



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

05/09/2025

AHAT Homecare
THREE CEDARS
301 N L ST
TACOMA, WA 98403

RE: THREE CEDARS # 143400

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59226 (Completion Date 05/09/2025) and 56013 (Completion Date 03/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/09/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-101631 Background checks Washington state name and date of birth background check. If the results of the Washington state name and date of birth background check indicate an individual has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action listed in WAC 388-76-10180 then:

(2) If the individual is a household member over the age of eleven, volunteer, student or noncaregiving staff then the adult family home must not allow the individual to have unsupervised access to residents.

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

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:

- (1) Staff information such as address and contact information.
- (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
 - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

- (6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:
 - (c) Sinks;

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;

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:

- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0400 What is specialty training and who is required to take it?

- (3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:
 - (b) Dementia specialty training as described in WAC 388-112A-0440 ;

(c) Mental health specialty training as described in WAC 388-112A-0450 .

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440 ; and

(c) Mental health specialty training as described in WAC 388-112A-0450 .

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.

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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

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;

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:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(a) Adult family home applicants, providers, entity representatives, and resident managers must have and maintain a valid CPR and first-aid card or certificate before they obtain a license.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

The Department staff who did the On Site verification:

Emily Vincent, AFH Licenser

If you have any questions, please contact me at (360)664-8421.

Sincerely,



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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 1 of 14	Licensee: AHAT Homecare	03/13/2025

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 03/07/2025 and 03/10/2025 of:

THREE CEDARS
301 N L ST
TACOMA, WA 98403

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licenser

From:
DSHS, Aging and Long-Term Support 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.

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 2 of 14	Licensee: AHAT Homecare	03/13/2025

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.

Lisa Cramer

03/24/2025

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.

Chace Hunter

4/3/2025

Provider (or Representative)

Date

WAC 388-76-101631 Background checks Washington state name and date of birth background check. If the results of the Washington state name and date of birth background check indicate an individual has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action listed in WAC 388-76-10180 then:

(2) If the individual is a household member over the age of eleven, volunteer, student or noncaregiving staff then the adult family home must not allow the individual to have unsupervised access to residents.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the adult family home (AFH) allowed 1 of 3 non-caregiving staff (Staff A) to have unsupervised access to AFH residents and resident records after their Washington (WA) state name and date of birth (DOB) background check (BGI) result showed a disqualifying criminal conviction and a disqualifying negative action. This failure placed all residents at risk of abuse and/or exploitation.

Findings included...

On 03/06/2025 an 10:35 AM, observation showed a door from Staff A's office opened directly into the AFH living room. Bedroom [REDACTED] and Bedroom B's doors also opened directly into the living room.

On 03/06/2025 an 11:00 AM, observation showed Staff A carried multiple staff and resident records through the living room and up the stairway without direct supervision to the second floor where Resident 5 lived in Bedroom [REDACTED] and Resident 6 lived in Bedroom [REDACTED].

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Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 3 of 14	Licensee: AHAT Homecare	03/13/2025

On 03/06/2025 at 2:30 PM, observation showed Staff A walked through the living room and up the stairway to the second floor without direct supervision of AFH caregivers.

On 03/06/2025 at 2:15 PM, in an interview, Staff A said they entered resident information (including date of birth, social security number, and medical diagnoses) and information from resident assessments into their negotiated care plans (NCP). When asked if they could provide the Residents' NCPs, Staff A printed copies of the NCPs and provided them to the department Licensor without direct supervision.

Review of Staff A's personnel file showed they had a disqualifying WA State BGI result dated 06/18/2021, which expired 06/18/2023. Documentation that accompanied the BGI result showed Staff A had a disqualifying criminal conviction (from 1/12/1991) and a disqualifying negative action (from 05/05/2002). Staff A's personnel file showed a finding of negative action from a department investigation on 05/05/2002. The finding was accompanied by a letter dated 03/18/2021, that showed the department granted Staff A unsupervised access to vulnerable children and adults after Staff A completed a probation period on 02/25/2021. Review of Staff A's personnel file showed no BGI since 06/18/2021.

On 03/10/2025 at 2:50 PM, in an interview, the Entity Representative (ER) said they were not aware of Staff A's BGI result when they were first employed, because the AFH ran Staff A's BGI before the ER was hired, (the ER's date of hire was 04/04/2022). Staff A worked in the home since 01/01/2019, (over three years before the ER was employed). The ER said when they became aware of Staff A's BGI result, they reviewed documentation that accompanied Staff A's BGI result. The ER said there was a letter from the Department dated 3/18/2021, that showed Staff A requested a review of the department's finding of negative action and on 02/26/2021, when the Department completed an assessment of Staff A's character, competency, and suitability (CCS), they granted a certificate of improvement to Staff A, "This letter acts as the certificate" and "The [Department] must also accept this certificate when assessing you [CCS] to work in assisted living facilities" and "cannot disqualify you solely based on the above finding." After reviewing the letter, the ER said they completed a CCS review for Staff A. The ER said they were aware that Staff A had a disqualifying criminal conviction on their BGI result, but they never had any issues with Staff A, so the ER assumed Staff A was allowed to work in the AFH.

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 4 of 14	Licensee: AHAT Homecare	03/13/2025

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, THREE CEDARS is or will be in compliance with this law and / or regulation on (Date) ~~5/31/2025~~ CH
4/27/2025

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

Chace Hunter

4/3/2025

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 reviews, the adult family home (AFH) failed to ensure 5 of 5 staff (Entity Representative, Caregiver D, Caregiver E, Caregiver F, and Staff A) who worked at the AFH for over two years had a Washington (WA) state name and date of birth (DOB) background check (BGI) every two years as required. This failure placed all residents at risk of unsupervised access by a caregiver and/or staff member with a disqualifying criminal background.

Findings included..

Review of the AFH Entity Representative's (ER) personnel file showed their date of hire was 04/04/2022. There was no evidence of a WA state name and DOB BGI result or pending BGI authorization form in the ER's personnel file.

Review of Caregiver D's personnel file showed their date of hire was 08/09/2017. The WA state name and DOB BGI result in Caregiver D's personnel file expired on 08/30/2024, and there was no evidence of a pending BGI authorization form in Caregiver D's personnel file.

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Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 5 of 14	Licensee: AHAT Homecare	03/13/2025

Review of Caregiver E's personnel file showed their date of hire was 04/02/2022. The WA state name and DOB BGI result in Caregiver E's personnel file expired on 04/27/2023, and there was no evidence of a pending BGI authorization form in Caregiver E's personnel file.

Review of Caregiver F's personnel file showed their date of hire was 03/12/2022. The WA state name and DOB BGI result in Caregiver F's personnel file expired on 11/19/2024, and there was no evidence of a pending BGI authorization form in Caregiver D's personnel file.

Review of Staff A's personnel file showed their date of hire was 01/01/2019. The WA state name and DOB BGI result in Staff A's personnel file expired on 06/18/2023, and there was no evidence of a pending BGI authorization form in Staff A's personnel file.

On 03/10/2025 at 3:30 PM, in an interview, the ER said they were aware their BGI and Staff A's BGI results were expired. The ER said they thought Caregiver D, Caregiver E, and Caregiver F had valid BGI results, but the results were not available for review onsite.

The AFH was given an opportunity to locate valid WA state name and DOB BGI results for Caregiver D, Caregiver E, and Caregiver F. The AFH did not provide valid BGI results before the completion of the licensing 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, THREE CEDARS is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 CH

4/27/2025

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

Chace Hunter

Provider (or Representative)

4/3/2025

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:

- (1) Staff information such as address and contact information.

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 6 of 14	Licensee: AHAT Homecare	03/13/2025

(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

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure 2 of 7 caregivers' (Caregiver A and Caregiver B) personnel files were available for department review to verify caregiver training and background qualifications. This failure placed all residents at risk of unmet care and service needs, and unsupervised access by caregivers with a disqualifying criminal background.

Findings included...

On 03/06/2025 at 10:45 AM, observation showed Caregiver A was the only caregiver working in the home.

Review of staff personnel files on 03/06/2025 and 03/10/2025, showed Caregiver A's personnel file was not available for review during the onsite inspection.

Review of staff personnel files on 03/06/2025 and 03/10/2025, showed Caregiver B's personnel file was not available for review during the onsite inspection.

On 03/10/2025 at 3:30 PM, the AFH Entity Representative said they had personnel files for Caregiver A and Caregiver B, but the files were not available onsite.

The AFH was provided an opportunity to locate Caregiver A's and Caregiver B's personnel files. The AFH provided documentation from Caregiver A's personnel file before the completion of the licensing inspection. The AFH did not provide documentation from Caregiver B's personnel file before the completion of the inspection.

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 7 of 14	Licensee: AHAT Homecare	03/13/2025

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, THREE CEDARS is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 CH
4/27/2025

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

Chace Hunter

4/3/2025

Provider (or Representative)

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observations and interviews, the adult family home (AFH) was unable to ensure the hot water temperature in 2 of 3 bathroom sinks (Bathroom A and Bathroom C) did not exceed one hundred twenty (120) degrees Fahrenheit (F) at all fixtures used by or accessible to AFH residents. This failure placed all residents at risk of burns if they were unable to adjust the temperature quickly.

Findings included...

On 03/06/2025 at 1:45 PM, in an interview, the AFH Entity Representative (ER) said there was one water heater for the entire AFH.

On 03/06/2025 at 12:20 PM, a thermometer reading of the hot water temperature in Bathroom A's sink showed 132.4 degrees F.

On 03/06/2025 at 3:05 PM, a thermometer reading of the hot water temperature in Bathroom C's sink showed 133.7.4 degrees F.

The AFH was given an opportunity to adjust their water heater settings to ensure the hot water temperature at their fixtures did not exceed 120 degrees F.

Statement of Deficiencies	License #: 143400	Compliance Determination # 58013
Plan of Correction	THREE CEDARS	Completion Date
Page 8 of 14	Licenses: AHAT Homecare	03/13/2025

On 03/10/2025 at 12:50 PM, a recheck of the hot water temperature in Bathroom C's sink showed a thermometer reading of 125.6.4 degrees F.

On 03/10/2025 at 3:30 PM, in an interview, the AFH ER said they adjusted the temperature on the home's water heater, but had not rechecked the temperature to ensure it did not exceed 120 degrees F. The ER said they had a thermometer but did not check the hot water temperature at their fixtures on a regular basis.

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, THREE CEDARS is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 Ctr.

4/27/2025

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

Chace Hunter

Provider (or Representative)

4/3/2025

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;

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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0400 What is specialty training and who is required to take it?

(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:

(b) Dementia specialty training as described in WAC 388-112A-0440 ;

(c) Mental health specialty training as described in WAC 388-112A-0450 .

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 9 of 14	Licensee: AHAT Homecare	03/13/2025

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440 ; and

(c) Mental health specialty training as described in WAC 388-112A-0450 .

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 3 of 7 caregivers (Entity Representative, Caregiver E, and Caregiver F) completed Dementia Specialty training and Mental Health Specialty training within 120 days of hire while 1 of 6 residents (Resident 4) with dementia care needs and 1 of 6 residents (Resident 1) with mental health care needs resided in the home. This failure placed Resident 1 and Resident 4 at risk of unmet specialized care needs.

Findings included...

Review of Resident 4's record showed they moved into the AFH on [REDACTED]/2017. Resident 4's assessment, dated 07/18/2024, showed Resident 4 had a diagnosis of [REDACTED].

Review of Resident 1's records showed they moved into the AFH on [REDACTED]/2012. Resident 1's assessment dated 04/19/2024, showed Resident 1 had a diagnosis of [REDACTED].

Review of the AFH Entity Representative's (ER) personnel file showed their date of employment was 04/04/2022. There was no evidence of Dementia Specialty training or Mental Health Specialty training in the ER's file.

Review of Caregiver E's personnel file showed their date of employment was 04/02/2022. Caregiver E had evidence of dementia and mental health training, but there was no evidence of department-approved and contracted Dementia Specialty or Mental Health Specialty training in Caregiver E's personnel file.

Review of Caregiver F's personnel file showed their date of employment was 03/12/2022. Caregiver F had evidence of dementia and mental health training, but there was no evidence of department-approved and contracted Dementia Specialty or Mental Health Specialty training in Caregiver F's personnel file.

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 10 of 14	Licensee: AHAT Homecare	03/13/2025

On 03/10/2025 at 3:30 PM, in an interview, the ER said they were aware of the specialty training requirements, but were not aware the dementia and mental health training certificates in Caregiver E's and Caregiver F's personnel files were not department-approved specialty trainings. The ER said they were not aware the ER needed specialty training because the ER did not provide direct care for residents.

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, THREE CEDARS is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 - ct .

4/27/2025

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

Chace Hunter

4/3/2025

Provider (or Representative)

Date

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.

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

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 2 of 7 caregivers (Caregiver E and Caregiver F) completed 12 hours of required continuing education (CE) training for certification before their birthdays in 2024. This failure placed all residents at risk of unmet care and service needs.

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 11 of 14	Licensee: AHAT Homecare	03/13/2025

Findings included...

Review of Caregiver E's personnel file showed their birthday was 05/05 and they completed two (2) hours of CE training between their birthdays in 2023 and 2024. Caregiver E had additional CE training in their personnel file, but the training entity was not department-approved or contracted. Caregiver E was ten (10) hours short of the CE required to maintain their certified nursing assistant (CNA) credential in 2024.

Review of Caregiver F's personnel file showed their birthday was 09/10 and they completed three (3) hours of CE training between their birthdays in 2023 and 2024. Caregiver F had additional CE training in their personnel file, but the training entity was not department-approved or contracted. Caregiver F was nine (9) hours short of the CE required to maintain their certified nursing assistant (CNA) credential in 2024.

On 03/10/2025 at 3:30 PM, in an interview, the Entity Representative said they were not aware the CE hours Caregiver E and Caregiver F completed between their birthdays in 2023 and 2024 were not approved by the department.

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, THREE CEDARS is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 CH.

4/27/2025

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

Chase Hunter

Provider (or Representative)

4/3/2025

Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home AFH failed to submit a Washington (WA) state name and date of birth (DOB) background check (BGI) authorization form for 1 of 10 staff (Caregiver A) within one business day of employment. This failure placed all residents at risk of unsupervised access by a staff

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 12 of 14	Licensee: AHAT Homecare	03/13/2025

member with a disqualifying criminal background.

Findings included...

Review of Caregiver A's personnel file showed their date of employment was 09/01/2024. Review of Caregiver A's WA state name and DOB BGI authorization form showed Caregiver A authorized the BGI on 10/17/2024 (47 days after they were hired). Review of Caregiver A's WA state name and DOB BGI result showed it was completed on 10/21/2024.

On 03/10/2024 at 3:30 PM, in an interview, the AFH Entity Representative (ER) said their Office Administrator coordinated the background checks for AFH staff and the ER was not sure why Caregiver A's BGI was delayed.

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, THREE CEDARS is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 CH.

4/27/2025

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


Provider (or Representative)

4/3/2025

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;

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:

(d) Cardiopulmonary resuscitation and first aid; and

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 13 of 14	Licensee: AHAT Homecare	03/13/2025

(a) Adult family home applicants, providers, entity representatives, and resident managers must have and maintain a valid CPR and first-aid card or certificate before they obtain a license.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure 3 of 7 caregivers (Entity Representative, Caregiver A, and Caregiver C) had first aid training. This failure placed all residents at risk of untreated injuries and/or health complications.

Findings included...

Review of the Entity Representative's (ER) personnel file showed the ER had a current cardiopulmonary resuscitation (CPR) and an automated external defibrillator [(AED), a device used to treat a person whose heart has stopped] training certificate dated 09/05/2024, but the CPR/AED training did not include first aid training.

Review of Caregiver A's personnel file showed Caregiver A had a current CPR/AED certificate dated 10/21/2024, but the CPR/AED training did not include first aid training.

Review of Caregiver C's personnel file showed Caregiver C had a current CPR/AED certificate dated 09/05/2024, but the CPR/AED training did not include first aid training.

On 03/10/2025 at 3:30 PM, in an interview, the ER said they thought their CPR certification included first aid training and was not aware there was CPR training that did not include first aid.

Statement of Deficiencies	License #: 143400	Compliance Determination # 56013
Plan of Correction	THREE CEDARS	Completion Date
Page 14 of 14	Licensee: AHAT Homecare	03/13/2025

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, THREE CEDARS is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 CH.

4/27/25

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

Chace Hunter

4/3/2025

Provider (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

AHAT Homecare
THREE CEDARS
301 N L ST
TACOMA, WA 98403

RE: THREE CEDARS # 143400

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/13/2025 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:

Lisa Cramer, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

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

THREE CEDARS # 143400

03/13/2025

Page 2 of 9

eFax: (253) 589-7240

Email: rcsregion3email@dshs.wa.gov

Optional method:

PO Box 99250

Lakewood, WA 98496

- 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The adult family home (AFH) had a plan for continuity of resident care, services and AFH operations in the event the AFH's Entity Representative (ER) was unable to fulfill their duties in the home, but the ER did not document the plan and place a copy in the AFH administrative records. The ER ensured their succession plan was documented and available for review before the completion of the licensing inspection.

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.

The adult family home (AFH) did not ensure Caregiver A's and Caregiver C's two-step tuberculosis (TB, an infectious respiratory disease) skin testing met AFH requirements. Caregiver A did not initiate their first skin test within three days of employment and Caregiver C did not initiate their second skin test within one to three weeks after their first test as required. Caregiver A waited over five weeks to initiate their first TB skin test and Caregiver C waited over four weeks to initiate their second TB skin test but both Caregiver A and Caregiver C completed their two-step TB skin testing.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

- (4) The resident assessment information;

THREE CEDARS # 143400

03/13/2025

Page 3 of 9

- (8) The resident's Social Security number;
- (10) A current inventory of the resident's personal belongings dated and signed by:
 - (a) The resident; and
 - (b) The adult family home.

The adult family home (AFH) did not ensure Resident 2's, Resident 3's and Resident 4's records had a copy of their current assessment as required. The AFH did not document Resident 2's, Resident 3's, Resident 4's, and Resident 5's social security numbers (SSN) in their records as required. The AFH did not complete an itemized inventory of Resident 2's and Resident 3's personal belongings after they moved into the AFH as required. Before the completion of the licensing inspection, the AFH's Entity Representative placed a copy of Resident 2's, Resident 3's and Resident 4's current assessments in their records, documented Resident 2's, Resident 3's, Resident 4's, and Resident 5's SSNs in their records, and ensured Resident 2 and Resident 3 had a signed and dated personal belongings inventory in their records.

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 (AFH) did not ensure Resident 1 reviewed and signed their negotiated care plan (NCP) every 12 months as required. Before the completion of the licensing inspection, the AFH Entity Representative ensured Resident 1 reviewed and signed their NCP.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

- (3) Be provided to all prospective residents, before admission to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

The adult family home (AFH) did not ensure Resident 2 received a written copy of the AFH's policy on accepting Medicaid as a payment source (Medicaid payment policy) to review and sign on or before Resident 2's admission to the AFH as required. The AFH did not ensure Resident 6 received a written copy of their Medicaid payment policy to review and sign after the AFH's policy went into effect as required. The AFH's Entity Representative ensured Resident 2 and Resident 6 received a copy of the home's Medicaid payment policy to review and sign before the completion of the licensing inspection.

THREE CEDARS # 143400

03/13/2025

Page 4 of 9

WAC 388-76-10525 Resident rights Postings. The adult family home must post the following in a common use area where they can be easily viewed by anyone in the home, including residents, resident representatives, the department, and visitors:

(2) The department's poster that includes the complaint resolution unit hotline and the telephone number for the state ombuds program; and

The adult family home did not post the department's poster with phone numbers for the complaint resolution unit (CRU) hotline and state ombuds program, in a visible location in a common use area for residents and anyone visiting the home to view as required. The AFH's Entity Representative posted the department's poster in a visible location in a common use area before the completion of the licensing inspection.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

- (a) Information regarding resident rights, including rights under chapter 70.129 RCW;
- (b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;
- (d) The monthly or per diem rate charged to private pay residents to live in the home;
- (e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;
- (f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and
- (g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

The adult family home (AFH) did not ensure Resident 2 reviewed and signed the home's admission agreement, containing their notice of rights and services, on or before Resident 2 moved into the home as required. The AFH did not ensure Resident 1, Resident 3, Resident 4, Resident 5, and Resident 6 reviewed and signed their admission agreements every 24 months as required. Before the completion of the licensing inspection, the AFH's Entity Representative ensured Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6 and/or their representatives reviewed and signed the home's admission agreement.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by

THREE CEDARS # 143400

03/13/2025

Page 5 of 9

the department. The home must:

- (a) Provide a copy to each resident prior to or upon admission to the home;

The adult family home (AFH) did not complete the department's standardized disclosure of charges form and provide a copy to Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6 and/or their representatives to review and sign before they moved into the home as required. The AFH's Entity Representative ensured Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6 and/or their representatives reviewed and signed the department's standardized disclosure of charges form before the completion of the licensing inspection.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

- (a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

- (a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

The adult family home (AFH) did not have a copy of their most recent inspection report and/or investigation report(s) from the past three years, posted or readily available to review in a visible location in a common use area as required. The AFH's Entity Representative ensured the home's inspection and investigation reports were available for review in a visible location in a common use area before the completion of the licensing inspection.

WAC 388-76-10795 Windows.

(3) The home must ensure that each basement window is kept free from obstructions that might block or interfere with access for emergency escape or rescue.

The adult family home (AFH) did not ensure the windows in Resident 4's bedroom (Bedroom ■) were free from obstruction as required, when they placed an upright dresser at an angle that blocked access to bedroom windows, impeding Resident 4's ability to exit the bedroom in an emergency. Before the completion of the licensing inspection, the AFH's Entity Representative moved the dresser to a different location in

THREE CEDARS # 143400

03/13/2025

Page 6 of 9

the bedroom where it did not obstruct Resident 4's access to the windows.

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

The adult family home (AFH) did not ensure a radiant oil heater (a heater that uses convection from heated oil in a metal column), that was hot to the touch in Resident 2's bedroom (Bedroom ■), had a barrier that prevented contact by Resident 2 and other residents or flammable materials as required. Before the completion of the licensing inspection, the AFH's Entity Representative removed the radiant oil heater from Bedroom ■ and replaced it with an infrared heater (a heater that uses electromagnetic radiation to move energy from a high temperature emitter to a cooler object) that did not get hot to the touch.

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:

(b) Basic;

WAC 388-112A-0110 May a home employ a long-term care worker who has not completed the 70-hour home care aide training or certification requirements?

(1) If an individual previously worked as a long-term care worker, but did not complete the training or certification requirements under RCW 18.88B.041 , 74.39A.074 , 74.39A.076 , and this chapter, an adult family home, enhanced services facility, or assisted living facility must not employ the individual to work as a long-term care worker until the individual has completed the required training or certification unless the date of hire has been reset as described under subsection (2) of this section.

(2) The original date of hire may be reset according to chapter 246-980 WAC.

(3) Individuals who meet the criteria in subsection (2) of this section are allowed a new 120 days to complete the orientation, safety, and 70-hour home care aide basic trainings and a new 200 days to become certified as a home care aide, if required by WAC 246-980-020 .

(4) Individuals who meet the criteria in subsection (2) of this section must submit a new application and fee to the department of health.

The adult family home (AFH) paid Caregiver C to provide care for AFH residents, but did not rehire and reset Caregiver C's date of hire when Caregiver C failed to obtain home care aide (HCA) certification within 200 days of employment as required. The AFH's Entity Representative rehired Caregiver C and documented the reset date of hire in Caregiver C's personnel file before the completion of the licensing inspection.

THREE CEDARS # 143400

03/13/2025

Page 7 of 9

WAC 388-76-10041 License Change of personnel. An entity provider must:

(2) Provide at least one point of contact for the owner, board of directors, or other governing body and if the entity has a board of directors, the provider must post in the home in a visible location in a common area information on at least one board meeting per twelve month period where all residents, their representatives, adult family home staff, the department, representatives of resident advocacy programs, and the long-term care ombuds can view it; and

The adult family home (AFH) did not provide contact information for the home's board of directors or post information from at least one board meeting per 12-month period in a visible location in a common use area, where residents and anyone visiting the home could view the information as required. Before the completion of the licensing inspection, the AFH's Entity Representative placed information about the board meetings and the board's contact information in a visible location in a common use area.

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

The adult family home (AFH) did not complete a negotiated care plan (NCP) and ensure Resident 2 signed the NCP within 30 days of Resident 2's admission to the AFH as required. The AFH Entity Representative completed Resident 2's NCP and ensured Resident 2 signed the NCP before the completion of the licensing inspection.

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;

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.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

The adult family home (AFH) did not ensure the AFH Entity Representative completed a half (0.5) hour of safe food handling continuing education (CE) or had a valid Washington (WA) state food worker card (FWC) certificate in order to maintain their

THREE CEDARS # 143400

03/13/2025

Page 8 of 9

minimal qualifications for licensure as required. The Entity Representative completed WA state food worker card certification before the completion of the licensing 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
- 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)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Adult Family Home 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:

Lisa Cramer, Adult Family Home Field Manager
Residential Care Services
Region 3, Unit A

Preferred methods:

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

THREE CEDARS # 143400

03/13/2025

Page 9 of 9

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 find this form and directions on the IDR Adult Family Home 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 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 request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225



Thursday, April 3, 2025

DSHS
Aging and Long-Term Support Administration,

This letter is in response to the following:

Compliance Determination #56013.

AHAT Homecare, who operates Three Cedars, has submitted a statement that said staff who has "disqualified" background check result will be on Administrative Duties only and will no longer have access to client's information, chart, or contact. Furthermore, said staff will no longer allow to be on Three Cedars premise until their background check result in a status other than "disqualified". Please see Exhibit A attached to this letter regarding said staff.

In addition, Three Cedars have implemented a policy regarding background checks and licensing requirements to ensure to maintain compliance with all WACs. Please see Exhibit B attached.

The current water temperature is within 110-120 degrees Fahrenheit. Three Cedars will continue to monitor, maintain, and check water temperature monthly to ensure that we meet all compliance and provide safety to all residents living at Three Cedars. See Exhibit C attached.

Any staff who has not had Mental Health and/or Dementia specialty training or certifications will be asked to take courses and provide a copy of the certification by ~~5/31/2025~~ ^{at} 4/27/2025

All staff are required to complete continuing education and provide a copy of the CE Completion Certificate as per policy set in Exhibit B.

Three Cedars has implemented a policy (see Exhibit B) to ensure that current staff will have a complete background check every 2 years to meet WAC compliance. All new staff must have a background check initiate within 24 hours of hiring date. The Executive Director will complete a CCSR in accordance with WAC requirements.

Three Cedars has implemented a personnel filing system to monitor the staff certification date and will work with current staff to renew their certification prior to the expiration date. These certifications include CPR/AED with First Aid Training, Food Handler Permit or Worker Card, and License (such as NA-C or HCA).

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

**301 N. L St.
Tacoma, WA 98403**

**P: 253-272-5533
F: 253-383-2202**

**info@ahathomecare.org
www.ahathomecare.org**

Three Cedars will work with staff to ensure that all documents are submitted and completed within 45 days to meet and maintain compliance. Please reach out with any questions or concerns regarding these action plans.

Thank you,

A handwritten signature in black ink that reads "Chace Hunter". The signature is written in a cursive, slightly stylized font.

Chace Hunter