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

Guzo LLC
Hope Adult Family Home
6120 S Crestline St
Spokane, WA 99223

RE: Hope Adult Family Home License # 754911

Dear Provider:

This letter addresses Compliance Determination(s) 78867 (Completion Date 06/11/2026) and 77955 (Completion Date 06/01/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/11/2026 and found that you have corrected the violations listed in the Complaint, Full report dated 06/01/2026. Your home is back in compliance as of 06/05/2026 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 388-76-10750-7, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-112A-0720-1-c-i

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

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

HOME AND COMMUNITY LIVING 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 and complaint investigation on 05/26/2026 of:

Hope Adult Family Home
6120 S Crestline St
Spokane, WA 99223

This document references the following complaint numbers: 223252.

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:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Home and Community Living 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.

Selena Clemons
Residential Care Services

06/01/2026
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)

6/5/26
Date

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

(/) 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 for 3 of 5 residents (Residents 1, 2 & 5). This failure placed residents at risk for accessing toxic chemicals.

Findings included....

Observation on 05/26/2026 at 8:54 AM showed Resident 1 walking independently in the home.

Observation on 05/26/2026 at 10:01 AM showed Resident 3 walking independently in the home.

In an interview on 05/26/2026 at 8:32 AM Staff A, Provider, stated that Resident 5 was able to transfer independently and did not use an assistive device to ambulate in the home.

Observation on 05/26/2026 at 9:55 AM showed a bottle of Lysol toilet cleaner located on the floor next to the toilet in the main bathroom. A cabinet was observed under the main bathroom sink. Observation showed a can of Scrubbing Bubbles bathroom cleaner was unsecured in the cabinet.

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 388-76-10750 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 for 3 of 5 residents (Residents 1, 2 & 5). This failure placed residents at risk for accessing toxic chemicals.

Findings included….

Observation on 05/26/2026 at 8:54 AM showed Resident 1 walking independently in the home.

Observation on 05/26/2026 at 10:01 AM showed Resident 3 walking independently in the home.

In an interview on 05/26/2026 at 8:32 AM Staff A, Provider, stated that Resident 5 was able to transfer independently and did not use an assistive device to ambulate in the home.

Observation on 05/26/2026 at 9:55 AM showed a bottle of Lysol toilet cleaner located on the floor next to the toilet in the main bathroom. A cabinet was observed under the main bathroom sink. Observation showed a can of Scrubbing Bubbles bathroom cleaner was unsecured in the cabinet.

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

In an interview on 05/26/2026 at 10:21 AM Staff A stated that cleaning supplies were kept secure in the garage. Staff A stated they did not know why the cleaning supplies were left unsecured in the main bathroom.

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, Hope Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/5/26 .

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

Provider (or Representative) — Date: 6/5/26

**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:**

(3) Tuberculosis testing results

(4) Criminal history disclosure and background check results as required.

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

Based on observation, interview and record review, the Adult family Home (AFH) failed to ensure tuberculosis (TB) testing records, and background check results were available to the Department during an inspection for 3 of 3 current staff (Staff A, B & C). This failure resulted in the Department being unable to determine if AFH staff members were qualified to care for residents

Findings included....

Observation on 05/26/2026 at 8:15 AM showed Staff B, Caregiver and Staff C, Caregiver providing care and services in the home.

On 05/26/2026 review of staff records showed the following –

-Staff A, Provider, had a Washington state name and date of birth background check that expired 07/19/2022 (676 days overdue).

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

In an interview on 05/26/2026 at 10:21 AM Staff A stated that cleaning supplies were kept secure in the garage. Staff A stated they did not know why the cleaning supplies were left unsecured in the main bathroom.

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, Hope Adult Family Home 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 388-76-10198 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:**

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

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

Based on observation, interview and record review, the Adult family Home (AFH) failed to ensure tuberculosis (TB) testing records, and background check results were available to the Department during an inspection for 3 of 3 current staff (Staff A, B & C). This failure resulted in the Department being unable to determine if AFH staff members were qualified to care for residents.

Findings included….

Observation on 05/26/2026 at 8:15 AM showed Staff B, Caregiver and Staff C, Caregiver providing care and services in the home.

On 05/26/2026 review of staff records showed the following –

-Staff A, Provider, had a Washington state name and date of birth background check that expired 07/19/2022 (676 days overdue).

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-Staff B was hired on 12/02/2024. Documentation showed Staff B obtained a TB blood test on 04/16/2026 (500 days prior to hire date).

-Staff C was hired 12/01/2025. Documentation showed Staff C obtained a TB blood test on 10/03/2024 (424 days prior to hire date).

In an interview on 05/26/2026 at 10:48 AM Staff A, Provider stated they were unsure where their current Washington state name and date of birth background check results were located. Staff A stated that Staff C had obtained a TB test when Staff C was hired to work in the home. Staff A stated they would email Staff A's background check result and Staff C's TB test results once they were located.

In email correspondence dated 05/28/2026 Staff A stated Staff B had obtained a TB test when Staff B was hired but the test result had been lost. Staff A stated they had been unable to locate Staff C's previous TB test result.

In an interview on 06/01/2026 at 1:29 PM Staff A stated they were unable to locate their current Washington state name and date of birth background check result.

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, Hope Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/5/26 .

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

[signature] 6/5/26

Provider (or Representative) Date

**WAC 388-112A-0720 What are the CPR and first-aid training requirements?**

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must**

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

-Staff B was hired on 12/02/2024. Documentation showed Staff B obtained a TB blood test on 04/16/2026 (500 days prior to hire date).

-Staff C was hired 12/01/2025. Documentation showed Staff C obtained a TB blood test on 10/03/2024 (424 days prior to hire date).

In an interview on 05/26/2026 at 10:48 AM Staff A, Provider stated they were unsure where their current Washington state name and date of birth background check results were located. Staff A stated that Staff C had obtained a TB test when Staff C was hired to work in the home. Staff A stated they would email Staff A's background check result and Staff C's TB test results once they were located.

In email correspondence dated 05/28/2026 Staff A stated Staff B had obtained a TB test when Staff B was hired but the test result had been lost. Staff A stated they had been unable to locate Staff C's previous TB test result.

In an interview on 06/01/2026 at 1:29 PM Staff A stated they were unable to locate their current Washington state name and date of birth background check result.

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, Hope Adult Family Home 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 388-112A-0720 What are the CPR and first-aid training requirements?**

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must**

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**ensure each caregiver has the following minimum qualifications:**

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

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

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure CPR and first aid training were obtained within the required timeframe for 1 of 3 staff (Staff C). This failure resulted in residents receiving care from unqualified staff.

Findings included....

Observation on 05/20/2026 at 8:15 AM showed Staff C, Caregiver, providing care and services to residents in the home.

On 05/26/2026 review of staff records showed Staff C was hired on 12/01/2025. Staff C did not have documentation to show completion of CPR and first aid training (176 days overdue).

In email correspondence dated 05/28/2026 the email showed Staff C had completed CPR and first aid training on 05/27/2026 (177 days late).

In an interview on 06/01/2026 at 1:29 PM Staff A, Provider, stated they did not realize Staff C had not completed their CPR and first aid training in the required timeframe.

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, Hope Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/5/26 .

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

Provider (or Representative) Date 6/5/26

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

**ensure each caregiver has the following minimum qualifications:**

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

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

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure CPR and first aid training were obtained within the required timeframe for 1 of 3 staff (Staff C). This failure resulted in residents receiving care from unqualified staff.

Findings included….

Observation on 05/20/2026 at 8:15 AM showed Staff C, Caregiver, providing care and services to residents in the home.

On 05/26/2026 review of staff records showed Staff C was hired on 12/01/2025. Staff C did not have documentation to show completion of CPR and first aid training (176 days overdue).

In email correspondence dated 05/28/2026 the email showed Staff C had completed CPR and first aid training on 05/27/2026 (177 days late).

In an interview on 06/01/2026 at 1:29 PM Staff A, Provider, stated they did not realize Staff C had not completed their CPR and first aid training in the required timeframe.

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, Hope Adult Family Home 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

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

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

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

Guzo LLC
Hope Adult Family Home
6120 S Crestline St
Spokane, WA 99223

RE: Hope Adult Family Home # 754911

Dear Provider:

This document references the following complaint numbers 223252.

The Department completed a full inspection and complaint investigation of your Adult Family Home on 06/01/2026 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:

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 calendar days of Last Date of Data Collection (06/01/2026), no later than 07/16/2026 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 388-76-10530 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:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy

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

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 calendar days of Last Date of Data Collection (06/03/2026), no later than 07/18/2026 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:**

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home did not ensure one resident had signed and dated the Medicaid policy. 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

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.

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 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

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