



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HOME AND COMMUNITY LIVING ADMINISTRATION  
**800 NE 136th Ave, Suite 200, Vancouver, WA 98684**

Iris LLC  
Iris Adult Family Home  
3405 NW McMaster Drive  
Camas, WA 98607

RE: Iris Adult Family Home License # 754239

Dear Provider:

This letter addresses Compliance Determination(s) 82836 (Completion Date 08/28/2026) and 78067 (Completion Date 06/16/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/28/2026 and found that you have corrected the violations listed in the Full report dated 06/16/2026. Your home is back in compliance as of 07/21/2026 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 388-76-10198, WAC 388-76-10198-1, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-2-d, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-112A-0710, WAC 388-76-10315-1-a, WAC 388-76-10315-1-g, WAC 388-76-10315-2

The Department staff who did the on-site verification:  
Sarah Bjork, Licensur

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager  
Region 3, Unit F  
Residential Care Services

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



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HOME AND COMMUNITY LIVING ADMINISTRATION  
**800 NE 136th Ave, Suite 200, Vancouver, WA 98684**

|                           |                        |                                  |
|---------------------------|------------------------|----------------------------------|
| Statement of Deficiencies | License #: 754239      | Compliance Determination # 78067 |
| Plan of Correction        | Iris Adult Family Home | Completion Date                  |
| Page 1 of 6               | Licensee: Iris LLC     | 06/16/2026                       |

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 05/27/2026 of:

Iris Adult Family Home  
8505 NE 15th St  
Vancouver, WA 98664

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Sarah Bjork, Licensors

From:  
DSHS, Home and Community Living Administration  
Residential Care Services, Region 3 , Unit F  
800 NE 136th Ave, Suite 200  
Vancouver, WA 98684

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.

*Jennifer LeMaster*

Residential Care Services

06/29/2026

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.

*JE*

Provider (or Representative)

7/7/2026

Date

**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:**

- (1) Staff information such as address and contact information.
- (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;
  - (b) Cardiopulmonary resuscitation;
  - (c) First aid; and
  - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home failed to ensure staff records were on the premises and immediately available to review. This failure resulted in being unable to verify six of six staff (Staff A, Staff B, Staff C, Staff D, Staff E, Staff F, and the Provider) had the required qualifications to provide care and be unsupervised with vulnerable adults.

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

## Findings included...

Staff A and Staff B (caregivers) were present upon arrival at 11:35 am for a full inspection of the adult family home on 05/27/2026. Staff A, who also worked as a manager in the home, stated the provider was unable to be onsite and was available by phone and computer to send anything that was needed. Staff A stated she and Staff C (caregiver) worked part-time, the provider worked as needed, and Staff B, Staff D, Staff E, and Staff F (caregivers) worked full time.

At 1:25 pm on 05/27/2026, Staff A was asked if staff and administrative records could be reviewed. Staff A stated no staff or administrative records were kept onsite and the provider would send the records via scan.

At 3:20 pm on 05/27/2026, a scan was received from the provider, which included various staff records.

Records not received included:

- The provider's records (all training records, Tuberculosis testing, and background checks)
- Staff A's credentials, a valid Washington state criminal background check, Nurse Delegation Diabetes
- Staff B's credentials, Tuberculosis testing upon hire, Nurse Delegation Core Training, and continuing education
- Staff D's Washington state criminal background check
- Staff F's National fingerprint background check

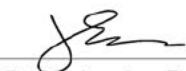
Additional records received on 06/16/2026 included the provider's training records, credentials for Staff A and Staff B, and a Washington state criminal background check for Staff D.

Records still not received or were expired include:

- The provider's Washington state criminal background check, a character, competence, and suitability review, and food handling
- A valid Washington state criminal background check for Staff A
- Tuberculosis testing for Staff B upon hire
- A national fingerprint background check for Staff F

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, Iris Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7/21/2026.

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



Provider (or Representative)

7/7/2026

Date

**WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home failed to ensure staff completed approved Cardiopulmonary Resuscitation (CPR) and first aid training. This failure resulted in three of three sampled staff (the provider, Staff A and Staff B) having completed online CPR and first aid training that did not include the required hands-on skills demonstration.

**Findings included...**

Staff A and Staff B (caregivers) were present upon arrival at 11:35 am for a full inspection of the adult family home on 05/27/2026. Staff A, who also worked as a manager in the home, stated the provider was unable to be onsite and was available by phone and computer to send anything that was needed. Staff A stated she worked part-time, the provider worked as needed, and Staff B worked full time.

At 1:25 pm on 05/27/2026, Staff A was asked if staff records could be reviewed. Staff A stated no staff or administrative records were kept onsite and the provider would send the records via scan.

Scans containing staff records received from the provider on 05/27/2026 and 06/16/2026 showed the provider, Staff A, and Staff B completed online CPR and first aid training. In an email received from the provider on 06/16/2026, the provider stated he was unaware the state required CPR and first aid trainings to include hands-on skills demonstration and he would implement this change moving forward.

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, Iris Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7/21/2026.

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



Provider (or Representative)

7/7/2026

Date

**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:

(a) Contain enough information so home can provide the needed care and services to each resident;

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

(2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home (AFH) failed to ensure resident records were onsite and immediately accessible for caregivers and department staff to review. This failure resulted in AFH and department staff not having immediate access to information about resident's contracts, care, medication, and service needs and placed six of six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5 and Resident 6) at risk for not having their care and medication needs met.

**Findings included...**

Staff A and Staff B (caregivers) were present upon arrival at 11:35 am for a full inspection of the adult family home on 05/27/2026. Staff A, who also worked as a manager in the home, stated the provider was unable to be onsite and was available by phone and computer to send any records that were needed.

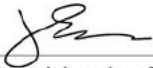
At 1:00 pm on 05/27/2026, Staff A was asked if Resident 2's record could be reviewed. Staff A stated the home had recently started using an electronic records system, though many resident records had not been uploaded to the system. Staff A located an assessment for Resident 2, completed on 07/26/2024. No other resident records were present and available to review.

At 2:04 pm on 05/27/2026, the provider sent records for Resident 2 via email, including a current assessment (also used as a negotiated care plan), dated 12/19/2025, a Medicaid policy, Disclosure of Charges form, and the admission agreement. A personal belongings inventory for Resident 2 was received at 3:57 pm on 05/27/2026.

Medication orders were not available to review at 12:30 pm on 05/27/2026, upon noting two discrepancies with Resident 2's Medication Administration Record (MAR) and the physical medication supply. One medication order from September 2025 was received by scan at 2:04 pm on 05/27/2026. The second medication order was not received. Two current medication orders for Resident 2 were received by scan on 06/16/2026.

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, Iris Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7/21/2026 .

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



\_\_\_\_\_  
Provider (or Representative)

7/7/2026

\_\_\_\_\_  
Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HOME AND COMMUNITY LIVING ADMINISTRATION  
**800 NE 136th Ave, Suite 200, Vancouver, WA 98684**

Iris LLC  
Iris Adult Family Home  
8505 NE 15th St  
Vancouver, WA 98664

RE: Iris Adult Family Home # 754239

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/16/2026 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:

Jennifer LeMaster, Community Nurse Field Manager  
Residential Care Services  
Region 3, Unit F  
Preferred methods:

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

eFax: (360) 992-7969

Email: rcsregion3email@dshs.wa.gov

Optional method:

800 NE 136th Ave, Suite 200

Vancouver, WA 98684

- Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/16/2026), no later than 07/31/2026 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 388-76-10750 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;

The main bathroom used for bathing residents had a water temperature of 101.3 (Fahrenheit/f) on 05/27/2026 at 12:55 pm. The temperature was rechecked at 2:07 pm and was 103.3 degrees. An image received on 06/16/2026 showed the home's water temperature was 118.0 degrees.

**WAC 388-76-10795 Windows.**

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

A tall dresser blocked the window/primary egress in Resident 4's bedroom and a table obstructed the window/primary egress in Resident 5's bedroom. Images received on 05/27/2026 showed both obstructions had been removed.

**WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.**

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(ii) Not focused on areas where residents gather;

06/16/2026

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A video camera located on a wall above a patio door in the kitchen pointed towards the front door in the living room, but also captured the dining area where residents gathered. Staff A (caregiver) removed the camera at 2:44 pm on 05/27/2026.

**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 F  
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 F

Preferred methods:

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

eFax: (360) 992-7969

Email: rcsregion3email@dshs.wa.gov

Optional method:

800 NE 136th Ave, Suite 200

Vancouver, WA 98684

### 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>

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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 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.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225