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

KMJ Adult Family Home LLC

KMJ Adult Family Home LLC
712 W Westmont Way
Spokane, WA 99208

RE: KMJ Adult Family Home LLC License # 756628

Dear Provider:

This letter addresses Compliance Determination(s) 65899 (Completion Date 09/29/2025) and 63382 (Completion Date 08/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/29/2025 and found that you have corrected the violations listed in the Complaint, Full report dated 08/06/2025. Your home is back in compliance as of 09/19/2025 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 388-76-10265-1-d, WAC 388-76-10165-1-a, WAC 388-76-10198-4, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10270, WAC 388-76-10270-1, WAC 388-76-10270-1-a, WAC 388-76-10270-1-b, WAC 388-76-10270-2, WAC 388-76-10130-3

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, 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 the unannounced on-site full inspection and complaint investigation on 07/30/2025 of:
KMJ Adult Family Home LLC
712 W Westmont Way
Spokane, WA 99208

This document references the following complaint numbers: 187810, 189035.

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

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 was obtained within one day of beginning to work in the home for 1 of 2 staff (Staff B). This failure placed residents at risk for respiratory infection.

Findings included….

Observation on 07/30/2025 at 8:05 AM showed Staff B, Caregiver, providing care and services to residents in the home.

On 07/30/3035 review of staff records showed Staff B was hired on 02/01/2025. Documentation showed Staff B obtained a TB blood test on 03/15/2025 (42 days late).

In an interview on 08/06/2025 at 10:17 AM Staff A, Provider stated that Staff B did not begin working in the home until the middle of March 2025.

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, KMJ 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 388-76-10165 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 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a new Washington state name and date of birth background checks were completed every two years for 3 of 3 Collateral Contacts (CC1, CC2 & CC3). This failure placed residents at risk for contact with a person not qualified to have access to vulnerable adults.

Findings included….

Review of household background check records showed CC1, Household Member, had a Washington State name and date of birth background check that expired on 03/15/2025 (137 days overdue).

Review of household background check records showed CC2, Household Member, had a Washington State name and date of birth background check that expired on 03/15/2025 (137 days overdue).

Review of household background check records showed CC3, Household Member, had a Washington State name and date of birth background check that expired on 03/15/2025 (137 days overdue).

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In an interview on 08/06/2025 at 10:17 AM Staff A, Provider stated that CC1, CC2, and CC3 all live in the basement of the AFH. Staff A stated they did not know that CC1, CC2, and CC3 needed to obtain new Washington state name and date of birth background checks every two years.

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, KMJ 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 388-76-10198 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:

(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 background check results were available to the Department during an inspection for 1of 2 staff members (Staff A). This failure resulted in the Department being unable to determine if AFH staff members were qualified to care for residents.

Findings included….

Review of the licensing records in Secure Tracking and Reporting System (STARS) showed Staff A obtained a national fingerprint background check on 05/09/2022.

On 07/30/2025 review of staff records showed Staff A, Provider, did not have national fingerprint background check results available for review during the inspection.

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In email correspondence dated 07/30/2025 Staff A was asked to provide their national fingerprint background check results by 08/04/2025. The requested documentation was not received.

In email correspondence dated 08/04/2025 Staff A was asked to provide their national fingerprint background check results as soon as possible. The requested documentation was not received.

In an interview on 08/06/2025 at 10:22 AM Staff A was asked to provide their national fingerprint background check results by the end of the day. Staff A said they would send the national fingerprint background check results once Staff A located them. The requested documentation was not 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, KMJ 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to complete a safety assessment and supply risks and benefit information for the [redacted] used by 1 of 5 residents (Resident 1). This failure placed the resident at risk for entrapment and injury.

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Findings included….

Observation on 07/30/2025 at 11:15 AM showed [redacted] on Resident 1's bed.

In an interview on 07/30/2025 at 11:17 AM Resident 1 stated they use the [redacted] to reposition themselves in bed.

On 07/30/2025 review of resident records showed there was no documentation in Resident 1's record to show completion of a safety assessment, and no risk and benefit disclosure related to the medical device.

In an interview on 07/30/2025 at 1:52 PM Staff A, Provider stated they did not know a safety assessment must be completed, and they did not know they were required to provide Resident 1 with risk and benefit information related to the [redacted].

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, KMJ 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 388-76-10270 Tuberculosis Testing method Required. The adult family home must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

This requirement was not met as evidenced by:

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Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a tuberculosis (TB) skin test or blood test was obtained to determine TB status for 1 of 2 staff (Staff A). This failure placed residents at risk for respiratory infection.

Findings included….

Observation on 07/30/2025 at 8:47 AM showed Staff A, Provider, providing care and services to residents in the home.

On 07/30/2025 review of staff records showed Staff A obtained a chest x-ray to rule out TB on 06/27/2023. There was no documentation in the employee record to show Staff A had completed a TB skin or blood test.

In an interview on 07/30/2025 at 10:20 AM Staff A stated they did not know they needed to obtain a TB skin or blood test.

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, KMJ 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 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 12 hours of Department of Social and Health Services (DSHS) approved continuing education was completed within the required timeframe for 1 of 2 staff (Staff

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A). This failure resulted in residents receiving care from an unqualified caregiver.

Findings included….

Observation on 07/30/2025 at 8:47 AM showed Staff A, Provider, providing care and services to residents in the home.

On 07/30/2025 review of the employee record showed Staff A, Provider, held a Home Care Aide (HCA) certification and did not have documentation of 12 hours of completed DSHS approved continuing education. Based on their birthday, Staff A was required to complete 12 hours of continuing education between 04/10/2024 and 04/10/2025. Staff A completed 2.5 hours of continuing education which did not meet the requirement to complete 12 hours of DSHS approved continuing education from birthday to birthday (111 days overdue).

In an interview on 08/06/2025 at 10:19 AM Staff A stated they had not completed 12 hours of DSHS approved continuing education.

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, KMJ 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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KMJ Adult Family Home LLC
KMJ Adult Family Home LLC
712 W Westmont Way
Spokane, WA 99208

RE: KMJ Adult Family Home LLC # 756628

Dear Provider:

This document references the following complaint numbers 187810, 189035.

The Department completed a full inspection and complaint investigation of your Adult Family Home on 08/06/2025 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

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

• 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 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

Review of resident records showed a medication log was not current for one resident in the home. The provider stated they had put the incorrect medication dosage in the resident's medication log. This deficiency has been 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

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 find this form and directions on the IDR Adult Family Home 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**.

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

For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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