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

Theresa H. Peters
Golden Rule Adult Family Home
132 E 62nd St
Tacoma, WA 98404

RE: Golden Rule Adult Family Home License # 750994

Dear Provider:

This letter addresses Compliance Determination(s) 57808 (Completion Date 04/10/2025) and 55144 (Completion Date 02/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/10/2025 and found that you have corrected the violations listed in the Full report dated 02/25/2025. Your home is back in compliance as of 04/10/2025 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 388-76-10198-4, WAC 388-76-10198-2-a, WAC 388-76-10146-5, WAC 388-112A-0610-1-a-ii, WAC 388-112A-0610-1-d-ii, WAC 388-112A-0610-1-f, WAC 388-76-10146-1, WAC 388-112A-0720-1-a, WAC 388-76-10784-2-a

The Department staff who did the off-site verification:
Emily Vincent, AFH Licensor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 02/20/2025 of:

Golden Rule Adult Family Home
132 E 62nd St
Tacoma, WA 98404

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Emily Vincent, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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
Residential Care Services

03/06/2025
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.

Theresa Peters
Provider (or Representative)

03/10/25
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:

(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;

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

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure staff personnel files were available for department review to verify caregiver training qualifications and background check results for 1 of 4 caregivers (AFH Provider). This failure placed residents at risk of unmet care needs and unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

Review of Resident 2's assessment dated 10/28/2024, showed Resident 2 had a diagnosis of [redacted]. Review of Resident 3's assessment dated 11/06/2024, showed Resident 3 had a diagnosis of [redacted] and [redacted].

Review of the AFH Provider's personnel file showed no evidence of Dementia Specialty training or Mental Health Specialty training certificates. Review of the AFH Provider's personnel file showed no evidence of a valid Washington (WA) state name and date of birth (DOB) background check result.

On 02/20/2025 at 4:05 PM, in an interview, the AFH Resident Manager said they were sure the Provider had Dementia Specialty and Mental Health Specialty training certificates, but was not sure the Provider had a valid WA state name and DOB background check result.

On 02/25/2025, the AFH did not show evidence of the Provider's Dementia Specialty and Mental Health Specialty training before the completion of the licensing inspection. The AFH provided a WA state name and DOB background check result dated 02/23/2025 (three days after the onsite inspection visit on 02/20/2025). Review of the Department's 06/02/2023 AFH's licensing inspection records showed the Provider had a valid WA state name and DOB background check result with an expiration date of 06/09/2025.

I have taken, but cetificats are missing from the file, so I am scheduled to re-take them

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4-10-25 .

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

Provider (or Representative) Theresa Peters Date 03/10/25

WAC 388-76-10146 Qualifications Training and home care aide certification.

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals, including registered nurses, licensed practical nurses, certified nursing assistants or persons who are in an approved certified nursing assistant program, are exempt from home-care aide certification and long-term care worker training requirements. This exemption does not apply to continuing education; these individuals must comply with continuing education requirements under 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.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

(d) If exempt from certification under RCW 18.88B.041 , a long-term care worker must complete 12 hours of continuing education within 45 calendar days of being hired by the adult family home or by the long-term care worker's birthday in the calendar year hired, whichever is later; and

(ii) If the 45 calendar day time period allows the long-term care worker to complete continuing education in January or February of the following year, the hours of credit earned will be applied to the calendar year in which the long-term care worker was hired.

(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 .

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 4 caregivers (AFH Provider) completed 12 hours of continuing education to include 0.5 hour of safe food handling continuing education before their birthday in 2024. This failure placed all residents at risk of unmet care needs and foodborne illness.

Findings included...

Review of the AFH Provider's personnel file showed their most recent birthday was 05/25/2024, but there was no evidence of continuing education (CE), including safe food handling CE or a valid food handler's permit.

On 02/20/2024 at 4:05 PM, in an interview, the AFH Resident Manager said they did not know whether the Provider completed 12 CE hours, including 0.5 hour of safe food handling CE or a food handler's permit, but would have the Provider send the CEs and/or food handler's permit.

On 02/25/2025, the AFH did not show evidence of the Provider's CE, including safe food handling CE before their birthday in 2024, and/or a valid food handler's permit before the completion of the licensing inspection.

Before 2/25/2025 provider sent licensor evidence of 12 hr. of continuing education which was completed just after her 5/25 birthday - certificates dated . Also submitted food handler certificate completed after the initial inspection, dated 2/23/25 so it is now current.

This is a repeated deficiency previously cited 06/14/2023, for subsections (1)(f).

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3-10-25 .
taken care of now, but not before my birthday

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

Provider (or Representative) Theresa Peters Date 3-10-25

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

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.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 4 caregivers (AFH Provider) maintained their cardio-pulmonary resuscitation (CPR) and first aid training certification. This failure placed all residents at risk of harm in the event of a medical emergency.

Findings included...

Review of the AFH Provider's personnel file showed no evidence of a valid CPR and/or first aid training certificate.

On 02/20/2024 at 4:05 PM, in an interview, the AFH Resident Manager said they did not know whether the Provider had a valid CPR and/or first aid training certificate but would have the Provider find it.

On 02/25/2025, the AFH did not show evidence of valid CPR and/or first aid training for the Provider before the completion of the licensing inspection.
Was not current on initial inspection, but I believe a completed certificate was faxed to licensor before 2/25/25 – it had lapsed, but current now
This is a repeated deficiency previously cited 06/14/2023.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3-10-25 .

See above

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

Theresa Peters — Provider (or Representative)

3-10-25 — Date

WAC 388-76-10784 Water hazards Fences, gates, and alarms. For any adult family home licensed after July 1, 2007 or any currently licensed adult family home that adds or modifies a new or existing water hazard after July 1, 2007 must ensure:

(2) Water hazards over twenty-four inches deep are:

(a) Enclosed by fences and gates at least forty-eight inches high;

This requirement was not met as evidenced by:

Based on observations and interview, the adult family home IAFH) failed to ensure 1 of 6 residents (Resident 1, who was independent with mobility) was unable to access the AFH swimming pool. This failure placed Resident 1 at risk of drowning.

Findings included...

On 02/20/2024 at 12:45 PM, observation of the AFH swimming pool showed a 13 inch opening between the end of the fenced swimming pool enclosure and the siding on the house. The opening provided access to the pool because it was wide enough for an average-sized person to walk through if they turned their body sideways.

On 02/20/2025 at 12:25 PM, an observation showed Resident 1 was unsupervised while sitting on the patio outside the fenced swimming pool enclosure. Resident 1 appeared thin enough to fit through the opening between the fence and the house if Resident 1 wanted to access the pool.

On 02/20/2024 at 12:45 PM, in an interview, the AFH Resident Manager said the fence around the swimming pool was replaced after the last inspection (in June 2023). The Resident Manager left an opening between the fence and the house for their dogs to access the yard. The Resident Manager said they had planned to close the opening with bars on the upper portion of the opening to prevent unsupervised access to the pool but they had not gotten around to it.

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, Golden Rule Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3-10-25 .

completed immediately – prior to 2-25-25

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

Theresa Peters — Provider (or Representative)

3-18-25 — Date

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

Theresa H. Peters
Golden Rule Adult Family Home
132 E 62nd St
Tacoma, WA 98404

RE: Golden Rule Adult Family Home # 750994

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/25/2025 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:

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 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

The adult family home (AFH) did not ensure their cat's (Pet 4) rabies vaccination was kept up-to-date as required. The AFH had Pet 4 vaccinated for rabies before the completion of the licensing inspection.

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 negotiated care plans (NCP) and ensure Resident 2 and Resident 3 and/or their Representative signed the NCPs within 30 days of Resident 2's and Resident 3's admission to the AFH as required. The AFH Resident Manager completed Resident 2's and Resident 3's NCPs and ensured Resident 2 and Resident 3 and/or their Representative signed the NCPs before the completion of the licensing 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:

(4) At least every twelve months.

The adult family home (AFH) did not ensure Resident 4 reviewed and signed their negotiated care plan (NCP) every 12 months as required. Before the completion of the licensing inspection, the AFH Resident Manager ensured Resident 4 reviewed and signed their NCP.

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

The adult family home (AFH) did not obtain written consent for AFH caregivers to administer Resident 5's medications under registered nurse (RN) delegation as required within 30 days of initiating Resident 5's medication administration. The AFH Resident Manager obtained written consent from Resident 5's Representative 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 1 and Resident 4 and/or their Representative reviewed and signed the home's admission agreement, containing their notice of rights and services, every 24 months as required. The AFH Resident Manager ensured Resident 1 and Resident 4 reviewed and signed their admission agreements before the completion of the licensing inspection.

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 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 provide a copy of the department's standardized disclosure of charges form to Resident 2 and Resident 3 and/or their Representative to review and sign before Resident 2 and Resident 3 moved into the home, or the AFH did not provide a copy of the disclosure to Resident 4 and Resident 5 and/or their Representative when the form became available. The AFH Resident Manager ensured Resident 2, Resident 3, Resident 4, and Resident 5 and/or their Representative reviewed and signed the home's 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

The adult family home (AFH) did not have a copy of their most recent inspection report in the home, readily available for review as required. The AFH Resident Manager ensured a copy of the inspection report was posted and available for review before the completion of the licensing inspection.

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:

(a) Tubs;

(b) Showers; and

(c) Sinks;

The adult family home (AFH) did not ensure the hot water temperature in Bedroom D's bathroom sink did not exceed 120 degrees Fahrenheit (F) as required. Before the completion of the licensing inspection, the AFH Resident Manager adjusted their hot water heater thermostat to ensure the water temperature in Bedroom D's bathroom sink did not exceed 120 degrees F.

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:
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

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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 request and supporting documents to:

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