STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

FELIDA GUEST HOME LLC
FELIDA GUEST HOME
1600 NW 119TH ST
VANCOUVER, WA 98685

RE: FELIDA GUEST HOME License # 750446

Dear Provider:

This letter addresses Compliance Determination(s) 57882 (Completion Date 04/10/2025) and 55347 (Completion Date 02/27/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/10/2025 and found that you have corrected the violations listed in the Full report dated 02/27/2025. Your home is back in compliance as of 03/12/2025 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 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b

The Department staff who did the off-site verification:
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 750446	Compliance Determination #55347
Plan of Correction	FELIDA GUEST HOME	Completion Date
Page 1 of 3	Licensee: FELIDA GUEST HOME LLC	02/27/2025

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 02/25/2025 of:

FELIDA GUEST HOME
1600 NW 119TH ST
VANCOUVER, WA 98685

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:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Clinton Fridley
Residential Care Services

03/04/2025
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)

3/12/25
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 care staff (Staff A, B, and C) had current Washington state name and date of birth background check, and the AFH failed to ensure 1 of 3 care staff (Staff C) had a national fingerprint background check completed. These failures placed the residents at risk for injury and harm due to unqualified and improperly screened staff.

Findings included...

An unannounced inspection was conducted on 02/25/2025

Review of care staff records showed no Washington state name and date of birth background check was found for Staff A, AFH provider.

Review of care staff records showed, Staff B, caregiver, was hired on 03/28/2022. Staff B's Washington state name and date of birth background check expired on 08/05/2024.

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.

Clinton Fridley
Residential Care Services

03/04/2025
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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 care staff (Staff A, B, and C) had current Washington state name and date of birth background check, and the AFH failed to ensure 1 of 3 care staff (Staff C) had a national fingerprint background check completed. These failures placed the residents at risk for injury and harm due to unqualified and improperly screened staff.

Findings included...

An unannounced inspection was conducted on 02/25/2025.

Review of care staff records showed no Washington state name and date of birth background check was found for Staff A, AFH provider.

Review of care staff records showed, Staff B, caregiver, was hired on 03/28/2022. Staff B's Washington state name and date of birth background check expired on 08/05/2024.

Review of care staff records showed, Staff C, a caregiver, was hired on 02/26/2020. Neither a Washington state name and date of birth background check or a final national fingerprint background check was found in Staff C's file.

During interview on 02/26/2025 at 11:45 AM, Staff A, stated that she was unable to locate the above care staff's background check reports.

Staff A was given an opportunity to provide the missing background check reports to the Department no later than 01:00 PM on 02/26/2025.

As of 1:00 PM on 02/26/2025, Staff A failed to provide background check reports to the department.

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, FELIDA GUEST HOME is or will be in compliance with this law and / or regulation on (Date) 3/12/25.

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

Provider (or Representative) — Date: 3/12/25

Review of care staff records showed, Staff C, a caregiver, was hired on 02/25/2020. Neither a Washington state name and date of birth background check or a final national fingerprint background check was found in Staff C's file.

During interview on 02/25/2025 at 11:45 AM, Staff A, stated that she was unable to locate the above care staff's background check reports.

Staff A was given an opportunity to provide the missing background check reports to the Department no later than 01:00 PM on 02/26/2025.

As of 1:00 PM on 02/26/2025, Staff A failed to provide background check reports to the department.

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, FELIDA GUEST 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

03/04/2025

FELIDA GUEST HOME LLC
FELIDA GUEST HOME
1600 NW 119TH ST
VANCOUVER, WA 98685

RE: FELIDA GUEST HOME # 750446

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/27/2025 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:

Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 450-1218
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 days, 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

During onsite inspection visit on 02/25/2025, record review showed Resident 1 (R1)'s [redacted] assessment was completed and dated 01/15/2025. R1's negotiated care plan did not include how R1 would use the [redacted] after R1 started using [redacted]. AFH provider updated their care plan on [redacted] use for R1 while this licensor was onsite on 02/25/2025.

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

During onsite inspection visit on 02/25/2025, record review showed, the notice of rights and service was last signed and dated 06/15/2018 by Resident #1.

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;

During onsite inspection visit on 02/25/2025, record review showed no mental health training certificate found in the adult family home Provider (Staff A) 's file. On 02/26/2025, Staff A stated she still could not find it.

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)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home 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:

Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 450-1218
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 find this form and directions on the IDR Adult Family Home 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 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 request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225