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

Rite Choice Ventilator Specialty AFH LLC

Rite Choice Ventilator Specialty AFH LLC
15208 NE 25th Circle
Vancouver, WA 98684

RE: Rite Choice Ventilator Specialty AFH LLC License # 752667

Dear Provider:

This letter addresses Compliance Determination(s) 79592 (Completion Date 06/25/2026) and 77422 (Completion Date 05/14/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/25/2026 and found that you have corrected the violations listed in the Full report dated 05/14/2026. Your home is back in compliance as of 06/01/2026 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 388-76-10685-2-b, WAC 388-76-10420-7-b

The Department staff who did the on-site verification:
Shawn Swanstrom, 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
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 05/11/2026 of:
Rite Choice Ventilator Specialty AFH LLC
15208 NE 25th Circle
Vancouver, WA 98684

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, 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

05/20/2026
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.

FStevenson
Provider (or Representative)

05/27/26
Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interviews the Adult Family Home did not ensure all bedrooms with outside doors, as the only emergency exit, had screen doors. This deficient practice placed four of six residents [Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), and Resident 5 (R5)] at risk of having flies and insects in their rooms.

Findings included ...

A tour of the AFH was conducted on 05/11/2026 at 10:47 AM with the Office Manager. Four of the Resident bedrooms [Bedroom [redacted] (R2), bedroom [redacted] (R3), bedroom [redacted] (R4), and bedroom [redacted] (R5)] had double French doors as the only emergency exit to the outside. Bedroom [redacted] and [redacted] did not have an exit window. All four sets of French doors did not have a screen door available. Doors were open in bedrooms [redacted] and [redacted] at the time of the tour.

On 05/11/2026 at 01:18 PM the Provider stated they would add screens to the bedroom doors.

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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

05/20/2026
Date

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Provider (or Representative)

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On 05/11/2026 at 01:18 PM the Provider stated they would add screens to the bedroom doors.

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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, Rite Choice Ventilator Specialty AFH LLC is or will be in compliance with this law and / or regulation on (Date) 6/1/2026.

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

F Stevenson — Provider (or Representative)

5/27/2026 — Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interviews, the Adult Family Home (AFH) did not ensure food prepared for three of three residents [Resident 2 (R2), Resident 4 (R4) and Resident 6 (R6)] was safe when cooked food was left covered on the kitchen counter for over two hours. This deficient practice caused R2, R4, and R6 to be at risk of food borne illness.

Findings included...

Record review of the U.S. Department of Agriculture website titled "Leftovers and Food Safety", dated 07/31/2020, showed, "Bacteria grow rapidly between the temperatures of 40° Fahrenheit (F) and 140° F. After food is safely cooked, hot food must be kept hot at 140° F or warmer to prevent bacterial growth. Within 2 hours of cooking food or after it is removed from an appliance keeping it warm, leftovers must be refrigerated. Throw away all perishable foods that have been left in room temperature for more than 2 hours..." (https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/leftovers-and-food-safety)

During a tour of the AFH on 05/11/2026 at 10:47 AM the oven was set at 400 degrees F. At 11:00 AM Caregiver B (CG-B) was observed taking a tray out of the oven with multiple charred hotdogs. CG-B placed six of the hotdogs in buns, placed two hotdogs on three different plates, and covered the plates with plastic wrap. The remaining hot dogs were left on the cooking tray uncovered.

On 05/11/2026 at 12:00 PM, CG-A removed the plastic wrap from one plate of hotdogs and reheated the hot dogs in the microwave for Resident 6 (R6).

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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, Rite Choice Ventilator Specialty AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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On 05/11/2026 at 11:55 AM the Provider arrived at the AFH. At 1:10 PM the remaining two plates of hotdogs remained on the counter (set aside for Resident 2 (R2) and Resident (R4). The Provider was asked about the cooked hotdogs being made at 11:00 AM, over 2 hours earlier, and discussion related to cooked food being left out on the counter and the possibility of unsafe food was reviewed. The Provider had staff throw away the hotdogs.

The Provider reviewed the issue with CG-B. CG-B stated on 05/11/2026 at 01:28 PM they had cooked the hotdogs for lunch at 11:00 AM and the residents were not yet hungry.

Employee record review showed CG-B was hired on 04/27/2026 and completed food safety training on 04/10/2026.

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, Rite Choice Ventilator Specialty AFH LLC is or will be in compliance with this law and / or regulation on (Date) 6/1/2026.

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

F Stevenson

Provider (or Representative) Date 5/27/26

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On 05/11/2026 at 11:55 AM the Provider arrived at the AFH. At 1:10 PM the remaining two plates of hotdogs remained on the counter (set aside for Resident 2 (R2) and Resident (R4). The Provider was asked about the cooked hotdogs being made at 11:00 AM, over 2 hours earlier, and discussion related to cooked food being left out on the counter and the possibility of unsafe food was reviewed. The Provider had staff throw away the hotdogs.

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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, Rite Choice Ventilator Specialty AFH LLC 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Rite Choice Ventilator Specialty AFH LLC
Rite Choice Ventilator Specialty AFH LLC
15208 NE 25th Circle
Vancouver, WA 98684

RE: Rite Choice Ventilator Specialty AFH LLC # 752667

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/14/2026 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:

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 (05/14/2026), no later than 06/28/2026 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 follcwing deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

During the tour of the AFH with the office manager on 05/11/2026 at 10:47 AM the automatic smoke detector was detached from the base and not working in bedroom [redacted]. The Adult Family Home purchased a new smoke alarm and placed it in bedroom [redacted].

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

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

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 **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.

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

Send your supporting documents to:

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

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