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

Blue Goose Care Center 2 LLC
Blue Goose Care Center 2
3781 Thayer Rd NE
Moses Lake, WA 98837

RE: Blue Goose Care Center 2 License # 753956

Dear Provider:

This letter addresses Compliance Determination(s) 81599 (Completion Date 08/04/2026) and 79624 (Completion Date 07/14/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/04/2026 and found that you have corrected the violations listed in the Full report dated 07/14/2026. Your home is back in compliance as of 07/23/2026 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 388-76-10146, WAC 388-76-10146-2, WAC 388-76-10146-3, WAC 388-76-10265, WAC 388-76-10265-1, WAC 388-76-10265-1-d

The Department staff who did the off-site verification:
Lisa Beason, AFH Licensor

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

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 06/26/2026 of:
Blue Goose Care Center 2
3781 Thayer Rd NE
Moses Lake, WA 98837

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:

Lisa Beason, AFH Licensor

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 # 753955	Compliance Determination # 78624
Plan of Correction	Blue Goose Care Center 2	Completion Date
Page 2 of 4	Licensee: Blue Goose Care Center 2 LLC	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

07/23/2026
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)

7/23/2026
Date

WAC 388-76-10146 Qualifications. Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 caregivers (Staff C) obtained a Home-care Aide certification (HCA) within 365 days of hire. This failure placed the residents at risk of receiving care from an unqualified caregiver.

Findings included . . .

Review of personnel records showed Staff C was hired on 06/06/2025.

Review of Staff C's Department of Health (DOH) credentials found a Nursing Assistant Registered (NAR) license with an expiration date of 09/16/2026.

On 06/26/2026 at 1:26 PM, Staff B, Entity representative, stated that Staff C did not have a current HCA license. Staff B stated Staff C completed HCA training but had not tested. Staff B stated Staff C was trying to schedule a test date.

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.

Michelle Ann Garbrough
Residential Care Services

07/23/2026
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)

Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 6 caregivers (Staff C) obtained a Home-care Aide certification (HCA) within 365 days of hire. This failure placed the residents at risk of receiving care from an unqualified caregiver.

Findings included . . .

Review of personnel records showed Staff C was hired on 06/06/2025.

Review of Staff C's Department of Health (DOH) credentials found a Nursing Assistant Registered (NAR) license with an expiration date of 09/16/2026.

On 06/26/2026 at 1:20 PM, Staff B, Entity representative, stated that Staff C did not have a current HCA license. Staff B stated Staff C completed HCA training but had not tested. Staff B stated Staff C was trying to schedule a test date.

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

Statement of Deficiencies	License # 753956	Compliance Determination # 79624
Plan of Correction	Blue Goose Care Center 2	Completion Date
Page 3 of 4	Licensee: Blue Goose Care Center 2 LLC	07/14/2026

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, Blue Goose Care Center 2 is or will be in compliance with this law and / or regulation on (Date) 7/23/2026

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

Provider (or Representative) — Date 7/23/2026

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure Tuberculosis (TB) testing was completed within three days of employment for 1 of 8 caregivers (Staff C). This failure placed residents at risk of exposure to TB.

Findings included ...

Review of personnel records showed Staff C was hired on 06/06/2025.

Review of Staff C's TB blood testing results found testing was completed on 07/14/2025, 40 days after hire date.

On 06/26/2026 at 1:30 PM, Staff B, Entity representative, stated that specific TB blood testing was requested by the health clinic for Staff C, this resulted in a delay in the test being completed within 3 days of employment.

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

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, Blue Goose Care Center 2 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure Tuberculosis (TB) testing was completed within three days of employment for 1 of 6 caregivers (Staff C). This failure placed residents at risk of exposure to TB.

Findings included . . .

Review of personnel records showed Staff C was hired on 06/06/2025.

Review of Staff C's TB blood testing results found testing was completed on 07/14/2025, 40 days after hire date.

On 06/26/2026 at 1:30 PM, Staff B, Entity representative, stated that specific TB blood testing was requested by the health clinic for Staff C, this resulted in a delay in the test being completed within 3 days of employment.

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

Statement of Deficiencies	License #: 753358	Compliance Determination #: 79624
Plan of Correction	Blue Goose Care Center 2	Completion Date
Page 4 of 4	Licensee: Blue Goose Care Center 2 LLC	07/14/2026

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, Blue Goose Care Center 2 is or will be in compliance with this law and / or regulation on (Date) 7/23/2026

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

Provider (or Representative) — Date: 7/23/2026

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

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, Blue Goose Care Center 2 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.

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

Blue Goose Care Center 2 LLC
Blue Goose Care Center 2
3781 Thayer Rd NE
Moses Lake, WA 98837

RE: Blue Goose Care Center 2 # 753956

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/14/2026 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:

Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:

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

eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (07/14/2026), no later than 08/28/2026 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 following deficiency or deficiencies not listed on the enclosed report.

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

(1) Ensure each resident's bedroom is an outside room that allows entrance of natural light.

The Adult Family Home failed to ensure 1 of 6 residents (Resident 4) bedrooms was an outside room that allowed in natural light. This deficiency was corrected by the exit conference.

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 (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.

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:
Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

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

---

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

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

7/23/2026

Lisa Beason (Residential Care Services)
AFH Licensor

Thank you for doing my Inspection on 7/14/24 at 3781 Thayer RD NE Moses Lake WA 98837. Blue goose care centre 2 AFH

I read and understood my defficiencies and I have corrected them.

On TB Testing from now on, I will be Hiring my steff and make sure TB Test is done Within 3 days of HIRE.

On HCA Testing. I will make sure that, The steff will do Testing before 365 days after doing their HCA class.

Yours VERONICA NGANGA
7/23/2026.

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