STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212***

#1 A Golden Heart Adult Family Home LLC

# 1 A Golden Heart Adult Family Home LLC
3523 S Sundown Dr
Spokane Valley, WA 99206

RE: # 1 A Golden Heart Adult Family Home LLC License # 754691

Dear Provider:

This letter addresses Compliance Determination(s) 72818 (Completion Date 02/11/2026) and 70775 (Completion Date 01/07/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/11/2026 and found that you have corrected the violations listed in the Follow up report dated 01/07/2026. Your home is back in compliance as of 01/08/2026 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 388-76-10510-4, WAC 388-76-10510-6

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

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

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 an unannounced on-site follow-up on 12/30/2025 of:

# 1 A Golden Heart Adult Family Home LLC
3523 S Sundown Dr
Spokane Valley, WA 99206

This document references the following SOD dated: 01/07/2026

The following sample was selected for review during the unannounced on-site visit: 0 of 5 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

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.

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 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:**

(4) Has the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

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

Based on observation and interview, the Adult Family Home (AFH) failed to permit unrestricted access to food in the evening for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure resulted in five residents being unable to access food in the evening.

Findings included...

Review of Resident 1's Department assessment dated 12/29/2025 showed Resident 1 was able to move through the home independently and had problems swallowing.

Review of Resident 1's negotiated care plan (NCP) dated 12/22/2025 showed Resident 1 had problems swallowing and instructed caregivers not to allow Resident 1 to eat alone. The NCP did not contain any information regarding food restrictions or locks on refrigerators and pantries.

Review of Resident 2's Department assessment dated 05/05/2025 showed Resident 2 was able to move through the home independently and had problems swallowing. The assessment did not contain any information about food restrictions.

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Review of Resident 2's NCP dated 10/14/2025 showed snacks should be available to Resident 2 at all times, and Resident 2's access to the refrigerator and pantry should be closely monitored due to the resident's hygiene. The NCP did not contain any information regarding food restrictions or locks on refrigerators and pantries.

Review of Resident 3's Department assessment dated 12/08/2025 showed Resident 3 was able to move through the home independently and was independent with eating and meals. The assessment did not contain any information about food restrictions.

Review of Resident 4's Department assessment dated 11/05/2025 showed Resident 4 was able to move through the home independently and was independent with eating and meals. The assessment did not contain any information about food restrictions.

Review of Resident 4's NCP dated 03/14/2025 showed Resident 4 was independent with eating and liked to prepare their own lunch and snacks. The NCP did not contain any information regarding food restrictions or locks on refrigerators and pantries.

Review of Resident 5's Department assessment dated 02/04/2025 showed Resident 5 was able to move through the home independently and was independent with eating and meals. The assessment did not contain any information about food restrictions.

Review of Resident 5's NCP dated 01/11/2025 showed Resident 5 was independent with eating and snacks were to be available to Resident 5 at all times. The NCP did not contain any information about food restrictions or locks on refrigerators or pantries.

Observations on 12/30/2025 at 10:49 AM showed Residents 1, 2, 3, 4, and 5 resided in the home and required care and services from staff.

Observations on 12/30/2025 at 11:13 AM showed unlocked cable locks on the refrigerator and pantry doors in the kitchen of the home.

In an interview on 12/30/2025 at 11:13 AM Staff C, Caregiver, acknowledged the locks on the refrigerator and pantry and stated they were not used.

In an interview on 12/30/2025 at 11:20 AM Staff E, Caregiver, acknowledged the locks on the refrigerator and pantry, stated they were not used, and suggested the residents in the home be interviewed to confirm the locks were not used. Staff E stated the locks had not been removed because to do so would result in holes being left in the doors of the refrigerator and pantry.

In an interview on 12/30/2025 at 11:27 AM, Resident 1 stated that staff lock up food at

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night.

In an interview on 12/30/2025 at 11:30 AM, Resident 3 stated that staff lock up food at night, and that they would like to have access to the food at night.

In an interview on 12/30/2025 at 11:33 AM, Resident 5 stated that staff lock the cupboards and the fridge at night.

In an interview on 12/30/2025 at 11:35 AM, Resident 4 stated that staff lock up food from 8:00 PM to 7:00 AM every night.

In an interview over the phone on 12/31/2025 at 12:25 PM, Staff A, Provider, stated that the locks on the refrigerator and pantry were not being used and that they were still present because removing the locks may cause damage to the doors.

This is an uncorrected deficiency previously cited on 10/31/2025.

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, # 1 A Golden Heart 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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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 10/27/2025 of:

# 1 A Golden Heart Adult Family Home LLC
3523 S Sundown Dr
Spokane Valley, WA 99206

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:

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

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.

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 388-76-10285 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 on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that tuberculosis (TB) test results were obtained within three days of employment for 4 of 5 staff (Staff B, C, D, & E). This failure placed residents at risk for respiratory infection.

Findings included…

Observations on 10/27/2025 between 9:30 AM and 3:30 PM showed Staff C, Caregiver, and Staff D, Caregiver, providing care and services to residents in the home.

Review of employee records on 10/27/2025 showed Staff B, Caregiver, was hired at the home on 12/01/2024 and had not been tested for TB since employment (329 days after employment). The record contained no documentation of TB testing within 3 days of employment.

Review of employee records on 10/27/2025 showed Staff C was hired at the home on 10/05/2025 and had done TB skin testing on 12/21/2023 and 01/10/2024 (634 days prior to employment). The record contained no documentation of TB testing within 3

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days of employment.

Review of employee records on 10/27/2025 showed Staff D was hired at the home on 04/16/2025 and had a negative TB chest x-ray on 02/14/2025 (61 days prior to employment). The record contained no documentation of TB testing within 3 days of employment, and no documentation of 2-step TB skin testing or TB blood testing.

Review of employee records on 10/27/2025 showed Staff E, Caregiver, was hired at the home on 06/05/2025 and had a negative TB blood test on 10/16/2025 (133 days after employment). The record contained no documentation of TB testing within 3 days of employment.

At 1:35 PM on 10/27/2025 Staff A, Provider, stated that TB tests were good for three years and did not provide an explanation for why staff were not tested for TB within three days of employment.

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, # 1 A Golden Heart 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

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(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 the home was kept in good repair and failed to ensure toxic substances were kept in locked storage and inaccessible to 5 of 5 residents (Residents 1, 2, 3, 4, & 5). These failures resulted in residents living in an un-homelike environment and placed the residents at risk for accessing toxic substances.

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Findings included…

Observations on 10/27/2025 between 9:30 AM and 3:30 PM showed Residents 1, 2, 3, 4, & 5 walking independently in the home.

Observation on 10/27/2025 at 11:45 AM showed an approximately 3-inch diameter hole and an approximately 4-inch diameter hole in the drywall at shoulder height on either side of the Hallway outside of Bedrooms A & C. Staff A, Provider, stated that a resident had made the holes in the walls last year.

Observation on 10/27/2025 at 10:19 AM showed windshield washer fluid and deicer on a shelf in Resident 3's closet. Staff A stated the cleaning substances were for Resident 3's car.

Observation on 10/27/2025 at 11:47 AM showed paint peeling off the walls above the shower in Bathroom 1.

Observation on 10/27/2025 at 10:38 AM showed the following in an unlocked cabinet under the kitchen sink: glass cleaner, multi-purpose cleaner, 2 bottles of Clorox bleach, cooktop cleaning spray, dishwasher detergent, Heavy-duty oven cleaner, carpet cleaner, and Windex. One hinge on the cabinet was not secured.

Observation on 10/27/2025 at 10:45 AM showed liquid stain remover, bleach, mole repellent and laundry detergent in an unlocked cabinet above the washing machine in the laundry room.

Observation on 10/27/2025 at 10:48 AM showed the following in an unlocked garage connected to the kitchen of the home: WD-40, Mole repellent, Antifreeze, Insulating foam sealant, steering fluid, motor oil, and laundry detergent.

Staff A stated the cabinets under the kitchen sink and in the laundry rooms were sometimes locked, the garage remains unlocked and acknowledged the locking mechanisms on the garage door can be unlocked from inside the house.

Record review of Resident 4's Assessment and Negotiated Care Plan on 10/27/2025 showed Resident 4 had a history of suicidal ideation.

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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, # 1 A Golden Heart 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

**WAC 388-76-10490 Medication disposal Written policy Required.**

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

(iii) For discharged residents the facility must:

(A) Assist with the transfer of the resident's medications to the resident's new setting, when needed;

(B) End fulfillment, delivery, and receipt of prescription medications within 10 calendar days; and

(C) Safely dispose of any medications left at the adult family home after 90 calendar days.

(c) Require that the safe disposal of the medication is recorded in a document that includes:

(i) Name of resident;

(ii) Name of medication;

(iii) Amount of medication;

(iv) Date of disposal or transfer; and

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(v) Name of individual completing the task.

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

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to implement their medication disposal policy for discontinued medications for 5 of 5 current residents (Residents 1, 2, 3, 4, & 5). This failure resulted in medications being unsecured and not disposed of and placed all residents at risk for harm.

Findings included…

Observations on 10/27/2025 between 9:30 AM and 3:30 PM showed Residents 1, 2, 3, 4, & 5 walking independently in the home.

Record review of a facility policy titled, “Medication Disposal Policy,” showed that unused and expired medication for current residents living in the house or for residents who have left the house would be disposed of using a Drug Buster Disposal System.

Observation on 10/27/2025 at 11:13 AM showed bubble packs containing various expired and discontinued medications, including Prazosin (for blood pressure), haloperidol (an antipsychotic), quetiapine (an mood stabilizer), ropinirole (for restless legs), olanzapine (a mood stabilizer), risperidone (a mood stabilizer), medroxyprogesterone (a hormone), insulin (for diabetes), among others, heaped on top of a cabinet in an unlocked room downstairs in the home.

Observation on 10/27/2025 at 11:25 AM showed four shelves filled with garbage bags containing bubble packs of expired and discontinued medications dating as far back as February 2022 inside of the unlocked cabinet in the unlocked room downstairs in the home.

In an interview on 10/27/2025 at 11:25 AM, Staff A, Provider, stated that the medications inside and on top of the cabinet were expired or discontinued and they had intended to destroy them, and had failed to do so.

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, # 1 A Golden Heart 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

**WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:**

(4) Has the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

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

Based on observation and interview, the Adult Family Home (AFH) failed to permit unsupervised access to food for 4 of 5 residents (Residents 2, 3, 4, & 5). This failure resulted in the residents being unable to make choices independently and impacted their quality of life.

Findings included...

Observations on 10/27/2025 between 9:30 AM and 3:30 PM showed Residents 2, 3, 4, & 5 walking independently in the home.

Observation on 10/27/2025 at 10:43 AM showed unlocked cable locks on the refrigerator and pantry doors in the kitchen of the home.

On 10/27/2025 at 10:45 AM Staff A, Provider, stated the locks were there to restrict Resident 2 from accessing food when staff were not present. Staff A stated the pantry and refrigerator were locked during the day if staff were downstairs and were locked overnight.

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, # 1 A Golden Heart 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

**WAC 388-76-10350 Assessment Updates required.**

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

**WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:**

(4) Has the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

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

Based on record review and interview, the Adult Family Home (AFH) failed to ensure an assessment was reviewed and updated at least once every twelve months for 1 of 5 residents (Resident 1). This failure placed the resident at risk for unmet care needs.

Findings included….

On 10/27/2025 review of resident records showed Resident 1’s initial assessment was completed on 05/12/2023. There was no documentation to show another assessment had been completed (534 days overdue).

In an interview 10/27/2025 at 12:46 PM Staff A, Provider, stated that Resident 1 had entered the home as a [redacted] client and then transferred to private pay. They were unsure why another assessment had not been completed.

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, # 1 A Golden Heart 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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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***

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#1 A Golden Heart Adult Family Home LLC
# 1 A Golden Heart Adult Family Home LLC
3523 S Sundown Dr
Spokane Valley, WA 99206

RE: # 1 A Golden Heart Adult Family Home LLC # 754691

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/31/2025 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 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:**

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

Based on a resident capacity of six, plus four staff living in the home, the AFH was required to have 30 gallons of emergency drinking water on site. The home had six gallons of water. 30-plus gallons of water were acquired. 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

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:
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 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 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.

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.