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

LIFTED HANDS ADULT FAMILY HOME, LLC
Lifted Hands Adult Home
1810 Browns Point Blvd
Tacoma, WA 98422

RE: Lifted Hands Adult Home License # 757662

Dear Provider:

This letter addresses Compliance Determination(s) 80121 (Completion Date 07/08/2026) and 78776 (Completion Date 06/11/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/08/2026 and found that you have corrected the violations listed in the Full report dated 06/11/2026. Your home is back in compliance as of 06/13/2026 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 388-76-10895, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10870, WAC 388-76-10870-1, WAC 388-76-10870-2

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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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 the unannounced on-site full inspection on 06/08/2026 of:

Lifted Hands Adult Home
1810 Browns Point Blvd
Tacoma, WA 98422

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:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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.

Jennifer LeMaster
Residential Care Services

06/15/2026
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.

FAITH MIKIAHRA

Provider (or Representative)

06/15/2026.
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the adult family home (AFH) failed to ensure partial evacuation drills were completed at least every sixty (60) days. This failure resulted in 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) not participating in an emergency evacuation drill and placed them at risk of not knowing how to evacuate the AFH in the event of an emergency.

Findings included...

On 06/08/2026, record review of the AFH's evacuation drill logs showed the AFH completed a full evacuation drill on 03/22/2026 (78 days ago). There was no documentation the AFH completed an evacuation drill since that date.

On 06/08/2025, record review of resident admission dates showed R1 was admitted to the AFH on [redacted]/2025 (over 11 months ago), R2 admitted to the AFH on [redacted]/2025 (over nine months ago), R3 admitted to the AFH on [redacted]/2025 (over a year ago), and R5 admitted to the AFH on [redacted]/2025 (over 11 months ago).

On 06/08/2026 at 10:00 AM, observation showed R2 used a walker, R3 had a wheelchair

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in their room, and R4 used a wheelchair.

On 06/08/2026 at 10:19 AM, in an interview with R1, when asked if the AFH perform emergency evacuation drills, R1 stated they have not done one yet.

On 06/08/2026 at 10:23 AM, in an interview with R2, R3 and R4, all three residents stated they have not completed an emergency evacuation drill since they arrived at the AFH. R5 was not at home at the time of inspection and R6 could not recall if the AFH conducted emergency evacuation drills.

On 06/08/2026 at 12:24 PM, in an interview with the Provider, when asked why there was no documentation the AFH completed emergency evacuation drills and why R1, R2, R3, and R4 stated emergency evacuation drills are not performed, the Provider stated they are not sure why there was no documentation of an emergency evacuation since 03/22/2026 and stated the AFH does perform emergency evacuation drills.

On 06/09/2026 at 5:03 PM, in an email, the Provider submitted an Emergency Evacuation Drill form that was dated 05/21/2026. This document was not in the Emergency Evacuation Drill binder at the AFH to be reviewed. In the body of the email, the Provider typed "After reviewing my records, I noticed there may have been a discrepancy in how the evacuation drill dates were tracked. I am not sure how the dates were counted, but I have since reviewed the schedule and completed an evacuation drill to ensure resident and staff preparedness."

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, Lifted Hands Adult Home is or will be in compliance with this law and / or regulation on (Date) 06/15/2026.

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

FAITH MWIHURA

Provider (or Representative)

06/15/2026.

Date

WAC 388-76-10870 Resident evacuation capability levels Identification required. The adult family home must ensure that each resident's assessment, preliminary service plan, and negotiated care plan identifies and describes the resident's ability to evacuate the home according to the following descriptions:

(1) Independent: Resident is physically and mentally capable of independently evacuating the home without the assistance of another individual or the use of mobility

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aids. The department will consider a resident independent if capable of getting out of the home after one cue.

(2) Assistance required: Resident is not physically or mentally capable of evacuating the home without assistance from another individual, mobility aids, or multiple cues.

This requirement was not met as evidenced by:

Based on interviews, and record reviews, the adult family home (AFH) failed to document 4 of 6 Residents' (Resident 1, Resident 3, Resident 4, and Resident 5) evacuation capabilities in the event of an emergency. This failure resulted in Resident 1 (R1), Resident 3 (R3), Resident 4 (R4), and Resident 5's (R5) evacuation capabilities not properly documented and placed them at risk of not receiving the required assistance to evacuate safely in the event of an emergency.

Findings included...

On 06/08/2026, record review of R1's assessment dated [redacted]/2025 (over 11 months ago), R3's assessment dated 11/13/2025 (over six months ago), R4's assessment dated 06/12/2025 (over 11 months ago), and R5's annual assessment dated 07/12/2025 (Over 10 months ago) showed their evacuation capability level was not documented.

On 06/08/2026 at 12:24 PM, in an interview with the Provider, when asked why R1, R3, R4, and R5's annual assessments did not document their capability to evacuate during an emergency, the Provider stated they were never informed the assessment needed that.

On 06/09/2026 at 6:00 AM, in an email titled "Initial assessment clarification", a registered nurse (RN) from a nurse delegation organization emailed the Department about the evacuation details. The RN stated they include the client's mobility status and any required mobility devices. The RN requested the Washington Administrative Codes (WAC) about the emergency evacuations. The Department replied with the WACs. The email for the AFH was included on the carbon copy email address section.

On 06/09/2026 at 8:53 AM, the RN replied they will reach out to the AFH Provider and will amend the mobility portion of the assessments. There was no mention of reassessing the emergency evacuation capabilities of the assessments.

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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, Lifted Hands Adult Home is or will be in compliance with this law and / or regulation on (Date) 06/15/2026.

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

FAITH MALAURA

Provider (or Representative)

06/15/2026

Date

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PO Box 99250, Lakewood, WA 98496

LIFTED HANDS ADULT FAMILY HOME, LLC
Lifted Hands Adult Home
1810 Browns Point Blvd
Tacoma, WA 98422

RE: Lifted Hands Adult Home # 757662

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/11/2026 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:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

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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 (06/11/2026), no later than 07/26/2026 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

On 06/08/2026, record review showed there was no documentation Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), Resident 5 (R5), and Resident 6 (R6) did no have their Social Security Number (SSN) documented. The Provider submitted documentation of R1, R3, and R6's SSN and signed and dated letters from R2's Representative, R4, and R5 refused to provide the SSN by the end of inspection.

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:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

On 06/08/2026, record review showed Resident 1's (R1) negotiated care plan (NCP) dated 07/18/2025 was not updated to reflect R1 received nurse delegation (ND) services that started on 02/19/2026. The Provider submitted an updated NCP for R1 that documented ND services by the end of inspection.

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

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• 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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse 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.

Send your plan to:
Jennifer LeMaster, Community Nurse 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

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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

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PLAN OF CORRECTION

Citation #1 – WAC 388-76-10895

Emergency Evacuation Drills – Frequency and Participation

Date Corrected: 06/09/2026

Correction

After the inspection, I immediately reviewed all of my emergency evacuation drill records and realized there was a discrepancy in how the drill dates had been tracked. To correct this, I completed and documented an emergency evacuation drill with my residents and staff and placed the documentation in the Emergency Evacuation Drill binder. I also reviewed the emergency preparedness schedule to ensure future drills are completed within the required 60-day timeframe.

System to Prevent Recurrence

At Lifted Hands Adult Family Home, resident safety is my priority. Going forward, I will maintain a master calendar to track all required emergency evacuation drills and review it every month to ensure no drill is missed. Every completed drill will be documented immediately and filed in the Emergency Evacuation Drill binder. I will also conduct routine audits of my emergency preparedness records to make sure all documentation remains current and compliant.

Date the AFH Will Comply: 06/09/2026

Citation #2 – WAC 388-76-10870

Resident Evacuation Capability Levels – Identification Required

Date Corrected: 06/15/2026

Correction

After discussing this requirement with the Department, I reviewed the assessments for all affected residents and updated them to clearly document each resident's evacuation capability and the level of assistance they would require during an emergency. My understanding of this documentation requirement has been clarified, and all affected records have been corrected.

System to Prevent Recurrence

Moving forward, I will review every new admission, annual assessment, and significant

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change assessment to ensure emergency evacuation capability is documented before the assessment is considered complete. I have also created a checklist that I will use when reviewing resident records to ensure all required WAC documentation is included. I will perform routine chart audits to verify continued compliance.

Date the AFH Will Comply: 06/15/2026

Statement of Continued Compliance

As the provider of Lifted Hands Adult Family Home, I take full responsibility for maintaining compliance with all Adult Family Home licensing requirements. This inspection has given me the opportunity to strengthen my documentation processes and improve my quality assurance systems.

Moving forward, I am committed to staying current with all Washington Administrative Code (WAC) requirements, DSHS policy updates, and Adult Family Home regulations. I will continue participating in DSHS trainings, reviewing WAC updates, auditing resident records and facility documentation on a regular basis, and educating staff on regulatory requirements to ensure Lifted Hands Adult Family Home remains in compliance and continues to provide safe, quality care to every resident.

I certify that I have reviewed this report and have taken, or will take, all necessary corrective actions to address the cited deficiencies. I am committed to maintaining compliance with all applicable licensing laws and WAC requirements and to continually improving the quality of care provided at Lifted Hands Adult Family Home.

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