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

AJ Total Care AFH, LLC

AJ Total Care AFH, LLC
11904 E Fairview Ave
Spokane Valley, WA 99206

RE: AJ Total Care AFH, LLC License # 754384

Dear Provider:

This letter addresses Compliance Determination(s) 63067 (Completion Date 07/24/2025) and 60137 (Completion Date 05/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/24/2025 and found that you have corrected the violations listed in the Full report dated 05/30/2025. Your home is back in compliance as of 06/10/2025 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 388-76-10165-1-a, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285

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

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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 05/27/2025 of:
AJ Total Care AFH, LLC
11904 E Fairview Ave
Spokane Valley, WA 99206

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, in their original containers, and inaccessible to 2 of 6 residents (Residents 5 & 6). This failure placed the residents at risk for accessing toxic substances.

Findings included…

Observation on 05/27/2025 at 9:50 AM showed Resident 6 ambulating independently in the home.

Observation on 05/27/2025 at 10:03 AM showed Resident 5 ambulating independently in the home.

Observation on 05/27/2025 at 10:59 AM showed an unlabeled 5-gallon bucket between the toilet and the sink containing approximately an inch of orange liquid and the following in an unlocked cabinet under the sink in Bathroom 2: two bottles of Clorox Bleach, unlabeled spray bottle containing clear liquid, stainless steel polish, Pine Sol, and Liquid Plumber gel.

On 05/27/2025 at 10:59 AM, Staff A, Provider, stated that they thought the liquid in the bucket was Pine Sol, and that toxic substances in the unlocked cabinet should have

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been stored in a separate locked cabinet under the sink.

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, AJ Total Care AFH, LLC 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 388-76-10165 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 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete an updated Washington State name and date of birth (NDOB) background check once every two years for 2 of 5 staff (Staff A & E). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included…

Review of employee records on 05/27/2025 showed Staff A, Provider, had a name and date of birth background check that expired 06/10/2024 (352 days expired).

Review of employee records on 05/27/2025 showed Staff E, Caregiver, had a name and date of birth background check that expired 06/15/2024 (347 days expired).

In an interview on 05/27/2025 at 4:00 PM, Staff A stated that they were unsure if they had completed Washington state name and date of birth background checks for

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themself and Staff B before the previous background checks expired. Staff A stated they would find out and forward the information to the Department. Staff A did not forward documentation of background checks that had been completed prior to the previous check's 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, AJ Total Care AFH, LLC 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that 2 of 5 current caregivers (Staff B & C) had an initial tuberculosis (TB) skin test within three days of employment, and second test done one to three weeks after the first test. This failure placed residents at risk of receiving care from staff members with tuberculosis.

Findings Included…

Observation on 05/27/2025 at 9:50 AM showed Staff B and Staff C provided care and services to residents in the home.

Record review on 05/27/2025 showed Staff B was hired at the home on 06/10/2024. Staff B had a negative skin TB test completed on 04/09/2024 (62 days prior to hire).

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There was no documentation to show Staff B had been TB tested within three days of hire or that they completed a second TB skin test.

Record review on 05/27/2025 showed Staff C was hired at the home on 12/01/2024. Staff C had a negative skin TB test completed on 10/01/2024 (61 days prior to hire). There was no documentation to show Staff C had been TB tested within three days of hire or that they completed a second TB skin test.

In an interview on 05/27/2025 at 1:40 PM, Staff A, Provider, stated that they did not have further TB testing documentation of Staff B and Staff C.

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, AJ Total Care AFH, LLC 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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AJ Total Care AFH, LLC
AJ Total Care AFH, LLC
11904 E Fairview Ave
Spokane Valley, WA 99206

RE: AJ Total Care AFH, LLC # 754384

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/30/2025 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:

Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

The Adult Family Home did not ensure that two residents' negotiated care plans were reviewed every twelve months. The negotiated care plans were reviewed and signed on-site. This deficiency was corrected.

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)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

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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:
Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

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Send your request and supporting documents to:

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

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