STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

Charlene M. Olsen
Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

RE: Char's Family Home License # 752727

Dear Provider:

This letter addresses Compliance Determination(s) 81735 (Completion Date 08/06/2026) and 79593 (Completion Date 07/14/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/06/2026 and found that you have corrected the violations listed in the Complaint report dated 07/14/2026. Your home is back in compliance as of 08/03/2026 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 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Brittney Shull, Community Complaint Investigator

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
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
***1200 Alder Street, Union Gap, WA 98903***

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 752727 | Compliance Determination # 79593 |
| Plan of Correction | Char's Family Home | Completion Date |
| Page 1 of 4 | Licensee: Charlene M. Olsen | 07/14/2026 |

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 an unannounced on-site complaint investigation on 06/26/2026 of:

Char's Family Home
1128 Castlerock Ave
Wenatchee, WA 98801

This document references the following complaint number(s): 228198

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Brittney Shull, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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

| Statement of Deficiencies | License # 752727 | Compliance Determination # 79593 |
|---|---|---|
| Plan of Correction | Char's Family Home | Completion Date |
| Page 2 of 4 | Licensee: Charlene M. Olsen | 07/14/2026 |

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.

Michelle Ann Garbrough
Residential Care Services

07/16/2026
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)

7/27/26
Date

**WAC 388-76-10650 Medical devices.**

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

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

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

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that a medical device was assessed for need, safety and included in the resident's Negotiated Care Plan (NCP) when the home used a safety gate (baby gate) to create a physical barrier that prevented access to unsafe environments for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk for unassessed safety concerns and placed other residents at risk of freedom of movement restrictions to those environments.

Findings included:

On 06/26/2026 at 11:22am, a safety gate was installed in the front door entrance of the home, visible from the street, and placed in the latched position. Upon entering the home, two more safety gates were observed at the two entrances to the kitchen from the adjacent dining room and hallway.

Resident 1

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.

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 388-76-10650 Medical devices.**

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

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

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

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that a medical device was assessed for need, safety and included in the resident's Negotiated Care Plan (NCP) when the home used a safety gate (baby gate) to create a physical barrier that prevented access to unsafe environments for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk for unassessed safety concerns and placed other residents at risk of freedom of movement restrictions to those environments.

Findings included…

On 06/26/2026 at 11:22am, a safety gate was installed in the front door entrance of the home, visible from the street, and placed in the latched position. Upon entering the home, two more safety gates were observed at the two entrances to the kitchen from the adjacent dining room and hallway.

Resident 1

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

Review of Resident 1's Assessment, dated 01/19/2026, showed Resident 1:
-Had a diagnosis of [redacted].
-Was not oriented to time, had short term memory loss and impaired decision making.
-Was prone to falls.
-Had depression, hallucinations, and delusions.
-Did not show necessity or safety of a physical barrier to prevent access to the kitchen or elopement.

Review of Resident 1's Negotiated Care Plan (NCP) dated 02/10/2026, showed Resident 1 wandered in the home and had behaviors of stating they were going home and would attempt to exit through the front door. The NCP showed:
-When wandering into other residents' rooms, staff would redirect Resident 1 and offer an activity.
-When exit seeking, staff would redirect Resident 1 by involving Resident 1 in a task such as household chores.
-Did not show the use of safety barriers (baby gates) to prevent Resident 1 from having inappropriate access to the kitchen or from elopement.

Review of Resident 1's progress notes showed:
-On 03/22/2026, Resident 1 got out of the home and was found down the street. Staff blocked the front door with a wheelchair to prevent Resident 1 from leaving the home.
-On 05/25/2026, Resident 1 backed into a safety gate, fell onto the gate, and had a bruise on the back of their right leg.

On 06/26/2026 at 1:22pm, Resident 1 was observed pacing through home and picking at a faux plant and wall trim. Resident 1 was observed wandering into the entry way and was distracted by a box of single serve popcorn packages and pulled one out of the box. Staff B, Caregiver, responded to Resident 1, assisted them with opening the crackers and redirected Resident 1 away from the entrance to eat their snack.

On 6/26/2026 at 1:56pm, Staff A, Provider, stated Resident 1's representative had been concerned that Resident 1 was overly sedated and had requested Resident 1's physician change a psychopharmacologic medication dose that caused an increase in behaviors of resisting care, agitation, and exit seeking.

On 07/14/2026 at 2:42pm, Staff A stated that the safety gates were partly used for their dog and partly used for Resident 1. Staff A stated the kitchen was not a safe place for Resident 1 due to Resident 1 frequently and inappropriately getting into drawers, which could put Resident 1 at risk if they had access to sharp objects or the stove. Staff A stated Resident 1 fell on 03/22/2026 when attempting to manipulate the safety gate. Staff A stated that Resident 1 had eloped from the home out the front door on 05/25/2026. Staff A stated the safety gates had a push button latch and Resident 1 could not always open the safety gates without assistance. Staff A stated all residents except Resident 1 and Resident 2 could consistently operate the safety gate and were not restricted access from the kitchen. Staff A stated Resident 2 could not physically

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

| Statement of Deficiencies<br>Plan of Correction<br>Page 4 of 4 | License # 752727<br>Char's Family Home<br>Licensee: Charlene M. Olsen | Compliance Determination # 79593<br>Completion Date<br>07/14/2026 |
|---|---|---|

breach the safety gate due to the use of a wheelchair. Staff A stated Resident 2 could verbalize when they wanted access to the kitchen or out of the home, and the safety gate was removed to allow Resident 2 access as requested. Staff A stated they did not know they needed to have the safety gate incorporated into Resident 1's assessment or NCP.

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, Char's Family Home is or will be in compliance with this law and / or regulation on (Date) 8/3/26.

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

Provider (or Representative)

7/24/26
Date

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

breach the safety gate due to the use of a wheelchair. Staff A stated Resident 2 could verbalize when they wanted access to the kitchen or out of the home, and the safety gate was removed to allow Resident 2 access as requested. Staff A stated they did not know they needed to have the safety gate incorporated into Resident 1’s assessment or NCP.

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, Char's 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

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