STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

GERTRUDE ARKOSI
THE EDELWEISS ADULT CARE HOME
17719 SE 38TH ST
VANCOUVER , WA 98683

RE: THE EDELWEISS ADULT CARE HOME License # 603700

Dear Provider:

This letter addresses Compliance Determination(s) 78262 (Completion Date 06/01/2026) and 77058 (Completion Date 05/05/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/01/2026 and found that you have corrected the violations listed in the Full report dated 05/05/2026. Your home is back in compliance as of 06/10/2026 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 388-76-10265-1-d

The Department staff who did the off-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 05/05/2026 of:
THE EDELWEISS ADULT CARE HOME
17719 SE 38TH ST
VANCOUVER, WA 98683

The following sample was selected for review during the unannounced on-site visit: 1 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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Statement of Deficiencies	License # 603700	Compliance Determination # 77056
Plan of Correction	THE EDELWEISS ADULT CARE HOME	Completion Date
Page 2 of 3	Licensee: GERTRUDE ARKOSI	05/05/2026

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.

Jennifer LeMaster — Residential Care Services — 05/08/2026 — 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.

Johnnie Arkosi — Provider (or Representative) — 05/18/2026 — Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure tuberculosis (a contagious bacterial infection spread through the air by coughing and sneezing) testing was initiated within three days of employment and in a two-step skin testing method for 3 of 3 Caregivers [Caregiver B (CG-B), Caregiver C (CG-C), and Caregiver D (CG-D)]. This deficient practice caused 5 of 5 residents [Resident 1 (R1), Resident (R2), Resident (R3), Resident (R4) and Resident 5(R5)] to be at risk of possible exposure to tuberculosis.

Findings included...

An unannounced inspection was completed on 05/05/2026.

Employee record review showed the Caregiver B (CG-B) was hired 07/03/2025. CG-B had a negative tuberculosis skin test (Intradermal - Mantoux skin test) on 08/18/2025 and read on 08/22/2025 prior to employment. CG-B did not have documentation of a second TB skin test one to three weeks from the initial test.

Employee record review showed the Caregiver C (CG-C) was hired 07/03/2025. CG-C had a negative tuberculosis skin test (Intradermal - Mantoux skin test) on 08/23/2025 and read on 08/25/2025 past three days of employment. CG-C did not have

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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.

Jennifer LeMaster
Residential Care Services

05/08/2026
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)

Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

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This requirement was not met as evidenced by:

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Findings included...

An unannounced inspection was completed on 05/05/2026.

Employee record review showed the Caregiver B (CG-B) was hired 07/03/2025. CG-B had a negative tuberculosis skin test (Intradermal - Mantoux skin test) on 06/19/2025 and read on 06/22/2025 prior to employment. CG-B did not have documentation of a second TB skin test one to three weeks from the initial test.

Employee record review showed the Caregiver C (CG-C) was hired 07/03/2025. CG-C had a negative tuberculosis skin test (Intradermal - Mantoux skin test) on 08/23/2025 and read on 08/25/2025 past three days of employment. CG-C did not have

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documentation of a second TB skin test one to three weeks from the initial test

Employee record review showed the Caregiver D (CG-D) was hired 07/03/2025. CG-D had a negative tuberculosis skin test (intradermal - Mantoux skin test) on 06/19/2025 and read on 06/22/2026 prior to employment. CG-D did not have documentation of a second TB skin test one to three weeks from the initial test.

The Provider stated on 05/05/2026 at 01:05 PM that CG-B, CG-C, and CG-D had completed their tuberculosis testing as required.

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, THE EDELWEISS ADULT CARE HOME is or will be in compliance with this law and / or regulation on (Date) 06/10/2026 .

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

Johnson Adu — 05/18/2026

Provider (or Representative) — Date

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documentation of a second TB skin test one to three weeks from the initial test.

Employee record review showed the Caregiver D (CG-D) was hired 07/03/2025. CG-D had a negative tuberculosis skin test (Intradermal - Mantoux skin test) on 06/19/2025 and read on 06/22/2025 prior to employment. CG-D did not have documentation of a second TB skin test one to three weeks from the initial test.

The Provider stated on 05/05/2026 at 01:05 PM that CG-B, CG-C, and CG-D had completed their tuberculosis testing as required.

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, THE EDELWEISS ADULT CARE HOME 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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800 NE 136th Ave, Suite 200, Vancouver, WA 98684

GERTRUDE ARKOSI
THE EDELWEISS ADULT CARE HOME
17719 SE 38TH ST
VANCOUVER , WA 98683

RE: THE EDELWEISS ADULT CARE HOME # 603700

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/05/2026 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:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

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eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/05/2026), no later than 06/19/2026 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 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

The Adult Family Home (AFH) did not ensure Caregiver B (CG-B) had food safety training. The AFH sent documentation for food safety training for CG-B on 05/06/2026.

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.

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If You Have Any Questions:
• Please contact me at (360)664-8421.

Sincerely,
Jennifer LeMaster
Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
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:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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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