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

Othello Senior Care LLC

Othello Senior Care LLC
520 E Rose Dr
Othello, WA 99344

RE: Othello Senior Care LLC License # 754222

Dear Provider:

This letter addresses Compliance Determination(s) 81692 (Completion Date 08/06/2026) and 79928 (Completion Date 07/09/2026).

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 Full report dated 07/09/2026. Your home is back in compliance as of 07/06/2026 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-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 07/03/2026 of:
Othello Senior Care LLC
520 E Rose Dr
Othello, WA 99344

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

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

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Statement of Deficiencies Plan of Correction Page 2 of 4	License # 754222 Othello Senior Care LLC Licensee: Othello Senior Care LLC	Compliance Determination # 79928 Completion Date 07/09/2026

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

07/10/2026
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)

7/17/26
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 6 caregiving staff (Staff B & E) had a valid Washington name and date of birth background check (WADOB). This failure placed the residents at risk from staff with unknown background histories.

Findings included ...

Record review on 07/03/2026 showed Staff B, Caregiver, had a WADOB that expired on 05/30/2026 and was renewed on 07/02/2026, 28 days overdue.

Record review on 07/03/2026 showed Staff E, Caregiver, had a WADOB that expired on 08/28/2025 and was renewed on 10/28/2025, 61 days overdue.

In an interview on 07/03/2026 at 1:10 PM, Staff A, Provider, stated that they had missed

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Residential Care Services | Date

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Record review on 07/03/2026 showed Staff E, Caregiver, had a WADOB that expired on 08/28/2025 and was renewed on 10/28/2025, 61 days overdue.

In an interview on 07/03/2026 at 1:10 PM, Staff A, Provider, stated that they had missed

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the WADOB expiration dates.

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, Othello Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 7/6/26

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

Provider (or Representative) — Date: 7/17/26

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 have an assessment for 1 of 5 residents (Resident 4) to use a medical device. This failure placed the resident at risk of injury from equipment not assessed for their use.

Findings included . . .

On 07/03/2026 at 12:30 PM, [redacted] were seen on the bed used by Resident 4 in Bedroom [redacted]

During the record review for Resident 4 on 07/03/2026 no assessment of the [redacted] was found. The negotiated care plan for Resident 4 did not address [redacted] use.

In an interview on 07/09/2026 at 1:12 PM, Staff A, Provider, stated that they had contacted Resident 4's physician and looked through records from the previous owner of the AFH and were unable to find a [redacted] assessment for Resident 4

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In an interview on 07/09/2026 at 1:12 PM, Staff A, Provider, stated that they had contacted Resident 4's physician and looked through records from the previous owner of the AFH and were unable to find a [redacted] assessment for Resident 4.

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Statement of Deficiencies	License # 754222	Compliance Determination # 79928
Plan of Correction	Othello Senior Care LLC	Completion Date
Page 4 of 4	Licensee: Othello Senior Care LLC	07/09/2026

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, Othello Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 7/6/26.

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Provider (or Representative) — Date 7/17/26

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