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

Bright Hearth LLC
A Golden Road AFH
2004 E South Ridge Dr
Spokane, WA 99223

RE: A Golden Road AFH License # 753384

Dear Provider:

This letter addresses Compliance Determination(s) 65813 (Completion Date 09/18/2025) and 62709 (Completion Date 07/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/18/2025 and found that you have corrected the violations listed in the Full report dated 07/31/2025. Your home is back in compliance as of 09/07/2025 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 388-76-10750-7, WAC 388-76-10175-1, WAC 388-76-10650-2-a

The Department staff who did the on-site verification:
Joshua Robison, Community 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 07/17/2025 of:
A Golden Road AFH
2004 E South Ridge Dr
Spokane, WA 99223

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

The department staff that inspected the Adult Family Home:

Joshua Robison, Community 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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure toxic substances were kept in locked storage and inaccessible to 1 of 6 residents (Resident 4). This failure placed the resident at risk of accessing toxic substances.

Findings included…

Observations on 07/17/2025 at 10:05 AM, 12:16 PM, and 12:39 PM showed Resident 4 walking independently in the home.

Observation on 07/17/2025 at 10:40 AM showed liquid Lysol cleaner in an unlocked cabinet above the toilet in Bathroom 1.

On 07/17/2025 at 10:40 AM, Staff C, Caregiver, stated that the Lysol was usually kept in locked storage and was not sure why it was in the unlocked cabinet.

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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, A Golden Road AFH 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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that Washington State name and date of birth background check results were obtained no later than one working day after conditional employment for 1 of 9 caregivers (Staff C) and 1 of 2 Former Staff (Staff J). This failure placed residents at risk of being accessed by staff members with a potentially disqualifying findings.

Findings included…

Review of the employee record for Staff C, Caregiver, showed they were hired at the AFH on 09/17/2024 and a Washington State name and date of birth background check was not completed until 10/14/2024 (27 days after hire).

Review of the employee record for Staff J, Former Caregiver, showed they were hired on 07/21/2023 and a Washington State name and date of birth background check was not completed until 08/01/2023 (11 days after hire).

In a phone interview on 07/17/2025 at 2:40 PM, Staff A, Provider, stated that Staff C's Washington State name and date of Birth background check was completed later than one working day after Staff C's date of hire due to Staff C having started training before experiencing health problems that kept them from work for a period.

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In an email on 07/25/2025, Staff A stated that Former Staff J had begun training on 07/21/2023, and so this was recorded as their date of hire, but they didn't begin working until 08/01/2023.

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, A Golden Road AFH 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 388-76-10650 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;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure [redacted] used by 2 of 6 residents (Residents 1 & 6) had safety assessments completed. This placed the residents at risk of injury.

Findings included...

Observation on 07/17/2025 at 10:30 AM showed Resident 6's bed had [redacted].

Observation on 07/17/2025 at 10:35 AM showed Resident 1's bed had [redacted].

On 07/17/2025 at 10:35 AM, Staff C, Caregiver, stated that safety assessments had been completed for Residents 1 and 6.

Record Review on 07/17/2025 showed no documentation that safety assessments for

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[redacted] had been completed for Resident 1 or Resident 6.

In an interview over the phone on 07/17/2025 at 2:40 PM, Staff A, Provider, stated that there should be documentation of guard [redacted] safety assessments for both residents 1 and 6 in the home, and that they will have staff locate and forward them to the Department.

In an email on 07/25/2025, Staff A stated that staff were unable to locate [redacted] safety assessments for Resident 1 and Resident 6.

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, A Golden Road AFH 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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