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

FRANCISCO AREOPAGITA
FRANK & MARIAS PLACE ADULT FAMILY HOME
726 DAWN AVE
SHELTON, WA 98584

RE: FRANK & MARIAS PLACE ADULT FAMILY HOME License # 699400

Dear Provider:

This letter addresses Compliance Determination(s) 78546 (Completion Date 07/23/2026) and 73307 (Completion Date 04/06/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/23/2026 and found that you have corrected the violations listed in the Full report dated 04/06/2026. Your home is back in compliance as of 04/23/2026 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 388-76-10315-1-f, WAC 388-76-10315-1-g, WAC 388-76-10315-1-e, WAC 388-76-10165-1-a, WAC 388-76-10129-1-a, WAC 388-76-10129-1-e, WAC 388-76-10895, WAC 388-76-10895-1, WAC 388-76-10895-1-a, WAC 388-76-10895-1-b, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10895-2-c, WAC 388-76-10201, WAC 388-76-10201-1

The Department staff who did the on-site verification:
Colleen Arthur, AFH Nurse 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

This document was prepared by Residential Care Services for the Locator website.

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
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 02/18/2026 of:
FRANK & MARIAS PLACE ADULT FAMILY HOME
726 DAWN AVE
SHELTON, WA 98584

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

The department staff that inspected the Adult Family Home:

Colleen Arthur, AFH Nurse Licensor

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

This document was prepared by Residential Care Services for the Locator website.

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

04/10/2026
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.

FRANCISCO AREOPAGITA
Provider (or Representative)

4/23/2026
Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

(f) Be kept for three years after the resident leaves the home or death of the resident;

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, record review and interviews, the Adult Family Home (AFH) failed to ensure that the AFH created, maintained, and kept resident records available for 1 of 1 former residents (Resident 1). This failure resulted in records at risk for loss, alteration, destruction and unauthorized use.

Findings included...

Observation on 02/18/2026 at 9:45 AM showed that the AFH did not currently have any residents in the AFH.

In an interview on 02/18/2026 at 11:45 AM, Caregiver A stated that Resident 1 was the most recent resident in the AFH, and that Resident 1 had admitted into the AFH in [redacted] 2023 and had discharged in [redacted] 2025. Caregiver A stated that they could not recall from the records available or from their memory the exact dates Resident 1 had admitted or discharged.

This document was prepared by Residential Care Services for the Locator website.

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

04/10/2026
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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

(f) Be kept for three years after the resident leaves the home or death of the resident;

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, record review and interviews, the Adult Family Home (AFH) failed to ensure that the AFH created, maintained, and kept resident records available for 1 of 1 former residents (Resident 1). This failure resulted in records at risk for loss, alteration, destruction and unauthorized use.

Findings included...

Observation on 02/18/2026 at 9:45 AM showed that the AFH did not currently have any residents in the AFH.

In an interview on 02/18/2026 at 11:45 AM, Caregiver A stated that Resident 1 was the most recent resident in the AFH, and that Resident 1 had admitted into the AFH in [redacted] 2023 and had discharged in [redacted] 2025. Caregiver A stated that they could not recall from the records available or from their memory the exact dates Resident 1 had admitted or discharged.

This document was prepared by Residential Care Services for the Locator website.

Record review of Resident 1's records showed the AFH did not have Resident 1's Assessment prior to Resident 1 moving in available for review. The records available did not include any Disclosure of charges documentation or a documented discharge date and Resident 1's Negotiated Care Plans showed two different admission dates. The records contained one page of Physician orders for Resident 1 that were dated 03/01/2023.

In an interview on 02/18/2026 at 12:10 PM, Caregiver A stated they could not locate all the documents from Resident 1's stay, that they did not recall where they were placed.

In an interview on 02/18/2026 at 12 :10 PM, the Provider when asked about any additional records that the AFH may have for Resident 1 stated Caregiver A took care of all the paperwork.

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, FRANK & MARIAS PLACE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/23/2026.

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

FRANCISCO AREOPAGITA — Provider (or Representative)

4/16/2026 — Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on record review, observation and interviews, the adult family home (AFH) failed to show documentation of a completed Name and Date of Birth background check every two years for 2 of 2 current staff (Provider and Caregiver A). This failure placed 1 of 1 former residents (Resident 1) at risk for harm from receiving care from caregivers whose criminal backgrounds were unknown.

This document was prepared by Residential Care Services for the Locator website.

Record review of Resident 1's records showed the AFH did not have Resident 1's Assessment prior to Resident 1 moving in available for review. The records available did not include any Disclosure of charges documentation or a documented discharge date and Resident 1's Negotiated Care Plans showed two different admission dates. The records contained one page of Physician orders for Resident 1 that were dated 03/01/2023.

In an interview on 02/18/2026 at 12:10 PM, Caregiver A stated they could not locate all the documents from Resident 1's stay, that they did not recall where they were placed.

In an interview on 02/18/2026 at 12 :10 PM, the Provider when asked about any additional records that the AFH may have for Resident 1 stated Caregiver A took care of all the paperwork.

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, FRANK & MARIAS PLACE ADULT FAMILY 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

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on record review, observation and interviews, the adult family home (AFH) failed to show documentation of a completed Name and Date of Birth background check every two years for 2 of 2 current staff (Provider and Caregiver A). This failure placed 1 of 1 former residents (Resident 1) at risk for harm from receiving care from caregivers whose criminal backgrounds were unknown.

This document was prepared by Residential Care Services for the Locator website.

Findings Included...

Observation on 02/18/2026 at 9:45 AM, showed that the Provider and Caregiver A were working in the AFH.

Record review of the AFH staff records showed that the Provider had completed a National Fingerprint Background check on 05/11/2023 and that Caregiver A had completed a Name and Date of Birth Background check on 05/07/2021 that had expired on 05/07/2023.

Record review of the AFH's resident records showed that the Resident 1 had moved into the AFH in [redacted] 2023 and discharged in [redacted] 2025.

In an interview on 02/18/2026 at 10:50 AM, Caregiver A stated that they thought they had additional Name and Date of Birth Background check documentation on their computer and that they would need their family to come and help locate the records.

Observation on 02/18/2026 at 12:28 PM showed that the Provider was looking on their computer for additional documentation and handed Caregiver A additional documents.

Record review of Name and Date of Birth Background check applications showed that the Provider and Caregiver A had completed applications on 03/30/2025.

In an interview on 02/18/2026 at 12:34 PM, the Provider stated they had not received any completed background check results from the March 2025 application and would need to get someone to help to retrieve them. They could not state if a Background Check was completed during the time of May 2023 background check expiration dates and the applications provided that were dated 03/30/2025.

In an exit interview on 02/18/2026 at 12:48 PM, Caregiver A stated the AFH would send the Department additional background check documents by end of business day (02/19/2026).

Record review on 02/23/2026 at 8:42 AM showed that the Department did not receive any additional background check documentation from the AFH.

This document was prepared by Residential Care Services for the Locator website.

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, FRANK & MARIAS PLACE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/23/2026

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

FRANCISCO AREOPAGITA — Provider (or Representative)

4/16/2026 — Date

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(e) Caregivers.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that any person employed or used by the AFH directly or by contract met all training requirements for 2 of 2 staff (Provider and Caregiver A). This failure placed all residents at risk for harm from care and services provided by unqualified staff.

Findings included:

Record review of the AFHs Staff records showed that the Provider held an active Certified Nursing Assistant Credential and that Caregiver A held an active Registered Nursing Assistant Credential and that the Provider and Caregiver A were required to complete twelve (12) hours of continuing education by their birthdays each calendar year. The AFH did not have any documentation to show the Provider or Caregiver A had completed the required Continuing Education for the years 2024 or 2025.

In an interview on 02/18/2026 at 10:50 AM, Caregiver A stated that neither they or the Provider had completed continuing education hours in 2025 and expressed they had forgotten about the continuing education requirements in 2025 and were unsure if they had any continuing education records for 2024.

This document was prepared by Residential Care Services for the Locator website.

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, FRANK & MARIAS PLACE ADULT FAMILY 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

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(e) Caregivers.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that any person employed or used by the AFH directly or by contract met all training requirements for 2 of 2 staff (Provider and Caregiver A). This failure placed all residents at risk for harm from care and services provided by unqualified staff.

Findings included...

Record review of the AFHs Staff records showed that the Provider held an active Certified Nursing Assistant Credential and that Caregiver A held an active Registered Nursing Assistant Credential and that the Provider and Caregiver A were required to complete twelve (12) hours of continuing education by their birthdays each calendar year. The AFH did not have any documentation to show the Provider or Caregiver A had completed the required Continuing Education for the years 2024 or 2025.

In an interview on 02/18/2026 at 10:50 AM, Caregiver A stated that neither they or the Provider had completed continuing education hours in 2025 and expressed they had forgotten about the continuing education requirements in 2025 and were unsure if they had any continuing education records for 2024.

This document was prepared by Residential Care Services for the Locator website.

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, FRANK & MARIAS PLACE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/25/2026.

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

FRANCISCO AREOPAGITA — Provider (or Representative)

4/16/2026 — Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(b) A partial evacuation is evacuation to the designated emergency exit.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure that the AFH completed and documented a full emergency evacuation once per calendar year and a partial evacuation at least every sixty days. This failure placed staff and residents at risk for harm if evacuation were to be necessary.

Findings included:

Observation on 02/18/2026 at 10:54 AM, showed that Caregiver A was having difficulty locating requested evacuation logs.

Observation on 02/18/2026 at 11:55 AM showed the Provider was in the process of documenting on evacuation logs.

This document was prepared by Residential Care Services for the Locator website.

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, FRANK & MARIAS PLACE ADULT FAMILY 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

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(b) A partial evacuation is evacuation to the designated emergency exit.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure that the AFH completed and documented a full emergency evacuation once per calendar year and a partial evacuation at least every sixty days. This failure placed staff and residents at risk for harm if evacuation were to be necessary.

Findings included...

Observation on 02/18/2026 at 10:54 AM, showed that Caregiver A was having difficulty locating requested evacuation logs.

Observation on 02/18/2026 at 11:55 AM showed the Provider was in the process of documenting on evacuation logs.

This document was prepared by Residential Care Services for the Locator website.

In an interview on 02/18/2026 at 11:55 AM, when asked the Provider stated "yea, I'm filling them out". When the Department asked the Provider if the evacuation drills had occurred the Provider stated that they did not occur and they were in the process of completing the documentation for drill that had not been completed. The Provider was asked why the AFH had not completed the required drills, and the Provider did not answer that question and looked towards Caregiver A.

In an interview on 02/18/2026 at 11:55 AM, Caregiver A stated that the AFH had not completed the required evaluation drills due to the AFH having the same one resident in the home for a long time.

Record review of the AFH provided Evacuation logs showed the Provider dated partial evacuation drills for June 2026, March 2026, December 2025, September 2025, June 2025, and March 2025 without documentation for the drills start or end times. January 2025 had a documented start time of 10:01 AM and end time of 10:06 AM. November 2024 had a start time of 10:01 AM and an end time of 10:05 AM. September 2024, July 2024, April 2024, and February 2024 had a documented start time of 10:00 AM and an end time of 10:05 AM. Each drill log showed that the Provider conducted the Drill and Caregiver A participated. On each log under fire extinguishers a service date of March 2021 was documented.

In an interview on 02/18/2026 at 12:10 PM, the Department asked the Provider and Caregiver A when the AFH had last conducted an evacuation drill the Provider stated "June 2026", when the Department explained that June of 2026 had not yet occurred the Provider stated "oh, then it was March 2026". When informed that March of 2026 would be the following month the Provider then stated, "oh well, I don't know then" and Caregiver A started to laugh.

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, FRANK & MARIAS PLACE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/23/2026

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

Francisco Areopagita — 4-16-2026

Provider (or Representative) — Date

This document was prepared by Residential Care Services for the Locator website.

In an interview on 02/18/2026 at 11:55 AM, when asked the Provider stated "yea, I'm filling them out". When the Department asked the Provider if the evacuation drills had occurred the Provider stated that they did not occur and they were in the process of completing the documentation for drill that had not been completed. The Provider was asked why the AFH had not completed the required drills, and the Provider did not answer that question and looked towards Caregiver A.

In an interview on 02/18/2026 at 11:55 AM, Caregiver A stated that the AFH had not completed the required evaluation drills due to the AFH having the same one resident in the home for a long time.

Record review of the AFH provided Evacuation logs showed the Provider dated partial evacuation drills for June 2026, March 2026, December 2025, September 2025, June 2025, and March 2025 without documentation for the drills start or end times. January 2025 had a documented start time of 10:01 AM and end time of 10:06 AM. November 2024 had a start time of 10:01 AM and an end time of 10:05 AM. September 2024, July 2024, April 2024, and February 2024 had a documented start time of 10:00 AM and an end time of 10:05 AM. Each drill log showed that the Provider conducted the Drill and Caregiver A participated. On each log under fire extinguishers a service date of March 2021 was documented.

In an interview on 02/18/2026 at 12:10 PM, the Department asked the Provider and Caregiver A when the AFH had last conducted an evacuation drill the Provider stated "June 2026", when the Department explained that June of 2026 had not yet occurred the Provider stated "oh, then it was March 2026". When informed that March of 2026 would be the following month the Provider then stated, "oh well, I don't know then" and Caregiver A started to laugh.

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, FRANK & MARIAS PLACE ADULT FAMILY 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

This document was prepared by Residential Care Services for the Locator website.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the home had a written succession plan available. This failure placed all residents at risk of harm in the event the Provider was unable to fulfill their short- or long-term duties in the home.

Findings included...

Record review on 02/18/2026 at 11:15 AM showed the AFH did not have a succession plan.

In an interview on 02/18/2026 at 11:15 AM, Caregiver A stated that the AFH did not have a succession plan.

Observation on 02/18/2026 at 11:15 AM, showed that the Department provided Caregiver A with an example of a succession plan that the AFH could use to meet the requirements.

In an interview on 02/18/2026 at 12:15 PM, Caregiver A stated that they had misplaced the example succession plan and asked the Department for another copy.

In an exit interview on 02/18/2026 at 12:48 PM, Caregiver A stated the AFH would send the Department a completed succession plan by end of business day 02/19/2026.

Record reviews on 02/23/2026 at 8:42 AM showed that the Department did not receive a succession plan from the AFH.

This document was prepared by Residential Care Services for the Locator website.

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, FRANK & MARIAS PLACE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/23/2026.

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

FRANCISCO AREOPAGITA — Provider (or Representative)

4/16/2026 — Date

This document was prepared by Residential Care Services for the Locator website.

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, FRANK & MARIAS PLACE ADULT FAMILY 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

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

FRANCISCO AREOPAGITA
FRANK & MARIAS PLACE ADULT FAMILY HOME
726 DAWN AVE
SHELTON, WA 98584

RE: FRANK & MARIAS PLACE ADULT FAMILY HOME # 699400

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/06/2026 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:

This document was prepared by Residential Care Services for the Locator website.

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 (04/06/2026), no later than 05/21/2026 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 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(a) Will last for a minimum of seventy-two hours for each resident and each household member;

(b) Meets the dietary needs of each resident, including any specific dietary restrictions they may have;

(c) Can be stored with other food in the home; and

(d) Is sufficient, safe, sanitary, and uncontaminated.

Deficiency corrected. AFH did not have the required amount of emergency food for the licensed resident capacity and staff living onsite at the time of the onsite inspection. The AFH obtained the required amount of emergency food prior to the inspection completion.

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

(3) Is stored in well-sealed food grade or glass containers;

(4) Is chlorinated or commercially bottled;

(5) Is replaced every six months, unless it is sealed and commercially bottled; and

(6) Is stored in a cool, dry location away from direct sunlight.

This document was prepared by Residential Care Services for the Locator website.

Deficiency corrected. AFH did not have the required amount of emergency water for the licensed resident capacity and staff living onsite at the time of the onsite inspection. The AFH obtained the required amount of water prior to the inspection completion.

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(1) Have emergency medical supplies on-hand for the application of basic first aid during an emergency or disaster in a sufficient amount for the number of residents living in the home;

(2) Replenish the emergency medical supplies as they are used; and

(3) Have a first aid manual.

Deficiency corrected. AFH did not have the required emergency medical supplies onsite at the time of the onsite inspection. The AFH obtained the required emergency medical supplies prior to the inspection completion.

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 (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:

This document was prepared by Residential Care Services for the Locator website.

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

---

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 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

This document was prepared by Residential Care Services for the Locator website.

This document was prepared by Residential Care Services for the Locator website.