STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Caring Arms One AFH Inc

Caring Arms One AFH Inc
11704 SE 269th Pl
Kent, WA 98030

RE: Caring Arms One AFH Inc License # 753814

Dear Provider:

This letter addresses Compliance Determination(s) 63664 (Completion Date 08/05/2025) and 61100 (Completion Date 06/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/05/2025 and found that you have corrected the violations listed in the Full report dated 06/14/2025. Your home is back in compliance as of 07/02/2025 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 388-76-10750-6-c

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 753814	Compliance Determination # 61100
Plan of Correction	Caring Arms One AFH Inc	Completion Date
Page 1 of 3	Licensee: Caring Arms One AFH Inc	06/14/2025

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 06/13/2025 of:
Caring Arms One AFH Inc
16912 118th Avenue Ct E
Puyallup, WA 98374

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to ensure the 2 of 3 sinks (kitchen and bathroom 2) water temperatures did not exceed one hundred twenty (120) degrees Fahrenheit (F). This failure placed all residents at risk for accidental burns.

Findings included…

On 06/13/2025 at 10:15 AM, observation of the thermometer reading for the kitchen sink water temperature showed a reading of 125 F. On 06/13/2025 at 10:17 AM, observation of the thermometer reading for bathroom 2 showed a reading of 125.6 F.

On 06/13/2025 on multiple occasions during the onsite visit, observations showed Caregiver C (Provider's husband) checking the kitchen sink water temperature several times.

On 06/13/2025 at 12:50 PM, observation of the thermometer reading for the kitchen sink water temperature showed a reading of 106 F.

On 06/13/2025 at 12:50 PM, during interview Caregiver C stated the AFH had one hot water tank and had just readjusted the thermostat setting.

On 06/13/2025 at 12:52 PM, during interview Caregiver C stated that a few days earlier, they noticed the hot water temperature was above the requirement and they adjusted the hot water tank's thermostat setting but would then make the water temperature too low so that they would readjust it again. Caregiver C added, they're constantly monitoring the AFH's hot water temperature.

This a repeated deficiency previously written as a consultation on 08/23/2023.

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, Caring Arms One AFH Inc 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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PO Box 99250, Lakewood, WA 98496

Caring Arms One AFH Inc
Caring Arms One AFH Inc
11704 SE 269th Pl
Kent, WA 98030

RE: Caring Arms One AFH Inc # 753814

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/14/2025 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 A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 days, 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

On 06/13/2025 at 10:15 AM, observation showed a bottle of Lorazepam (for anxiety) belonging to a former resident, inside the kitchen refrigerator. On 06/13/2025 at 10:43 AM, observation showed Caregiver C (Provider's husband) taking the bottle of Lorazepam for the kitchen refrigerator and placing it in locked storage. On 06/13/2025 at 12:52 PM, during interview Caregiver C stated that they planned to take the Lorazepam at a disposal center the day before but had a medical emergency that they forgot about it. There was no negative outcome to the residents in the Adult Family Home (AFH).

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

On 06/13/2025, record review of Resident 3's Negotiated Care Plan (NCP) dated 04/01/2025 revealed it did not identify the psychopharmacologic medications used to address their mental health symptoms. The Provider immediately updated Resident's NCP to correct the issue.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

On 06/13/2025, record review revealed that Resident 3's most recent nurse delegation notes were not readily available for review. On 06/13/2025, the Department received via email from the Provider a copy of Resident 3's nurse delegation notes dated 05/23/2025 to correct the issue.

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

On 06/13/2025, record review of personnel files revealed the Resident Manager's (RM) Home Care Aide (HCA) credential was not readily available for review. On 06/13/2025 at 12:52 PM, during interview the Provider stated that the RM had recently passed the HCA certification test and would send copy of their credential to the Department for review. On 06/13/2025 the Department received via email a copy of the RM's HCA card (valid until 09/20/2025) to correct the issue.

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:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of the following professional licenses are exempt from this requirement:

On 06/13/2025, record review of personnel files revealed the Resident Manager (RM) did not have documentation to show they had completed high school education and at least one thousand (1,000) hours of direct care experience in the previous sixty (60) months. On 06/13/2025 at 12:52 PM, during interview the Provider stated that they did not know the requirements needed to become RM and that nobody from the Department informed them of it when they submitted the AFH Change of Information form. On 06/13/2025 and 06/14/2025, the Department received from the Provider via email a copy of the RM's 1000 hours of Caregiver Experience Attestation (CEA) document dated 06/13/2025 and a copy of the RM's high school diploma, respectively to correct the issue.

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, Community Nurse Field Manager
Region 3, Unit A
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 A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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 find this form and directions on the IDR Adult Family Home 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 IDR**s 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 request and supporting documents to:

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