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

TRose Adult Family Home LLC
Gentle Care Adult Family Home
9602 N Ridgecrest Dr
SPOKANE, WA 99208

RE: Gentle Care Adult Family Home License # 757039

Dear Provider:

This letter addresses Compliance Determination(s) 54811 (Completion Date 02/13/2025) and 52127 (Completion Date 01/02/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/13/2025 and found that you have corrected the violations listed in the Full report dated 01/02/2025. Your home is back in compliance as of 01/31/2025 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 388-76-10584, WAC 388-76-10750-7, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Joshua Robison, Community 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 on 12/19/2024 and 12/19/2024 of:

Gentle Care Adult Family Home
9602 N Ridgecrest Dr
SPOKANE, WA 99208

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:

Joshua Robison, Community 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

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

01/02/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

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Provider (or Representative) Date

WAC 388-76-10584 Resident rights Examination of license. The adult family home must place its license to operate and any conditions on the license, in a visible location in a common use area where it can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to place its license to operate in a visible location in a common use area where it could be examined by anyone interested without having to ask for it. This failure placed residents at risk of not being able to verify that the home was licensed.

Observation on 12/19/2024 at 2:20 PM showed that no Adult Family Home license was visible for examination in the home.

During an interview on 12/19/2024 at 2:23 PM, Staff A, Provider, stated that they had never received a copy of the AFH license.

Attestation Statement

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, Gentle Care 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 388-76-10750 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 inaccessible to 5 of 6 residents (Residents 1, 3, 4, 5 & 6). This

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failure placed the residents at risk for accessing toxic chemicals.

Findings included…

Observation on 12/19/2024 at 10:53 AM showed Resident 6 walking independently in the home.

Observation on 12/19/2024 at 11:20 AM showed Resident 1 walking independently with a walker in the home.

Observation on 12/19/2024 at 11:30 AM showed Resident 4 walking independently with a walker in the home.

Observation on 12/19/2024 at 11:55 AM showed Resident 3 walking independently with a walker in the home.

Observation on 12/19/2024 at 1:30 PM showed Resident 5 moving independently with a [redacted] in the home.

Observation on 12/19/2024 at 10:56 AM during the environmental tour showed Lysol Power Cleaning Gel in unlocked cabinet under sink in Bathroom 1.

Observation on 12/19/2024 at 11:03 AM during the environmental tour showed glass cleaner and Pine Sol in an unlocked cabinet under sink in Bathroom 3.

Observation on 12/19/2024 at 11:17 AM during the environmental tour showed one gallon of Clorox Bleach in unlocked cabinet under sink in the kitchen.

Observation on 12/19/2024 at 11:25 AM during the environmental tour showed Lysol Power Cleaning Gel, Scrubbing Bubbles, and Windex in an unlocked cabinet under sink in Bathroom 2.

During an interview on 12/19/2024 at 10:56 AM, Staff D, Caregiver, stated that Lysol Power Cleaning Gel would normally be kept in another cabinet in Bathroom 1 that is locked.

During an interview on 12/19/2024 at 11:03 AM, Staff D, Caregiver, stated that the cabinet under the sink in Bathroom 3 used to have a lock, and that it broke.

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During an interview on 12/19/2024 at 4:00 PM, Staff A, Provider, stated that they were aware that toxic substances should be kept in locked storage and were unsure why the cabinets were left unlocked.

Attestation Statement

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, Gentle Care 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement a system to ensure tuberculosis (TB) testing was completed within three days of employment for 2 of 5 current caregivers (Staff C & Staff D) and failed to ensure a second TB skin test was completed one to three weeks after the first test for 2 of 4 current caregivers (Staff B & Staff E). These failures placed residents at risk of receiving care from a staff member with tuberculosis.

Findings included…

On 12/19/2024 at 9:45 AM, Staff B, Caregiver, and Staff C, Caregiver, were observed working with residents in the AFH.

On 12/19/2024 at 10:15 AM, Staff D, Caregiver, was observed working with residents in the AFH.

Review of Staff B's employee record on 12/19/2024 showed they were hired at the AFH on 07/15/2024. The employee record showed that they had taken a single step TB skin test on 07/18/2024, and that no second TB skin test had been completed.

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Review of Staff C's employee record on 12/19/2024 showed they were hired at the AFH on 05/15/2024 and had completed a chest X-ray to rule out TB on 10/12/2023 (216 days prior to hire). The employee record contained no documentation to show TB testing for Staff C was initiated within three days of employment.

Review of Staff D's employee record on 12/19/2024 showed they were hired at the AFH on 05/21/2024 and had completed a chest X-ray to rule out TB on 11/08/2023 (195 days prior to hire). The employee record contained no documentation to show TB testing for Staff C was initiated within three days of employment.

Review of Staff E's employee record on 12/21/2024 showed they were hired at the AFH on 01/08/2024. The employee record showed that they had taken a single step TB skin test on 01/08/2024, and that no second TB skin test had been completed.

On 12/19/2024 at 3:39 PM Staff A, Provider, stated they were unaware that two step skin TB testing or Blood TB testing was needed for all staff within three days of hire.

Attestation Statement

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, Gentle Care 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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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TRose Adult Family Home LLC
Gentle Care Adult Family Home
9602 N Ridgecrest Dr
SPOKANE, WA 99208

RE: Gentle Care Adult Family Home # 757039

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/02/2025 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 Mail the Plan/Attestation Statement and report with original signatures to:

Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• 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 388-76-10845 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;

Based on housing six residents and four staff members, the adult family home was required to store 30 gallons of emergency water on-site, and only 5.3 gallons of water were observed during the inspection. The home obtained over thirty gallons of emergency water. There was no negative outcome to the residents.

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, Field Manager
Region 1, Unit E
Residential Care Services

Enclosure

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

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, Field Manager
Residential Care Services
Region 1, Unit E
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 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 request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600

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

Olympia, WA 98504-5600

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