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

Yekaterina A. Melnikov
Faith Adult Family Home
2635 W Westover Rd
Spokane, WA 99208

RE: Faith Adult Family Home License # 752551

Dear Provider:

This letter addresses Compliance Determination(s) 72088 (Completion Date 01/28/2026) and 69928 (Completion Date 12/23/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/28/2026 and found that you have corrected the violations listed in the Full report dated 12/23/2025. Your home is back in compliance as of 01/26/2026 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 388-76-10400-4, WAC 388-76-10532-2, WAC 388-76-10532-2-a, WAC 388-76-10532-2-b, WAC 388-76-10532-2-c, WAC 388-76-10380-4

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, 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

AGING AND LONG-TERM SUPPORT 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 12/15/2025 of:
Faith Adult Family Home
2635 W Westover Rd
Spokane, WA 99208

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:

Jacqueline Block, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 5 residents (Resident 3) had nurse delegation in place prior to AFH staff administering medications to the resident. This failure resulted in the resident receiving medication administered by undelegated staff.

Findings included…

Observation on 12/15/2025 at 9:41 AM, showed Staff A, Provider, spoon feed medications to Resident 3.

Record review on 12/15/2025, showed there was no Nurse Delegation paperwork for Resident 3.

In an interview on 12/15/2025 at 10:31 AM, Staff A, Provider, stated that Resident 3 did not have nurse delegation, and they did not realize nurse delegation was required for placing medication in a resident’s mouth.

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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, Faith 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 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the home's Disclosure of Charges was provided to and signed by 5 of 5 sampled residents (Residents 1, 2, 3, 4, & 5). This failure placed residents at risk for not understanding the costs associated with admission to the AFH.

Findings included…

Observations on 12/15/2025 from 8:41 AM to 3:05 PM showed Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5 receiving care and services in the AFH.

On 12/15/2025, review of Resident 1 records showed that no Disclosure of Charges were available for review.

On 12/15/2025, review of Resident 2 records showed that no Disclosure of Charges were available for review.

On 12/15/2025, review of Resident 3 records showed that no Disclosure of Charges

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were available for review.

On 12/15/2025, review of Resident 4 records showed that no Disclosure of Charges were available for review.

On 12/15/2025, review of Resident 5 records showed that no Disclosure of Charges were available for review.

During an interview on 12/15/2025 at 1:22 PM, Staff A, Provider, stated they did not know a Disclosure of Charges was 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, Faith 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to update negotiated care plans every twelve months for 2 of 5 residents (Residents 1 & 5). This failure placed residents at risk for unmet care needs.

Findings included…

Review of resident records showed Resident 1’s last negotiated care plan review was completed on 11/01/2025 (13 months prior).

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Review of resident records showed Resident 5's last negotiated care plan review was completed on 06/2024 (19 months prior).

In an interview on 12/15/2025 at 1:24 PM, Staff A, Provider, stated that they update resident negotiated care plans every twelve months or if there has been a significant change. Staff A stated they did not know why the negotiated care plans were not updated.

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, Faith 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

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Yekaterina A. Melnikov
Faith Adult Family Home
2635 W Westover Rd
Spokane, WA 99208

RE: Faith Adult Family Home # 752551

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/23/2025 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:

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

(2) Upon receiving the notice of rights and services at admission and at least every 24 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.

The Adult Family Home did not ensure two residents' Notice of Rights and Services was signed and dated once every twenty-four months. There was no negative outcome to residents. This deficiency was corrected.

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

The adult family home did not ensure the negotiated care plan (NCP) was developed and completed within 30 days of the resident's admission for one resident in the home. The negotiated care plan was completed during the inspection. There was no negative outcome to the residents. This deficiency was corrected.

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

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The adult family home did not ensure an assessment was reviewed and updated every 12 months for one resident in the home. This was completed during the inspection. There was no negative outcome to the residents. 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:

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

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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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