STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

October 5, 2026

ELECTRONIC-FACSIMILE

Licensee, Camp Kim Adult Family Home LLC
Camp Kim Adult Family Home LLC
3116 S Bowdish Rd
Spokane Valley, WA 99206

Adult Family Home License # **753322**
Entity Representative: Stephen Gachahi

IMPOSITION OF CIVIL FINES

Dear Licensee:

On September 24, 2026, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter is formal notice of the imposition of civil fines on the license for your adult family home, located at **3116 S Bowdish Rd, Spokane Valley,** by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The civil fines are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **September 24, 2026**.

Civil Fines

WAC 388-76-10375 (1)(2) Negotiated care plan—Signatures—Required. $200.00

The licensee failed to ensure the Negotiated Care Plan (NCP) was signed and dated by the resident and the Adult Family Home for one resident. This failure placed the resident at risk of not receiving the agreed upon care and services.

This is an uncorrected deficiency previously cited on September 2, 2026.

WAC 388-76-10380 (4) Negotiated care plan—Timing of reviews and revisions. **$400.00**

The licensee failed to update the Negotiated Care Plan (NCP) every 12 months for two residents. This failure placed the residents at risk for unmet care needs.

This is an uncorrected deficiency previously cited on September 2, 2026.

NOTE: These are the violation, which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Selena Clemons, Field Manager
Region 1, Unit E
8517 E Trent Ave suite 102
Spokane Valley, WA 99212-2329
Phone: (509) 598-0182/ Fax: (509) 921-2426
rcsregion1email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter.

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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline.** For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

You can make an IDR request and find directions on the IDR web page at: http://www.dshs.wa.gov/altsa/idr.

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$600.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Selena Clemons, Field Manager, at (509) 598-0182.

Sincerely,

Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit E
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP