15/2026.

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

Provider (or Representative) Miranda Kudlacek — Date 6/15/2026

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