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

Trinity Care Home, Inc
Trinity Care Home Inc
821 Rowland Dr SE
Olympia, WA 98513

RE: Trinity Care Home Inc License # 752633

Dear Provider:

This letter addresses Compliance Determination(s) 77275 (Completion Date 05/19/2026) and 75641 (Completion Date 04/20/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/19/2026 and found that you have corrected the violations listed in the Full report dated 04/20/2026. Your home is back in compliance as of 04/10/2026 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 388-76-10475-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

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 04/08/2026 of:
Trinity Care Home Inc
821 Rowland Dr SE
Olympia, WA 98513

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, 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

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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

04/23/2026
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)

4/23/2026
Date

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, observation and interview the Adult Family Home failed to have an accurate medication log for 1 of 6 Residents (Resident 3). This failure placed Resident 3 at risk of harm from not receiving medications as prescribed.

Findings Included...

Review of Resident 3's medication administration record (MAR) for April 2026 listed a prescription for Vitamin D3 (supplement) to be to be given as one 1,000 unit tablet daily and a Vitamin D prescription to be given as one 125mg tablet given daily. Both the Vitamin D3 and Vitamin D had been signed off as being administered April 1-9, 2026.

Observations of Resident 3's medication supply on 04/08/2026 at 12:14 PM revealed Vitamin D3 to be missing from current supply.

During interview with Provider and Resident Manager on 04/08/2026 at 12:15 PM, they said they thought Vitamin D3 was in Resident 3's pharmacy supplied pre-organized medication bubble pack. Both Provider and Resident Manager looked and did not find Vitamin D3 in Resident 3's supply. Provider immediately called pharmacy and asked about the missing Vitamin D3. After speaking with pharmacy, Provider said the the Vitamin D3 1,000 units was swapped for the Vitamin D 125 mg and were the same medication. Resident Manager said they did not realize they had the same medication on MAR twice and was accidentally signing off twice on the same medication. Provider

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said they would get an actual discontinuation order for the Vitamin D3 so it can be taken of next month's MAR for Resident 3.

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, Trinity Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 4/10/2026.

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

Provider (or Representative) — Date: 4/23/2026

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to have 1 of 4 staff members (Caregiver 1) complete two step tuberculosis skin testing. The failure placed 6 of 6 residents at rick of harm from being cared for by staff with unknown Tuberculosis status.

Findings Included...

Review of Caregiver 1's personnel file on 04/08/2026 revealed Caregiver 1 had completed initial tuberculosis skin testing on 01/27/2026 with a negative result. The Personnel file did not have a second Tuberculosis skin test.

During interview with Caregiver 1 and Provider on 04/08/2026 at 01:00 PM, they confirmed they had only completed one tuberculosis skin test. Provider said they would have Caregiver 1 complete new Tuberculosis testing as soon as possible.

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License #: 752633
Trinity Care Home Inc
Licensee: Trinity Care Home, Inc

Compliance Determination # 75641
Completion Date
04/20/2026

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, Trinity Care Home Inc is or will be in compliance with this law and / or regulation on (Date) 4/9/2026 .

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

Provider (or Representative)

4/23/2026
Date

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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

Trinity Care Home, Inc
Trinity Care Home Inc
821 Rowland Dr SE
Olympia, WA 98513

RE: Trinity Care Home Inc # 752633

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/20/2026 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 (04/20/2026), no later than 06/04/2026 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The Adult Family Home failed to have Resident 3's Representative sign an updated negotiated care plan. Provider said they were waiting until Representative visited Resident 3 again to have them sign but would instead send it by email to have Representative sign as soon as possible. Provider sent signed care plan within 24 hours of inspection, consultation provided.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The Adult Family Home (AFH) failed to have all medications in locked storage. During environmental tour on 04/08/2026, Department staff observed a prescribed eye drop medication in the AFH refrigerator that were not in a locked container and was accessible. Resident Manager immediately got a lock box and locked up eye drop medication and put back in the refrigerator, consultation provided.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

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(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home failed to have Medicaid policy documentation completed for 1 of 6 Residents (Resident 1). Resident 1 had lived in AFH for over 20 years and Provider stated they knew they completed one but must have misplaced it over the years. Provider completed updated Medicaid policy for Resident 1 and sent documentation to Department, consultation provided.

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

The Adult Family Home failed to have active Cardiopulmonary resuscitation (CPR)/First Aide certification completed for 1 of 4 staff members (Provider). Provider said they had not realized that their CPR/First Aide certification expired and would update immediately. Provider sent valid CPR/First Aide certification to Department within 24 hours of inspection, consultation provided.

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:

(1) Staff information such as address and contact information.

The Adult Family Home failed to have contact information for staff in personnel files on-site. Provider said they did not realize contact information had to be in the accessible files and would update immediately. Provider sent verifying documentation to Department within 24 hours of inspection, consultation provided.

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

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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:
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:

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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 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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