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

ST NINO INC
ST NINO ADULT FAMILY HOME II
19724 8TH AVE E
SPANAWAY, WA 98387

RE: ST NINO ADULT FAMILY HOME II License # 702900

Dear Provider:

This letter addresses Compliance Determination(s) 82791 (Completion Date 09/15/2026) and 79327 (Completion Date 07/17/2026).

The Department completed a follow-up inspection of your Adult Family Home on 09/15/2026 and found that you have corrected the violations listed in the Full report dated 07/17/2026. Your home is back in compliance as of 07/22/2026 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 388-76-10198, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10475-1, WAC 388-76-10750-1, WAC 388-76-10750-7, WAC 388-76-10750-11, WAC 388-76-10750-11-d

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH 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 06/22/2026 and 07/02/2026 of:

ST NINO ADULT FAMILY HOME II
19724 8TH AVE E
SPANAWAY, WA 98387

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

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

07/17/2026
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)

7/22/26
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home failed to ensure staff records were available for 3 of 7 staff (Staff A, Staff B, and Staff E). This failure placed all residents at risk of harm by receiving care and services from individuals whose qualifications could not be determined.

Findings included...

During an administrative/staff record review on 06/22/2026 at 4:05 P.M., Resident Manager (RM) records contained no evidence of a Final Fingerprint background check.

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RM's date of hire was 07/25/2004.

Staff A's records contained no evidence of a current Washington State Name and Date of Birth background check report, tuberculosis (TB, an infectious respiratory disease) testing results, cardiopulmonary resuscitation (CPR)/First Aid training, and Specialty trainings. Staff A's date of hire was 09/17/2025.

Staff B's records contained no evidence of TB results, CPR/First Aid and Specialty trainings. Staff B's date of hire was 06/24/2023.

Staff E's records contained no evidence of a current Washington state name and date of birth background check and final fingerprint background check. Staff E's date of hire is unknown.

Observation at 4:20 P.M. on 06/22/2026 showed Staff E looking for the records.

During an interview on 06/22/2026 at 4:15 P.M., Staff E reported being unaware of where the needed documentation was located.

The department received a fax from the Provider on 06/25/2026 at 7:38 A.M. that included: RM's date of hire, RM's Washington state Name and Date of Birth background check report completed on 11/03/2025, RM's specialty trainings, Staff B's continued education certification, Staff C's Date of hire and Department of Health credentials, and Staff D's Date of Hire.

The department received a fax from the Provider on 07/01/2026 at 9:02 A.M. that included: Staff D's continuing education. The department received a fax from the Provider on 07/06/2026 at 8:30 A.M. that included: RM's Washington state Name and Date of Birth background check completed on 11/03/2025, Staff B's DOH credentials and Staff D's Final fingerprint report completed on 09/09/2025.

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, ST NINO ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 7/22/26 .

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

Provider (or Representative) Date 7/22/26

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on record review, observations and interview, the adult family home (AFH) failed to have a system in place to ensure a medication log was kept accurate for 1 of 5 residents (Resident 5 [R5]). This failure placed R5 at risk for a medication error.

Findings included...

Record review on 06/22/2026 at 3:11 P.M., of Resident 5's (R5) Medication Administration Record (MAR), dated June 2026 showed Famotidine (stomach medication); and Stool Softener/Senna (for constipation) were prescribed as daily doses.

An observation of R5's medication supply, on 06/22/2026, showed Famotidine and Stool Softener/Senna were missing.

Observation of R5's June 2026 MAR showed Famotidine being administered from June 1st through June 21st once a day.

Observation of R5's June 2026 MAR showed Stool Softener/Senna being administered from June 1st through June 22nd two times daily.

During an interview on 06/22/2026 at 3:22 P.M., Staff D reported not knowing anything about the MAR and medications because she had not completed a final exam. Staff E said they were unsure why Famotidine and Stool Softener/Senna were missing. Staff E reported they may have been discontinued.

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The department received a fax from the Provider on 06/30/2026 at 3:55 P.M. that included a discontinuation order for Famotidine and Stool Softener/Senna.

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, ST NINO ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 7/22/26 .

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

Provider (or Representative) — Date 7/22/26

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

(11) Keep the home free from:

(d) Other vermin.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure the home was in good repair, free of bugs, and had toxic substances and chemicals secured for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). These failures placed all residents at risk for harm from living in unsafe and unsanitary living conditions, potentially decreasing quality of life.

Findings included...

During an environmental tour on 06/22/2026 at 2:50 P.M., observations showed multiple ants crawling around on the kitchen counter.

Observation on 06/22/2026 at 2:54 P.M. showed laundry room door was closed with a passage handle (no locking mechanism) and was accessible to residents. The laundry room had toxic substances and chemicals such as laundry detergent and cleaning supplies unsecured on the floor.

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Observation on 06/22/2026 at 2:57 P.M. showed several areas of missing paint, and missing plaster with dark scuff marks on the hallway walls.

During an interview on 06/22/2026 at 2:54 PM, when asked about pest control for the ants, Staff B had no response. Staff E said they were unsure why the laundry room door did not lock and would let the Provider know.

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, ST NINO ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 7/22/26 .

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

Provider (or Representative) — Date 7/22/26

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ST NINO INC
ST NINO ADULT FAMILY HOME II
19724 8TH AVE E
SPANAWAY, WA 98387

RE: ST NINO ADULT FAMILY HOME II # 702900

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/17/2026 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 (07/17/2026), no later than 08/31/2026 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.

(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;

The Adult Family home failed to have a system in place to ensure residency agreements were signed for five of five residents who required them. The Provider faxed residency agreements signed to the department on 06/25/2026. This resulted in no resident harm. Consultation given.

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,

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

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

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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

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ST. NINO ADULT FAMILY HOME II
19724 8th Avenue East
Spanaway, WA 98387
Tel: (253) 232-0520 | Fax: (253) 276-0465
Email:

July 23, 2026

Jennifer LeMaster
Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave., Suite 200
Vancouver, WA 98684
Fax (360) 992-7969

Subject: Plan of Correction

Dear Ms. LeMaster,

Please accept this letter as our Plan of Correction addressing the deficiencies identified during the inspection. The following corrective actions have been completed or are currently in progress:

1. WAC 388-76-10198 – Adult Family Home Personnel Records

The Adult Family Home maintains personnel records in accordance with WAC 388-76-10198 Staff records are kept in a secure location readily accessible to authorized Department staff and are maintained throughout employment and for at least two years after employment ends.

a. Resident Manager

The Resident Manager was hired on July 25, 2004. At that time, fingerprint-based background checks were not required for employees hired before January 7, 2012. Please refer to the attached letter from Jennifer Burk, Behavioral Health & Developmental Disabilities Policy Program Manager, for clarification.

Although not required at the time of hire, the Resident Manager voluntarily completed a fingerprint background check on July 8, 2026. The results are currently pending due to a mistaken identity involving a previous record. The Background Check Central Unit (BCCU) has been contacted, and the matter is under review. We continue to follow up, and the corrected results remain pending.

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

b. Staff A – Cynthia Calonge

The employee's personnel file has been reviewed and updated. The following missing documents have been added:

Washington State Name and Date of Birth Background Check
TB Test Documentation
CPR/First Aid Certification
Specialty Training Certificates (Dementia and Mental Health)
Copy of Employment Hire Date (September 7, 2025)

c. Staff B – Edmar Aloquina

The employee's personnel file has been updated with the following documents:

TB Test Documentation
CPR/First Aid Certification
Specialty Training Certificates (Dementia and Mental Health)
Copy of Employment Hire Date (June 24, 2023)

d. Staff E – Christine Rodriguez

The employee's personnel file has been corrected by adding the following documents:

Washington State Name and Date of Birth Background Check
Final Fingerprint Background Check
Copy of Rehire Date (February 26, 2026)

2. WAC 388-76-10475 – Medication Log

For Resident R5, the June 2026 Medication Administration Record (MAR) did not indicate that Famotidine and Senna (Stool Softener) were discontinued on June 13, 2026.

This documentation has been corrected. Upon returning from vacation, I immediately contacted the resident's physician to obtain a copy of the discontinued medication order, which has now been added to the resident's record. Measures have been implemented to ensure medication changes are documented promptly and accurately in the MAR.

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3. WAC 388-76-10750 Safety and Maintenance

The following environmental and safety issues have been corrected:

A lock has been installed on the laundry room and cabinet.
The hallway wall has been repaired, including patching the damage caused by accidental wheelchair contact.
A damaged electrical outlet cover has been replaced.
Pest control services have been arranged to address the presence of ants observed in the kitchen area.

Although occasional wall damage may occur due to wheelchair use, the home will continue to monitor the environment closely and make repairs promptly. Caregivers have been instructed to conduct regular safety inspections, and I will personally perform frequent monitoring to ensure continued compliance.

We respectfully submit this Plan of Correction and appreciate your review and consideration. We remain committed to maintaining compliance with all Washington State Adult Family Home regulations and to providing a safe, quality environment for our residents.

Thank you for your time and consideration.

Sincerely,

REZA S VARGAS
Provider
St. Nino Adult Family Home II

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