STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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

Spectrum Adult Family Home LLC

Spectrum Adult Family Home LLC
11705 SE 269th Pl
Kent, WA 98030

RE: Spectrum Adult Family Home LLC License # 754408

Dear Provider:

This letter addresses Compliance Determination(s) 73126 (Completion Date 02/19/2026) and 71114 (Completion Date 01/22/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/19/2026 and found that you have corrected the violations listed in the Complaint report dated 01/22/2026. Your home is back in compliance as of 02/01/2026 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 388-76-10400-4

The Department staff who did the on-site verification:
Imelda Cornelio, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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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 an unannounced on-site complaint investigation on 01/07/2026 of:

Spectrum Adult Family Home LLC
12235 SE 259th Pl
Kent, WA 98030

This document references the following complaint number(s): 206665

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

The department staff that investigated the Adult Family Home:

Imelda Cornelio, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interviews and records review, the adult family home (AFH) failed to provide and coordinate nail care for 1 of 2 residents (Resident 1). This failure placed Resident 1's nails in a condition that affected their grasp because of the long fingernails and caused them discomfort when stepping due to the length of their toenails.

Findings included…

Observation on 01/07/2026 at 4:25 PM, showed Resident 1's fingernails were at least half centimeter longer than their fingertips. Both feet's great toenails and second toenails were thick, long and curved towards the neighboring toes. The rest of the toenails were also unkempt.

On 01/07/2026 at 4:26 PM, Resident 1 stated that their long fingernails affected them from picking up little things like their pills, and their toenails are discomforting when they took steps because they were too long.

On 01/07/2026 at 5:00 PM, Staff B, Resident Manager, stated that they perform nail care during residents' shower days. Staff C stated that Resident 1 refused showers sometimes, they would reapproach them, and Resident 1 would put showers off for the next day.

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On 01/07/2026 at 5:18 PM, Staff C, Caregiver and Provider Designee, stated that: Resident 1 only let them cut their fingernails one time since they started living in the AFH at the end of August 2025; they called two podiatrist (foot doctor) offices and was told that these doctors could not come to the home unless they had three residents who needed their services; the podiatrist referral may have been missed during the first few months of Resident 1's stay in the AFH, that was why they asked the primary doctor for an urgent podiatrist referral the day before the department staff's visit; Resident 1 was in the hospital frequently, so it was hard to schedule them for a podiatrist appointment.

On 01/09/2025 at 3:06 PM, Resident 1's Collateral Contact 1, stated that they have been told by Staff C that Resident 1 refuses their showers, nail care and hair care, that Staff C knew about the podiatry referral since Resident 1's admission to the AFH, and they were not sure why the podiatry referral has not happened.

On 01/20/2025 at 5:10 PM, Resident 1's, Collateral Contact 2, stated that they did not receive information that Resident 1 was having any transportation issues nor any nail care issues.

Review of Resident 1's personal care records with the following dates showed:
August 2025 – No nail care documentation.
September 2025 – Fingernail care was performed on 09/06/2025, 09/13/2025, 09/20/2025
October 2025 – Resident 1 refused nail care on 10/19/2025, 10/22/2025, 10/25/2025, 10/29/2025
November 2025 – No nail care documentation
December 2025 – No nail care documentation
January 2026 – Resident 1 refused nail care on 01/01/2026, 01/03/2026

Review of Resident 1's assessment dated 08/11/2025, showed a podiatrist referral was recommended prior to NR's admission to the AFH.

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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, Spectrum Adult Family Home 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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