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

A&R Spring Home LLC

A&R Spring Home LLC
25327 32ND PLACE SOUTH
KENT, WA 98032

RE: A&R Spring Home LLC License # 754899

Dear Provider:

This letter addresses Compliance Determination(s) 73870 (Completion Date 03/05/2026) and 71067 (Completion Date 01/14/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/05/2026 and found that you have corrected the violations listed in the Follow up report dated 01/14/2026. Your home is back in compliance as of 01/28/2026 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 388-76-10455-2

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754899	Compliance Determination # 71067
Plan of Correction	A&R Spring Home LLC	Completion Date
Page 1 of 3	Licensee: A&R Spring Home LLC	01/14/2026

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 an unannounced on-site follow-up on 01/06/2026 of:
A&R Spring Home LLC
25327 32ND PLACE SOUTH
KENT, WA 98032

This document references the following SOD dated: 01/14/2026

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 754899	Compliance Determination # 71067
Plan of Correction	A&R Spring Home LLC	Completion Date
Page 2 of 3	Licensee: A&R Spring Home LLC	01/14/2026

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.

Residential Care Services — 1-23-2026 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) — 01/26/2026 Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation [(ND) a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurse] was re-evaluated and documented at least every 90 days for 2 of 2 sampled residents (Resident 1 and Resident 3). This failure placed Resident 1 and Resident 3 at risk of harm from unmet medication needs and medication errors.

Findings included...

Observation on 01/06/2026 at 3:11 PM showed Staff B, Caregiver providing care and services to four residents (Residents 2, 3, 4, and 5). Resident 1 was out at the community center for the day.

Resident 1

Review of Resident 1's AFH records showed that the AFH admitted them on [redacted]/2005 and they required medication assistance through ND. Resident 1's ND document available was dated 09/20/2024. There was no other ND document found in the resident's record.

Statement of Deficiencies	License #: 754899	Compliance Determination # 71067
Plan of Correction	A&R Spring Home LLC	Completion Date
Page 3 of 3	Licensee: A&R Spring Home LLC	01/14/2026

Resident 3

Review of Resident 5's AFH record showed that the AFH admitted them on [redacted]/2014 and they required medication assistance through ND. Resident 3's ND document available was dated 09/20/2024. No other ND document was found in the resident's record.

In an interview on 01/06/2026 at 4:20 PM, Staff A, Entity Representative/Resident Manager confirmed that Resident 1 and Resident 3 had no ND completed since the last inspection of the home on 10/21/2025. Staff A stated that they hired a nurse delegator for the AFH, however the nurse delegator was waiting for the department Case Manager (CM) referral to perform the consult and the visit.

On 01/07/2026, department staff emailed to Staff A that they had until the following day 01/08/2026, to correct the failed practice. Staff A was informed to send supporting document that ND was completed. As of 01/08/2026, department staff did not receive any ND document from the AFH.

In an interview on 01/14/2026 at 3:17 PM, CM stated that they sent an email to the AFH on 12/18/2025 requesting information on the new nurse delegator. CM stated that on 12/24/2025, they sent a follow up email requesting information on who among the residents needed the ND. CM stated that on 01/07/2026, they received Staff A's response requesting ND referral for Resident 1 and Resident 3.

This is an uncorrected deficiency previously cited on 11/17/2025.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~01/09/2026~~ PA 02/28/2026

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

Provider (~~or Representative~~) 01/26/2026 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754899	Compliance Determination #67677
Plan of Correction	A&R Spring Home LLC	Completion Date
Page 1 of 20	Licensee: A&R Spring Home LLC	11/17/2025

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 10/21/2025 of:
A&R Spring Home LLC
25327 32ND PLACE SOUTH
KENT, WA 98032

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 11-19-2025 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) — 11/28/2025 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 observation, interview and record review, the Adult Family Home (AFH) failed to have a current Washington name and date Background Inquiry (BGI) for 3 of 3 current staff (Staff A, Entity Representative/Resident Manager, Staff B, Caregiver and Staff C, Caregiver). This failure placed all residents at risk of harm from staff with unknown criminal history.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

In an interview on 10/21/2025 at 9:53 AM, Staff A stated that Staff B worked full time and Staff C worked as needed.

Staff A
Review of the department's Secure Tracking and Reporting System on 10/15/2025, AFH summary showed the AFH was licensed on 03/01/2021 with Staff A listed as the Entity Representative and Resident Manager.

Review of Staff A's AFH personnel records showed a BGI completed on 08/15/2017 with an expiration date of 08/15/2019. Staff A had no current BGI.

In an interview on 10/21/2025 at 1:36 PM, Staff A stated they were aware that BGI had to be completed every years. Staff A acknowledged that they did not have a current BGI.

The Background Check Central Unit (BCCU) sent an email on 10/24/2025 stating that Staff A completed a BGI with a review required on 08/26/2022. This was the only BGI completed from year 2022 to present year of 2025.

Review of Staff A's 08/26/2022 showed BGI had an expiration date of 08/26/2024. Staff B worked from 08/26/2024 to 10/21/2025, [the day of inspection], for total of 421 days with no current BGI.

Staff B
Observation on 10/21/2025 at 11:41 AM showed Staff B arrived at the AFH.

Review of Staff B's AFH personnel records showed they were hired on 03/01/2018. Staff B had a BGI with an expiration date of 03/06/2022. There was no current BGI.

In an interview on 10/21/2025 at 2:00 PM, Staff B stated they were unsure if Staff B had applied for their BGI. Staff B added that they were aware that Staff B had difficulty connecting to the background check website.

The Background Check Central Unit (BCCU) sent an email on10/24/2025 stating that Staff B had completed BGI on 08/22/2022 and 10/22/2025. Staff B had a fingerprint based background check completed on 09/01/2022. Those were the only background checks completed for year 2022 to present.

Review of Staff B's 08/22/2022 BGI showed expiration of 08/22/2024. Staff B worked from 08/22/2024 to 10/21/2025,[day of inspection], to the total of 425 days without a current BGI. Staff B's BGI completed on 10/22/2025 was the date after the AFH inspection.

Staff C
Review of Staff C's AFH personnel records showed they were hired on 09/08/2020. Staff C had a BGI with an expiration date of 09/08/2022. Staff C had no current BGI.

In an interview on 10/21/2025 at 1:42 PM, Staff A acknowledged that Staff C had no current BGI.

The Background Check Central Unit (BCCU) sent an email on10/24/2025 stating that Staff C had completed BGI on 09/08/2020 and on 10/23/2025. Staff C had a fingerprint based background check completed on 09/01/2022. Those were the only background checks completed for year 2022 to present.

Review of Staff C's 09/08/2020 BGI had an expiration of 09/08/2024. Staff B worked from 09/08/2024 to 10/21/2025, [day of inspection], to the total of 408 days without current BGI. Staff B's BGI completed on 10/23/2025 was two days after the AFH inspection.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/~~2025~~ 2026

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

Provider (or Representative) — Date: 11/20/2025

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to obtain and maintain 1 of 1 commercial liability insurance and professional liability

insurance. This failure placed the residents of not being covered in the event of personal injury, or property damage or loss.

Findings included...

Review of the department's AFH provider summary on 10/13/2025 showed they were licensed on 03/01/2021 with a bed capacity of six beds.

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

In an interview on 10/21/2025 at 3:40 PM, Staff A stated they would send the AFH insurance document to the department.

The AFH sent an email on 10/27/2025 with attached AFH insurance document. The document showed it was a "General Liability" coverage. It did not show professional and commercial liability coverage.

The insurance company representative, Collateral Contact 1(CC1) sent an email on 11/04/2025, confirmed that the AFH had "General Liability" insurance and did not have commercial and professional liability coverage.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/~~2025~~ 2026

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

Provider (or Representative) — Date: 11/28/2025

WAC 388-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

This requirement was not met as evidenced by:

Based on observation, Interview and record review, the Adult Family Home (AFH) failed to ensure the personal belonging inventory for 1 of 2 sampled residents (Resident 1)1) and was signed and dated by Resident 2's guardian. This placed Resident 1 at risk of losing their personal belongings and being unable to identify or recover them.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager with five residents (Residents 1, 2, 3, 4, and 5).

who received care and services from the AFH Staff.

Review of Resident 2's AFH records showed that the AFH admitted them on [redacted]/2005. Resident 1 had guardianship documents. Resident 1's personal belongings inventory signed and dated by Provider on 12/12/2007. The document was not signed and dated by Resident 1's guardian.

In an interview on 10/21/2025 at 12:52 PM, Staff A stated they were not aware that the personal belongings inventory was not signed by Resident 1's guardian.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2025 2026

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

Provider (or Representative) 11/20/2025 Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 1 and Resident 5) at least every twelve months. This failure placed Resident 1 and Resident 5 at risk of unmet needs and of receiving care and services they did not negotiate.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

Resident 1

Review of Resident 2's AFH records showed that the AFH admitted them on [redacted]/2005. Resident 1's current annual assessment was completed on 11/06/2024. Resident 1 did not have an NCP for 2004.

In an interview on 10/21/2025 at 12:50 PM, Staff A Staff A acknowledged that Resident 1 did not have NCP for year 2024. Staff A stated that they were aware that NCP needed to be reviewed every twelve months.

Resident 5

Review of Resident 5's AFH records showed that the AFH admitted them on [redacted]/2014. Resident 5 did not have an annual assessment for years 2024 and 2025. Resident 5 did not have an NCP for years 2024 and 2025.

In an interview on 10/21/2025 at 11:18 AM, Staff A stated that they requested Resident 5's case manager to send Resident 5's annual assessment. Staff A stated that they were not "sure" that the assessment was completed for year 2025. Staff A acknowledged that they had not reviewed Resident 5's NCP for year 2024 and there was no NCP for year 2025 due to assessment that might not have been completed.

The AFH sent an email on 10/24/2025 that included Resident 5's 07/29/2025 annual assessment and service summary.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/~~2025~~ 2026

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

Provider (or Representative) — Date: 11/24/2025

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not update their medication log and "As Needed" (PRN) medications were not available for 2 of 2 sampled residents (Resident 1 and Resident 5). This failure placed Residents 1 and 5 at risk of unmet medication needs.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager, with five residents (Residents 1,2, 3, 4, and 5) who received care and services from the AFH Staff.

In an interview on 10/21/2025 at 9:48 AM, Staff A stated that Resident 1 required medication assistance and Resident 5 required medication administration.

Resident 1
Review of Resident 2's AFH records showed that the AFH admitted them on [redacted]/2005. Resident 1's October 2025 pharmacy generated medication log showed they were prescribed Vitamin D3, (supplement that helps absorb calcium and promotes bone health, immune function and mood regulation) 1,000 unit one capsule every morning and Ibuprofen (used to reduce fever, inflammation and pain) 200 milligram (mg) every six hours as needed. Resident 1 was also prescribed with Nyamyc prevents fungus from growing on the skin and treats skin infections caused by yeast) 1000,000 units apply topically to affected areas as needed.

Observation on 10/21/2025 at 12:25 PM of Resident 1's medication supplies showed there were no medication supplies of Vitamin D3, Ibuprofen and Nyamc. Resident 1 had a bottle of Biotin (also known as Vitamin B7, helps metabolize food, and maintains healthy hair, skin, and nails) 10,000 mcg with an expiration date of May 2028.

In an interview on 10/21/2025 at 12:35 PM, Staff A acknowledged that there were no supplies for the prescribed medications Vitamin D3, Ibuprofen and Nyamc. Staff A had no response when it was pointed out that medication supply Biotin was not in Resident 1's October 2025 medication log.

Resident 5
Review of Resident 5's AFH records showed that the AFH admitted them on [redacted]/2014. Resident 5's October 2025 pharmacy generated medication log showed they were prescribed Ibuprofen 200 mg, take 1-2 tablets three times daily as needed for pain. Resident 5 had a prescription for Glutose-15 gel (provides quick and effective treatment for low blood sugar), take one tube as needed for low blood sugar below 55.

Observation on 10/21/2025 at 11:42 AM of Resident 5's medication supplies showed there were no medication supplies of Ibuprofen and Glutose-15 gel.

In an interview on 10/21/2025 at 11:50 AM, Staff A stated that Resident 5 might have taken the Glutose-15 gel. Staff A stated they had not refilled the Ibuprofen supply.

On 10/21/2025 at 11:44 AM, further observation of Resident 5's medication supplies showed Triamcinolone Acetonide (topical treatment for skin itching, redness, dryness, crusting, scaling and inflammation) 0.1 percent cream, Pamprin (for menstrual symptoms such as cramps, headache, backache, and fluid retention) bottle with an expiration date of December 2027 and Menstrual Complete (contains acetaminophen and caffeine which are used for menstrual pain relief) bottle with an expiration date of February 2028. There was a supply of Glucose tablets (quickly raise blood sugar level) orange flavor bottle with an expiration date of March 2026.

These medication supplies were not listed in Resident 5's October 2025 pharmacy generated medication log.

In an interview on 10/21/2025 at 11:52 AM, Staff A stated the prescription for Triamcinolone was completed. Staff A stated Resident 5 did not use the Glutose-15 gel and used the Glucose tablets. Staff A stated their staff might have found the medication supplies in Resident 5's bedroom and placed them in the locked medication supply cabinet. Staff A added that Resident 5 probably purchased those medications.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026.

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

Provider (or Representative) — Date: 11/20/2025

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation [(ND) a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurse] was re-evaluated and documented at least every 90 days for 1 of 2 sampled residents (Resident 1 and Resident 5). This failure placed Resident 1 and Resident 5 at risk of harm from unmet medication needs and medication errors.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

In an interview on 10/21/2025 at 9:48 AM, Staff A stated that Resident 1 required medication assistance and Resident 5 required medication administration and ND.

In an interview on 10/21/2025 at 9:53 AM, Staff A stated that they were looking for a Nurse Delegator for their home when department asked them for the information.

Resident 1
Review of Resident 2's AFH records showed that the AFH admitted them on [redacted]/2005. Resident 1's ND document available was dated 09/20/2024. No other ND document

were found in the resident's record.

Resident 5
Review of Resident 5's AFH records showed that the AFH admitted them on [redacted]/2014. Resident 5's ND document available was dated 09/20/2024. No other ND documents were found in the resident's record.

In an interview on 10/21/2025 at 11:22 AM, Staff A stated that they thought that they had the 2025 ND records available for review.

In an interview on 10/21/2025 at 12:47 PM, Staff B, Caregiver stated that they were notified by their Nurse Delegator that they would no longer serve at their AFH in August 2025.

In an interview on 10/21/2025 at 12:55 PM, Staff A stated that they had not found a Nurse Delegator for their home at this time.

On 10/23/2025 department staff had requested the 2025 ND visit records from Staff A via email. As of 11/14/2025, these records had not been received.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026.

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

Provider (or Representative) 11/28/2025 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:

(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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop and implement a medication disposal policy of expired medication for 1 of 2 sampled residents (Resident 5). This failure placed Resident 5 at risk of receiving less effect from expired medication.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

In an interview on 10/21/2025 at 9:48 AM, Staff A stated Resident 5 required medication administration.

Review of the AFH undated medication policy showed steps of disposing expired or discontinued medications. The AFH would place the medications labelled with residents name and facility in a bag or box and would call their pharmacy for pick up. The AFH could also use the RX Destroyer (ready-to-use chemical drug solution) disposal system. The AFH policy did include safe disposal of current residents expired medications within 30 calendar days of expiration.

Review of Resident 5's AFH records showed that the AFH admitted them on [redacted]/2014. Resident 5's October 2025 pharmacy generated medication log showed they were prescribed Baqsimi (treatment for very low blood sugar) 3 mg spray, use one dose in nostril as needed for low blood sugar.

Observation on 10/21/2025 at 11:41 AM of Resident 5's medication supply showed Baqsimi with a pharmacy label that had an expiration date of 02/11/2025. Further observation showed the medication box showed an expiration date of 08/13/2025.

In an interview on 10/21/2025 at 11:50 AM, Staff A acknowledged that the medication supply was expired.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026.

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

Provider (or Representative) — Date: 11/20/2025

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to review the AFH's admission agreement (notice of rights and services agreement) with 2 of 2 sampled residents (Resident 1 and Resident 5) every 24 months after their admission. This failure placed Resident 1 and Resident 5 at risk of unmet care needs.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

Resident 1
Review of Resident 2's AFH records showed that the AFH admitted them on [redacted]/2005. Resident 1 did not have admission agreement document in their file.

Resident 5
Review of Resident 5's AFH records showed that the AFH admitted them on [redacted]/2014. Resident 5's admission agreement was signed and dated 10/15/2022. There was no other admission agreement found in Resident 5's file.

In an interview on 10/21/2025 at 11:29 AM, Staff A stated they thought that the admission agreement was only reviewed one time. Staff A acknowledged that they did

not review the admission agreement for Resident 1 and Resident 5.

In an interview on 11/04/2025 at 1:14 pm, Collateral Contact 3 (CC 3) stated Resident 1's admission agreement had not been reviewed with them every twenty-four months. CC 3 stated the last time it was reviewed was when the AFH had a change of ownership.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026 .

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

Provider (or Representative) — Date: 11/28/2025

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep a signed and dated copy of 2 of 2 sampled resident's (Resident 1 and Resident 5) disclosure of charges. This failure placed Resident 1 and Resident 5 at risk of not knowing the charges for care, services, and activities that the home provided.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

Resident 1

Review of Resident 2's AFH records showed that the AFH admitted them on [redacted]/2005. Resident 1 did not have disclosure of charges document in their file.

Resident 5

Review of Resident 5's AFH records showed that the AFH admitted them on [redacted]/2014. Resident 5 did not have disclosure of charges in their file.

In an interview on 10/21/2025 at 12:06 PM, Staff A stated they thought that the Disclosure of charges was only part of the application process for their AFH license. Staff A stated that they did not complete disclosure of charges for Resident 1 and Resident 5.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026.

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

Provider (or Representative) — Date: 11/28/2025

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that

1of 1 fire extinguisher was serviced annually. This failure placed all current residents at risk of harm or serious injury in the event of a fire.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager, five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

In an interview on 10/21/2025 at 9:42 AM, Staff A stated that in the event of an emergency where the residents needed to evacuate the home, Resident 1 will require assistance and Residents 2, 3, 4, and 5 will evacuate independently.

Observation on 10/21/2025 at 10:01 AM showed fire extinguisher mounted in the kitchen area had a blue colored tag with an inspection and service date of April 2023.

In an interview on 10/21/2025 at 10:01 AM, Staff A acknowledged that their fire extinguisher was two years overdue for inspection and service check.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026 .

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

Provider (or Representative) — Date: 11/29/2025

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(a) Will last for a minimum of seventy-two hours for each resident and each household member;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that there was an emergency food supply that will last for minimum of 72 hours for 5 of the 5 residents (Residents 1, 2, 3, 4, and 5) and for 2 of 2 full time staff (Staff A, Entity Representative and Staff B, Caregiver). This failure placed all residents at risk of hunger in an event of emergency.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

In an interview on 10/21/2025 at 9:53 AM, Staff A stated that they worked full time and lived at the AFH. Staff A stated that Staff B worked full time at the AFH, however, they did not live at the AFH.

Observation on 10/21/2025 10:09 AM showed the cabinet at the kitchen area had non-perishable food items. Department staff informed Staff A that the food items were not enough for seven persons for 72 hours emergency supply.

In an interview on 10/21/2025 at 10:10 AM, Staff A acknowledged the AFH did not have emergency food supply for all current residents and full-time staff.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026.

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

Provider (or Representative) — Date 11/20/2025

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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not have enough emergency drinking water for 5 of 5 current Residents (Residents 1, 2, 3, 4, and 5) and 2 of 2 Caregivers (Staff A, Entity Representative/Resident Manager and Staff B, Caregiver). This failure placed all residents and two caregivers at risk for dehydration in the event of an emergency.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

In an interview on 10/21/2025 at 9:53 AM, Staff A stated that they worked full time and lived at the AFH. Staff A stated that Staff B worked full time at the AFH, however, they did not live at the AFH.

During the environmental tour on 10/21/2025at 10:07 AM, department staff inquired about the AFH's emergency water supply. Staff A stated they did not have any emergency water supply as they had "used it all up."

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026 .

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

Provider (or Representative) — Date: 11/28/2025

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to have the required first aid manual in their 2 of 2 first aid kits, as required. This failure placed all residents

at risk of harm for incorrect or delayed treatment in case of emergency.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager, with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff.

Observation on 10/21/2025 at 10:04 AM showed Staff A opened one of their two first aid kits, and there was no first aid manual inside. Staff A opened the second first aid kit and there was no first aid manual inside.

In an interview on 10/21/2025 at 10:05 AM, Staff A stated they were not aware that first aid manual was required.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026.

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

Provider (or Representative) — Date: 11/20/2025

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to conduct a partial emergency evacuation drill every sixty days and full emergency drill in the

past calendar year in 1 of 1 AFH. This failure placed all five residents (Residents 1, 2, 3, 4, and 5) at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

Observation on 10/21/2025 at 9:28 AM showed Staff A, Entity Representative/Resident Manager with five residents (Residents 1, 2, 3, 4, and 5) who received care and services from the AFH Staff. In an interview on 10/21/2025 at 9:42 AM, Staff A stated Resident 1 required assistance with emergency evacuation. Staff A stated that Residents 2, 3, 4, and 5 were independent with emergency evacuation.

Record review of the AFH fire drills for 2025 showed four fire drills completed on 03/25/2025, 05/10/2025, 07/23/2025 and 09/15/2025.

In an interview on 10/21/2025 at 3:39 PM, Staff A stated that they completed fire drills in year 2024, however, they threw the documents away. Staff A stated that they were not aware that they needed to keep the documents.

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, A&R Spring Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/12/2026.

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

Provider (or Representative) — Date: 11/20/2025