STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Lakewood Adult Family Care Home, Inc
Lakewood Adult Family Care Home 2 Inc
9315 Maple Ave SW
Lakewood, WA 98499

RE: Lakewood Adult Family Care Home 2 Inc License # 756956

Dear Provider:

This letter addresses Compliance Determination(s) 79897 (Completion Date 07/02/2026) and 77653 (Completion Date 05/21/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/02/2026 and found that you have corrected the violations listed in the Follow up report dated 05/21/2026. Your home is back in compliance as of 06/03/2026 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 388-76-10430-2-c, WAC 388-76-10430-1, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b

The Department staff who did the on-site verification:
Lindsay Trent, Adult Family Home Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
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

PO Box 99250, Lakewood, WA 98496

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 05/18/2026 of:
Lakewood Adult Family Care Home 2 Inc
9315 Maple Ave SW
Lakewood, WA 98499

This document references the following SOD dated: 05/21/2026

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lindsay Trent, Adult Family Home Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 — 05/28/2026 (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) — 6/3/26 (Date)

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 observations; interviews and record reviews, the Adult Family Home (AFH) failed to have systems in place to ensure medications were available and the medication log was kept current for 1 of 2 residents (Resident 1). This failure resulted in medications not being available and inaccurate medication records for Resident 1.

Findings included ...

On 05/18/2026 at 2:45PM, review of Resident 1's Assessment dated 10/06/2025 showed the resident had a diagnosis of [redacted] and required staff to assist with medication management because the resident was not aware of medication dosages, did not follow medication frequency or dosage, forgot to take medications, and was ordered psychotropic medications that required monitoring. Caregivers were instructed to remind the resident to take medications, inform the resident of each medication given, keep medications locked, hand medications to the resident in a cup, document medication taken and reorder medications

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

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(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 observations, interviews and record reviews, the Adult Family Home (AFH) failed to have systems in place to ensure medications were available and the medication log was kept current for 1 of 2 residents (Resident 1). This failure resulted in medications not being available and inaccurate medication records for Resident 1.

Findings included …

On 05/18/2026 at 2:45PM, review of Resident 1's Assessment dated 10/06/2025 showed the resident had a diagnosis of [redacted] and required staff to assist with medication management because the resident was not aware of medication dosages, did not follow medication frequency or dosage, forgot to take medications, and was ordered psychotropic medications that required monitoring. Caregivers were instructed to remind the resident to take medications, inform the resident of each medication given, keep medications locked, hand medications to the resident in a cup, document medication taken and reorder medications

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

On 05/18/2026 at 2:50PM, review of Resident 1's May 2026 Medication Administration Record (MAR) showed the following:

-The MAR instructed staff to document "M" for a missed dose.

-Benztropine Mesylate 1MG (a medication used to treat symptoms of Parkinson's disease or involuntary movements due to the side effects of certain psychiatric antipsychotics) two times a day at 8:00AM and 9:00PM was started on 03/28/2025. The MAR was left blank for the scheduled 8:00AM and 9:00PM doses 05/01/2026 to 05/18/2026. There was a handwritten note that stated that the medication was discontinued. The MAR did not include what date the order was discontinued.

-Clonazepam 0.5MG (an anti-anxiety medication) two times a day at 8:00AM and 9:00PM was started on 03/28/2025. The MAR was left blank for the scheduled 8:00AM and 9:00PM doses 05/01/2026 to 05/18/2026. There was a handwritten note that stated that the medication was discontinued. The MAR did not include what date the order was discontinued.

-Seroquel 100MG (an atypical antipsychotic medication used to treat schizophrenia) half tablet (50MG) at bedtime was started on 03/24/2025. The MAR was left blank for the scheduled 9:00PM doses 05/01/2026 to 05/17/2026. There was a handwritten note that stated follow-up with MD.

-Seroquel 25MG, 2 tablets every morning was started on 04/04/2025. The MAR was left blank for the scheduled 8:00AM doses 05/01/2026 to 05/18/2026. There was handwritten note that stated follow-up with MD.

- Vitamin D3 1,000unit, 2 tablets daily for vitamin supplementation was ordered on 03/24/2025. The MAR was left blank for the scheduled 8:00AM doses 05/02/2026 to 05/18/2026.

On 05/18/2026 at 3:08PM, observations of Resident 1's available medications showed Benztropine Mesylate 1MG, Clonazepam 0.5MG, Seroquel 100MG half tablet (50MG), Seroquel 25MG, and Vitamin D3 were not avaible for administration.

During an interview on 05/18/2026 at 3:55PM, the Provider stated that Resident 1's Vitamin D was not covered by insurance and the resident refused to pay for it. The resident's doctor was aware, but the AFH had not received any orders to discontinue the medication. The Provider stated that the AFH had been trying to follow up with the resident's physician to see if the resident still needed to take the Seroquel or if it could be discontinued. The Provider stated that they would try to locate and send documentation to the Department that showed Benztropine Mesylate and Clonazepam had been discontinued along with any documentation of communication with physician or pharmacy related to the missed medications.

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

On 05/19/2026, review of documentation emailed to the Department from the Provider on 05/18/2026 at 9:08PM and 05/19/2026 at 4:43PM showed the following:

-On 05/18/2026 the pharmacy sent a fax to the AFH showing there were no refills available for Resident 1's orders for Benztropine Mesylate, Clonazepam, Seroquel and Vitamin D3.

- AFH progress notes dated 04/27/2026 and 05/12/2026 showed Resident 1 refused to be seen by the medical provider and medication would not be refilled until the resident was seen by the medical provider.

- AFH progress notes dated 05/06/2026 and 05/07/2026 showed the AFH requested refills of medications from the medical provider, but medications would not be refilled until the resident was seen by the medical provider.

During a telephone interview 05/21/2026 at 12:05PM, the Pharmacy Assistant stated that medications were not removed from pharmacy generated MARs until the pharmacy received a discontinue order from the prescribing physician. The Pharmacy Assistant provided the following information related to Resident 1's medications:

-Benztropine was last filled and delivered to the AFH on 02/03/2026. The order was current and had not been discontinued but there were no additional refills available as the medication required prior authorization from the resident's physician. On 02/19/2026, the pharmacy notified the AFH that the physician had not responded to the pharmacy's prior authorization and refill requests, so they were not able to refill the medication.

-Clonazepam was last filled and delivered to the AFH on 03/31/2025. The order was current and had not been discontinued but there were no additional refills available. On 03/29/2025, the pharmacy notified the AFH that prescription expired on 03/31/2025 and the physician had not responded to the pharmacy's requests for a new prescription.

-Seroquel 25MG and Seroquel 100MG half tablet (50 MG) were last filled and delivered to the AFH on 05/23/2025. The order was current and had not been discontinued but there were no additional refills available. On 05/23/2025, the pharmacy notified the AFH that the physician had not responded to the pharmacy's requests for a new prescription.

-Vitamin D was last filled and delivered to the AFH on 05/23/2025. The order was current and had not been discontinued but there were no additional refills available. On 05/26/2025, the pharmacy notified the AFH that that the physician had not responded to the pharmacy's requests for a new prescription.

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

This is an uncorrected deficiency previously cited on 04/03/2026.

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, Lakewood Adult Family Care Home 2 Inc is or will be in compliance with this law and / or regulation on (Date) 6/3/26 .

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

Provider (or Representative) — Date: 6/3/26

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home (AFH) failed to ensure that 1 of 5 employees (the Provider) had a valid and current Washington State Background Check and that 2 of 2 provisionally hired caregivers (Caregiver B and Caregiver C) had a pending National Fingerprint Background Check. These failures resulted in residents receiving care from employees with an unknown criminal history.

Findings included...

Observations on 05/18/2026 from 1:50PM to 2:22PM, showed Caregiver C was working in the AFH with residents without supervision.

Observations on 05/18/2026 at 2:22PM, showed the Provider was working in the AFH.

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

This is an uncorrected deficiency previously cited on 04/03/2026.

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, Lakewood Adult Family Care Home 2 Inc 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home (AFH) failed to ensure that 1 of 5 employees (the Provider) had a valid and current Washington State Background Check and that 2 of 2 provisionally hired caregivers (Caregiver B and Caregiver C) had a pending National Fingerprint Background Check. These failures resulted in residents receiving care from employees with an unknown criminal history.

Findings included…

Observations on 05/18/2026 from 1:50PM to 2:22PM, showed Caregiver C was working in the AFH with residents without supervision.

Observations on 05/18/2026 at 2:22PM, showed the Provider was working in the AFH.

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

During an interview on 05/18/2026 at 3:55PM, the Provider stated that they would send the Department the hire dates, Washington State Background Checks and National Fingerprint Background Checks for all employees.

On 05/19/2026 review of documentation that was emailed from the Provider on 05/18/2026 at 9:08PM and on 05/19/2026 at 4:43PM showed the following:

-The Provider's Washington State Background Check was completed on 05/14/2024 and expired 05/14/2026. There was no documentation showing a new Washington State Background Check had been completed every two years.

-Caregiver B's hire date was 03/27/2026 and Caregiver B had an appointment to complete a National Fingerprint Background Check on 05/19/2026 at 9:10AM. There was no documentation showing Caregiver B had a pending or final National Fingerprint Background Check report completed prior to 05/19/2026.

-Caregiver C's hire date was 04/27/2026. There was no documentation showing Caregiver C had a pending or final National Fingerprint Background Check report.

No further documentation was received prior to completion of the inspection.

This is an uncorrected deficiency previously cited on 04/03/2026.

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, Lakewood Adult Family Care Home 2 Inc is or will be in compliance with this law and / or regulation on (Date) 6/3/26 .

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

Provider (or Representative) — Date: 6/3/26

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

During an interview on 05/18/2026 at 3:55PM, the Provider stated that they would send the Department the hire dates, Washington State Background Checks and National Fingerprint Background Checks for all employees.

On 05/19/2026 review of documentation that was emailed from the Provider on 05/18/2026 at 9:08PM and on 05/19/2026 at 4:43PM showed the following:

-The Provider's Washington State Background Check was completed on 05/14/2024 and expired 05/14/2026. There was no documentation showing a new Washington State Background Check had been completed every two years.

-Caregiver B's hire date was 03/27/2026 and Caregiver B had an appointment to complete a National Fingerprint Background Check on 05/19/2026 at 9:10AM. There was no documentation showing Caregiver B had a pending or final National Fingerprint Background Check report completed prior to 05/19/2026.

-Caregiver C's hire date was 04/27/2026. There was no documentation showing Caregiver C had a pending or final National Fingerprint Background Check report.

No further documentation was received prior to completion of the inspection.

This is an uncorrected deficiency previously cited on 04/03/2026.

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, Lakewood Adult Family Care Home 2 Inc 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
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 756956	Compliance Determination # 75138
Plan of Correction	Lakewood Adult Family Care Home 2 Inc	Completion Date
Page 1 of 6	Licensee: Lakewood Adult Family Care Home, Inc	04/03/2026

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 the unannounced on-site full inspection on 03/31/2026 and 04/01/2026 of:
Lakewood Adult Family Care Home 2 Inc
9315 Maple Ave SW
Lakewood, WA 98499

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lindsay Trent, Adult Family Home Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 — 04/03/2026 (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) — 4/11/2026 (Date)

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 observations, interviews and record reviews, the Adult Family Home failed to have systems in place that met the medication needs for each resident, the medication log was kept current, and medications were administered as required for 1 of 2 residents (Resident 1) whose records were reviewed. These failures resulted in inaccurate medication records for Resident 1.

Findings included...

Review of Resident 1's Assessment dated 12/19/2025, showed the resident had a history of ischemic strokes (a medical condition that blocks the blood flow to the brain), the resident was legally blind with severe vision impairment, and required the AFH staff to assist with medication administration.

Review of Resident 1's Medication Administration Records (MAR) for March 2026, showed the following for Resident 1's oral medications:

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

- Orders for Atorvastatin calcium 40MG, 1 tablet daily (a medication used to treat high cholesterol). The MAR showed Atorvastatin had not been documented as administered 03/01/2026 through 03/30/2026.
- Orders for Baclofen 10MG, 1 tablet three times per day (a medication use treat muscle spasms). The MAR showed the 2:00PM and 8:00PM doses of Baclofen had not been documented as administered 03/01/2026 through 03/30/2026.

On 03/31/2026 at 1:15PM, observations of Resident 1's available medications showed Resident 1's oral medications were stored in daily pharmacy prefilled packages separated by morning, afternoon and evening doses.

During an interview on 03/31/2026 at 12:50PM, Resident 1 stated they received their medications on time each day and they had not missed any doses of medications.

During an interview on 03/31/2026 at 1:40PM, the Provider stated that staff had been administering the medications from the medication packages as directed, as evidenced by the prior date's medication doses being removed from the medication package, but staff forgot to document it on the MAR.

Review of Resident 1's Medication Administration Records (MAR) for March 2026, showed the following for Resident 1's medicated eye drops:

- Orders for Prednisolone Acetate eye drops (a steroid medication used to treat eye inflammation), one drop into the left eye twice daily.
- Orders for Brimonidine Tartrate eye drops (a medication used to treat high pressure inside the eye), three times daily.
- Dorzolamide eye drops (a medication used to treat high pressure in the eye). One drop into the left eye twice daily.
- Latanoprost eye drops (a medication used to treat high pressure inside the eye, one drop into the left eye at bedtime.

The MAR showed the orders for the Brimonidine Tartrate did not include how many drops were needed for the left and/or right eye.

The MAR showed staff documented that each of Resident 1's four eye drops were administered on 03/02/2026, 03/03/52026, 03/09/2026, 03/17/2026, 03/18/2026, and 03/28/2026. On all other days in March 2026 staff documented that Resident 1 had refused the medications.

On 03/31/2026 at 1:27PM, observations of Resident 1's available medicated eye drops showed all four of Resident 1's medicated eye drops were available for administration.

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

During an interview on 03/31/2026 at 1:40PM, the Provider stated that the staff notify the doctors of resident medication refusals by phone or in person at appointments, but they did not document the communication in the records.

During an interview on 03/31/2026 at 1:42PM Staff A stated that they took Resident 1 to their recent doctor appointment and they were sure Resident 1's doctor was aware the resident had been refusing the eye drops but they were not able to locate the documentation from that appointment.

During an interview on 03/31/2026 at 1:43PM, Resident 1 stated that they could not remember if they had told their doctor about not wanting to use the eye drops.

On 03/31/2026 at 10:53PM, the Provider emailed the Department with Resident 1's After Visit Summary dated 03/10/2026, and documented that there were no eye drops on the medication list included in Resident 1's After Visit Summary because Resident 1 had told the doctor they were not taking the eye drops.

On 04/01/2026, review of Resident 1's After Visit Summary, dated 03/10/2026, showed the eye drops were not included on Resident 1's medication list, however review of Resident 1's March 2026 MAR showed the mediations had not been discontinued on the MAR and the eye drops were documented as still being administered on 03/17/2026, 03/18/2026, and 03/28/2026.

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, Lakewood Adult Family Care Home 2 Inc is or will be in compliance with this law and / or regulation on (Date) 4/11/2026.

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

Provider (or Representative) _____ Date 4/11/2026

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

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

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home (AFH) failed to ensure that 2 of 4 employees (Staff A, Co-Provider/Resident Manager and Staff C, Caregiver) had a current Washington State Background Check and that 1 of 1 provisionally hired caregivers (Staff C) had a pending National Fingerprint Background Check. These failures resulted in residents receiving care from employees with unknown criminal history

Findings included...

Observation on 03/31/2026 at 11:50AM showed Staff A and Staff C were providing care to residents in the home.

Staff A

On 03/31/2026 at 2:00PM, review of the AFH's Personnel Records showed there was no Washington State Background Check for Staff A.

On 03/31/2026 at 11:03PM, the Provider sent the Department Staff A's Washington State Background Check that was dated 03/31/2026.

On 04/02/2026 at 1:37PM, the Provider sent the Department a Washington State Background Check for Staff A that was dated 07/18/2022 (expired 07/18/2024) and at 4:22PM the Provider sent the Department a copy of Staff A's Background Check Authorization Form dated 11/09/2023, however the results of the background check were not included.

No further documentation showing Staff A had completed a Washington State Background Check every two years was received prior to completion of the inspection.

Staff C

On 03/31/2026 at 2:05PM, review of the AFH's Personnel Records showed there was no current Washington State Background Check or National Fingerprint Background Check for Staff C.

On 04/02/2026 at 1:37PM, the Provider sent the Department documentation showing Staff C was hired on 03/27/2026 and their Washington State Background Check was

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

completed 04/02/2026. The Provider documented that Staff C's National Fingerprint Background Check was pending and their Washington State Background Check was not completed upon the hire date because the Provider's electronic background check account was not allowing access to the system, but the issue had since been resolved.

No further documentation showing a pending National Fingerprint Background Check and a Washington State Background Check had been completed for Staff C within one day of their hire date was received prior to completion of the 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, Lakewood Adult Family Care Home 2 Inc is or will be in compliance with this law and / or regulation on (Date) 4/11/2026 .

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

Provider (or Representative) — Date: 4/11/2026

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
PO Box 99250, Lakewood, WA 98496

Lakewood Adult Family Care Home, Inc
Lakewood Adult Family Care Home 2 Inc
9315 Maple Ave SW
Lakewood, WA 98499

RE: Lakewood Adult Family Care Home 2 Inc # 756956

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/03/2026 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:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

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

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/03/2026), no later than 05/18/2026 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 388-76-10198 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:

(b) Cardiopulmonary resuscitation;

(c) First aid; and

Review of the Adult Family Home's Personnel Records showed Staff A's current Safe Food Handling training records and current and Cardiopulmonary Resuscitation (CPR)/First Aid training records were not available for review and Staff C's hire date and Home Orientation training records were not available for review. The Provider located the required documents and sent them to the Department prior to completion of the inspection to correct the deficiency.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

Review of Resident 1's and Resident 2's records showed the current Negotiated Care Plan, Personal Belongings Inventory and Medicaid Policy were not available for review and Resident 1's current Assessment and physician's After Visit Summary was not available for review. The Provider located and sent the required documentation to the Department prior to completion of the inspection to correct the deficiency.

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

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

(3) Have evidence of liability insurance coverage available if requested by the department.

Review of the Adult Family Home's Administrative Records showed the proof of current liability insurance was not available for review. The Provider located and sent documentation to the Department showing the current Certificate of Liability Insurance prior to completion of the inspection to correct the deficiency.

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 (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
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.

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

Send your plan to:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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.