STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Katherine L. Spindler
KATHERIN'S HARMONY HOUSE
1358 SYCAMORE
CLARKSTON, WA 99403

RE: KATHERIN'S HARMONY HOUSE License # 484800

Dear Provider:

This letter addresses Compliance Determination(s) 82964 (Completion Date 08/27/2026) and 79703 (Completion Date 07/02/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/27/2026 and found that you have corrected the violations listed in the Full report dated 07/02/2026. Your home is back in compliance as of 08/14/2026 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 388-76-10146-2-d, WAC 388-112A-0710

The Department staff who did the on-site verification:
Jacqueline Block, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
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

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 06/29/2026 of:
KATHERIN'S HARMONY HOUSE
1358 SYCAMORE
CLARKSTON, WA 99403

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

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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Statement of Deficiencies	License #: 424800	Compliance Determination #79703
Plan of Correction	KATHERIN'S HARMONY HOUSE	Completion Date
Page 2 of 3	Licensee: Katherine L. Spindler	07/02/2026

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.

Selena Clemons
Residential Care Services

07/02/2026
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.

Katherine L Spindler
Provider (or Representative)

7-10-26
Date

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

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

(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:

(d) Cardiopulmonary resuscitation and first aid, and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure first-aid and cardiopulmonary resuscitation (CPR) training included hands on skills development through the use of mannequins or trainee partners for 2 of 2 current staff (Staff A & Staff B). This failure placed residents at risk of not receiving first-aid or CPR assistance from trained personnel in the event of an emergency.

Findings included...

Observations on 06/29/2026 between 9:49 AM and 11:56 AM showed Staff A, Provider and Staff B, Caregiver, provided care and services to the residents in the AFH.

Review of staff records on 06/29/2026 showed Staff A had a CPR and first-aid training certificate from National CPR Foundation, an online training site.

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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 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

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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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure first-aid and cardiopulmonary resuscitation (CPR) training included hands on skills development through the use of mannequins or trainee partners for 2 of 2 current staff (Staff A & Staff B). This failure placed residents at risk of not receiving first-aid or CPR assistance from trained personnel in the event of an emergency.

Findings included…

Observations on 06/29/2026 between 9:49 AM and 11:56 AM showed Staff A, Provider and Staff B, Caregiver, provided care and services to the residents in the AFH.

Review of staff records on 06/29/2026 showed Staff A had a CPR and first-aid training certificate from National CPR Foundation, an online training site.

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Statement of Deficiencies	License #: 484800	Compliance Determination #75703
Plan of Correction	KATHERIN'S HARMONY HOUSE	Completion Date
Page 3 of 3	Licensee: Katherine L. Spindler	07/02/2026

Review of staff records on 06/29/2026 showed Staff B had a CPR and first-aid training certificate from National CPR Foundation, an online training site.

In an interview on 06/29/2026 at 11:05 AM, Staff A stated they did not realize CPR and first-aid training had to be completed in person with hands on skills.

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, KATHERIN'S HARMONY HOUSE is or will be in compliance with this law and / or regulation on (Date) 8-14-2026

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

Katherine L Spindler
Provider (or Representative)

7-10-26
Date

Plan of correction, I have been searching for someone trained in CPR + First to come to the facility Katherines Harmony House, Finaly found a Company 208 medical, Instructor Jesse Acheson (BSN, RN, CFRN, owner and educator, Phone # 208-961-1945) Who has Agreed to come to Katherines Harmony House on July 28 2026 at 9:00 AM so that Katherine Spindler + Carl Spindler will be in compliance with the State of WA, Laws + Regulations. To stay in compliance I will keep up with the DOH Provider Letters to stay informed of New Regulations + Laws going Foward.

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Review of staff records on 06/29/2026 showed Staff B had a CPR and first-aid training certificate from National CPR Foundation, an online training site.

In an interview on 06/29/2026 at 11:05 AM, Staff A stated they did not realize CPR and first-aid training had to be completed in person with hands on skills.

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, KATHERIN'S HARMONY HOUSE 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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Katherine L. Spindler
KATHERIN'S HARMONY HOUSE
1358 SYCAMORE
CLARKSTON, WA 99403

RE: KATHERIN'S HARMONY HOUSE # 484800

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/02/2026 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:

Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/02/2026), no later than 08/16/2026 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 388-76-10506 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.

(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

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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 26-06-074, 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)(vii)(A), and 441.301 (c)(4)(vi)(A). WSR 25-18-037, s 388-76-10508, filed 8/25/25, effective 1/1/26.]

The Adult Family Home did not ensure each resident had a written residency agreement. Residency agreements were obtained. This deficiency was corrected.

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 (509)698-0182.

Sincerely,

Selena Clemons

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must: I will stay informed of New Rules & Regulations via Dear Provider letters to stay in compliance with WA State A.F.H. Laws, Rules & Regulations
7-10-30-26

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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 did not ensure each resident had a written residency agreement. Residency agreements were obtained. This deficiency was corrected.

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 (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

Enclosure

Plan **(Plan of Correction)**
You Must:

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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:
Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 working days** after the date you receive this letter. For **Panel IDR**s 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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