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

Tender Care AFH LLC

Tender Care AFH LLC
1297 Libby St
Clarkston, WA 99403

RE: Tender Care AFH LLC License # 754973

Dear Provider:

This letter addresses Compliance Determination(s) 82966 (Completion Date 08/27/2026) and 79704 (Completion Date 07/14/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/27/2026 and found that you have corrected the violations listed in the Full report dated 07/14/2026. Your home is back in compliance as of 08/25/2026 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-112A-0610-1-a-iii, WAC 388-76-10146-2-e, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Jacqueline Block, AFH 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 on 06/29/2026 of:
Tender Care AFH LLC
1297 LIBBY ST
CLARKSTON, WA 99403

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH 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.

Statement of Deficiencies	License #: 754973	Compliance Determination # 79704
Plan of Correction	Tender Care AFH LLC	Completion Date
Page 2 of 5	Licensee: Tender Care AFH LLC	07/14/2026

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.

Selena Clemons
Residential Care Services

07/14/2026
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)

7.17.2026
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 interview and record review, the Adult Family Home (AFH) failed to obtain an updated Washington state name and date of birth background check result for 1 of 8 sample staff (Staff D). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Review of staff records showed Staff D, Caregiver, had a Washington state name and date of birth background check result that expired on 06/28/2026 (1 day overdue).

During an interview on 07/10/2026 at 12:08 PM, Staff B, Business Office Manager, stated that they use a computer system to notify when Washington state name and date of birth background checks are due and the system failed to send an alert.

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 388-76-10165 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 interview and record review, the Adult Family Home (AFH) failed to obtain an updated Washington state name and date of birth background check result for 1 of 8 sample staff (Staff D). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Review of staff records showed Staff D, Caregiver, had a Washington state name and date of birth background check result that expired on 06/28/2026 (1 day overdue).

During an interview on 07/10/2026 at 12:08 PM, Staff B, Business Office Manager, stated that they use a computer system to notify when Washington state name and date of birth background checks are due and the system failed to send an alert.

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, Tender Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8.15.2026.

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

Provider (or Representative) 1.17.26 Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete 12 hours of Department of Social and Health Services (DSHS) approved continuing education for 1 of 8 staff (Staff A). This failure resulted in residents receiving care from unqualified caregivers.

Findings included...

Review of the employee record showed Staff A, Provider, held a Nursing Assistant Certification. Based on their birthday, Staff A was required to complete 12 hours of DSHS approved continuing education between 07/01/2024 and 07/01/2025. There was no documentation of completed DSHS approved continuing education hours during the required timeframe in the employee record.

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, Tender Care AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete 12 hours of Department of Social and Health Services (DSHS) approved continuing education for 1 of 8 staff (Staff A). This failure resulted in residents receiving care from unqualified caregivers.

Findings included….

Review of the employee record showed Staff A, Provider, held a Nursing Assistant Certification. Based on their birthday, Staff A was required to complete 12 hours of DSHS approved continuing education between 07/01/2024 and 07/01/2025. There was no documentation of completed DSHS approved continuing education hours during the required timeframe in the employee record.

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

Statement of Deficiencies	License #: 754873	Compliance Determination # 79704
Plan of Correction	Tender Care AFH LLC	Completion Date
Page 4 of 5	Licensee: Tender Care AFH LLC	07/14/2026

On 07/10/2026 at 12:10 PM, Staff B, Business Office Manager, stated that Staff A had not completed continuing education between 07/01/2024 and 07/01/2025.

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, Tender Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8.15.26 .

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

Provider (or Representative) 7.17.26 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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure Washington state name and date of birth background (BCG) checks (NDOB), final fingerprint BGCs, Cardiopulmonary resuscitation (CPR) certificate, first aid certificate, food handlers card, specialty training and continuing education were readily available to the Department during an inspection for 2 of 8 current staff (Staff A & F). This failure resulted in the Department being unable to determine if AFH staff members were qualified to care for residents at the time of the inspection.

Findings included...

On 08/29/2026 record review of employee records during licensing inspection showed

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

On 07/10/2026 at 12:10 PM, Staff B, Business Office Manager, stated that Staff A had not completed continuing education between 07/01/2024 and 07/01/2025.

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, Tender Care AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10198 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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure Washington state name and date of birth background (BCG) checks (NDOB), final fingerprint BGCs, Cardiopulmonary resuscitation (CPR) certificate, first aid certificate, food handlers card, specialty training and continuing education were readily available to the Department during an inspection for 2 of 8 current staff (Staff A & F). This failure resulted in the Department being unable to determine if AFH staff members were qualified to care for residents at the time of the inspection.

Findings included…

On 06/29/2026 record review of employee records during licensing inspection showed

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

the following:

Staff A, Provider, showed there was no documentation of a Washington state NDOB BGC result, final fingerprint BGC result, CPR certificate, first aid certificate, nurse delegation certificates, food handler card, and specialty training certificates available for review.

Staff F, Caregiver, showed there was no documentation of a Washington state NDOB BGC result available for review.

During an interview on 07/14/2026 at 1:35 PM, Staff B, Business Office Manager, stated that Staff A's records are unable to be accessed by caregivers. Staff B stated that they forgot to upload Staff F's Washington State NDOB BGC results into their computer system.

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, Tender Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8.25.26.

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

Provider (or Representative) 7.17.26 Date

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

the following:

Staff A, Provider, showed there was no documentation of a Washington state NDOB BGC result, final fingerprint BGC result, CPR certificate, first aid certificate, nurse delegation certificates, food handler card, and specialty training certificates available for review.

Staff F, Caregiver, showed there was no documentation of a Washington state NDOB BGC result available for review.

During an interview on 07/14/2026 at 1:35 PM, Staff B, Business Office Manager, stated that Staff A's records are unable to be accessed by caregivers. Staff B stated that they forgot to upload Staff F's Washington State NDOB BGC results into their computer system.

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, Tender Care AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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.

Tender Care AFH LLC
Tender Care AFH LLC
1297 Libby St
Clarkston, WA 99403

RE: Tender Care AFH LLC # 754973

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/14/2026 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 (07/14/2026), no later than 08/28/2026 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 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

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

Observation showed there was not at least three gallons of emergency drinking water on-site for six residents living in the home and two caregivers working in the home. Emergency drinking water was obtained the day of the inspection. This deficiency was corrected.

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

(4) At least every twelve months.

The Adult Family Home did not ensure a negotiated care plan was reviewed and signed for one resident in the home every twelve months. There was no negative outcome to the resident. 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

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

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

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:

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

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

---

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.

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.