STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Casey's Adult Family Home, LLC

Casey's Adult Family Home, LLC
23901 NE 120th Ct
Battle Ground, WA 98604

RE: Casey's Adult Family Home, LLC License # 751688

Dear Provider:

This letter addresses Compliance Determination(s) 68327 (Completion Date 11/05/2025) and 66191 (Completion Date 09/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/05/2025 and found that you have corrected the violations listed in the Follow up report dated 09/25/2025. Your home is back in compliance as of 10/15/2025 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 388-76-10315-1-g

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF Licensor

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

Sincerely,

Jennifer LeMaster

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 751688	Compliance Determination #:66191
Plan of Correction	Casey's Adult Family Home, LLC	Completion Date
Page 1 of 3	Licensee: Casey's Adult Family Home, LLC	09/25/2025

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 an unannounced on-site follow-up on 09/25/2025 of:
Casey's Adult Family Home, LLC
23901 NE 120th Ct
Battle Ground, WA 98604

This document references the following SOD dated: 09/25/2025

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:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 751688	Compliance Determination # 66191
Plan of Correction	Casey's Adult Family Home, LLC	Completion Date
Page 2 of 3	Licensee: Casey's Adult Family Home, LLC	09/25/2025

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.

Jennifer LeMaster
Residential Care Services

10/06/2025
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.

Provider (or Representative)

10-15-25
Date

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

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

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home (AFH) failed to have the resident's [redacted] assessment in the resident's record for 2 of 3 resident (Resident 1 [1] and Resident 2 [R2]). This failure placed R1 and R2 at risk for unassessed and unmet care needs.

Findings included...

An unannounced follow up inspection was conducted on 09/25/2025. Staff A, AFH provider, was not present at AFH. Staff B, a caregiver, was acting as AFH representative.

Observation on 09/25/2025 at 10:54 AM, showed one [redacted] (in up position) attached to one side of R1's bed in R1's room.

Observation on 09/25/2025 at 10:57 AM, showed two [redacted] (in up position) attached to both sides of R2's bed in R2's room.

During the interview on 09/25/2025 at 10:55 AM, in R1's room, R1 stated that they have been using the [redacted] for repositioning in the bed daily since they moved in the AFH this year.

During the interview on 09/25/2025 at 10:58 AM, Staff B, a caregiver, stated that they have been using the [redacted] for R2's comfort/security. Staff B stated: "R2 will be scared if they don't have [redacted] at the bed."

Statement of Deficiencies	License #: 751688	Compliance Determination # 66191
Plan of Correction	Casey's Adult Family Home, LLC	Completion Date
Page 3 of 3	Licensee: Casey's Adult Family Home, LLC	09/25/2025

Review of R1's medical record showed R1 was admitted into the AFH on [redacted]/2025 with diagnoses which included [redacted]. There was no [redacted] assessment found after R1's move in on [redacted]/2025 in R1's medical record. The only [redacted] assessment for R1 was found and dated 05/29/2014 which is more than 11 years ago from other home where R1 stayed.

Review of R2's medical record showed R2 was admitted into the AFH on [redacted]/2020 with diagnoses which included [redacted] There was no [redacted] assessment found in R2's medical record.

During the interview at 11:15 AM, Staff B acknowledged the above findings and stated that she will make calls and get [redacted] assessments completed for R1 and R2 as soon as possible.

This is uncorrected deficiency previously cited on 08/25/2025.

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, Casey's Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 10-15-25.

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

Provider (or Representative) — Date: 10-15-25

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 08/14/2025 of:

Casey's Adult Family Home, LLC
23901 NE 120th Ct
Battle Ground, WA 98604

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 751688	Compliance Determination # 64187
Plan of Correction	Casey's Adult Family Home, LLC	Completion Date
Page 2 of 8	Licensee: Casey's Adult Family Home, LLC	08/25/2025

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.

Jennifer LeMaster
Residential Care Services

08/26/2025
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.

Provider (or Representative)

8/27/2025
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 care staff (Staff B) had tuberculosis (TB) testing (tuberculosis is a highly contagious disease that affects the lungs) completed within three days of employment. This failure placed the residents at risk of being exposed to and cared for by staff who was not screened for TB timely.

Findings included...

An unannounced inspection was conducted on 08/14/2025. Staff A, AFH provider, was not present at AFH. Staff B, a caregiver, was acting as AFH representative.

Review of care staff records showed Staff B was hired on 07/01/2024. A TB skin test result was read negative on 12/22/2024. There was no record of any other TB test in Staff B's file.

During the interview on 08/14/2025 at 11:46 AM, Staff B acknowledged the above findings. Staff B stated that she did not have any other TB testing done since she has been working for this AFH.

Statement of Deficiencies	License #: 751688	Compliance Determination # 64187
Plan of Correction	Casey's Adult Family Home, LLC	Completion Date
Page 3 of 8	Licensee: Casey's Adult Family Home, LLC	08/25/2025

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, Casey's Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 8/27/2025.

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

Provider (or Representative) 8/30/25 Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the AFH failed to ensure the fire extinguisher was inspected and serviced annually. The failure placed all 6 residents (Resident 1[R1] through Resident 6 [R6]) at risk of harm from potentially inadequate fire protection.

Findings included...

An unannounced inspection was conducted on 08/14/2025. Staff A, AFH provider, was not present at AFH. Staff B, a caregiver, was acting as AFH representative.

Observation and record review on 08/14/2025 at 10:30 AM showed, a fire extinguisher was observed mounted on a wall in AFH kitchen. A tag of the fire extinguisher inspection service showed the inspection date was marked in March 2024.

During interview on 08/14/2025 at 10:32 AM, Staff B stated that she will let AFH provider know, and she can buy a new fire extinguisher as soon as she can.

The Department received an email from Staff A, AFH provider, on 08/15/2025 with an attachment of a fire extinguisher purchase receipt which dated 08/15/2025 at 10:26 AM.

Statement of Deficiencies	License #: 751688	Compliance Determination # 64187
Plan of Correction	Casey's Adult Family Home, LLC	Completion Date
Page 4 of 8	Licensee: Casey's Adult Family Home, LLC	08/25/2025

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, Casey's Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 8/15/25.

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

Provider (or Representative) 8/30/2025 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:

(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 review, the Adult Family Home (AFH) failed to ensure 2 of 8 care staff (Staff C and Staff G), had the current Washington state name and date of birth background checks. This failure placed all residents at risk of injury and harm due to potentially unqualified and improperly screened staff.

Findings included...

An unannounced inspection was conducted on 08/14/2025. Staff A, AFH provider, was not present at AFH. Staff B, a caregiver, was acting as AFH representative.

Review of care staff records showed Staff C, a caregiver, was hired on 01/16/2023. A Washington state name and date of birth background check for Staff C was expired on 01/17/2025.

Review of care staff records showed Staff G, a caregiver, was hired on 04/01/2025. No result of a Washington state name and date of birth background check was found in Staff G's file.

During the interview around 12:49 PM, Staff B stated that she called Staff A and Staff A will look for their background checks.

Review of background results received on 08/18/2025 through an email and on 08/21/2025 through a text from AFH Provider showed a Washington state name and date of birth background check report for Staff C dated 08/15/2025 and a Washington

state name and date of birth background check report for Staff G dated 08/18/2025.

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, Casey's Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 8/18/2025.

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

Provider (or Representative) 8/30/2025 Date

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

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

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home (AFH) failed to maintain and keep resident's [redacted] assessment in the resident's record for 1 of 1 resident (Resident 2 [R2]) who reviewed for [redacted] assessment. This failure put R2 at risk for unassessed and unmet care needs. This failure also resulted in this AFH licensor not being able to review R2's [redacted] assessment and care needs during inspection on 08/14/2025.

Findings included...

An unannounced inspection was conducted on 08/14/2025. Staff A, AFH provider, was not present at AFH. Staff B, a caregiver, was acting as AFH representative.

Observation on 08/14/2025 at 10:44 AM showed one [redacted] (in up position) attached to one side of R2's bed in R2's room.

Review of R2's medical record showed R2 was admitted into the AFH on [redacted]/2025 with diagnoses which included [redacted]. There was no [redacted] assessment found in R2's medical record.

During the interview on 08/14/2025 at 10:45 AM at R2's room, R2 stated that they have been using the [redacted] to adjust the positions in the bed daily since they moved in at the AFH.

During the interview on 08/14/2025 at 10:50 AM, Staff B stated we use the [redacted] while we reposition or change R2 in R2's bed.

During the interview on 08/14/2025 at 01:02 PM, Staff B stated she called Staff A and Staff A would find R2's [redacted] assessment once Staff A is back to the AFH at the weekend.

By the time of this AFH licensor's departure, Staff B was unable to locate R2's [redacted] assessment at the AFH.

Review of a fax received from the AFH on 08/15/2025 showed R's [redacted] assessment dated 05/29/2014.

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, Casey's Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 8/15/2025.

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

Provider (or Representative) Date 8/30/2025

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(1) Names of each resident and staff involved in the drill;

(2) Name of the person conducting the drill;

(3) Date and time of the drill;

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to maintain and keep documentation of emergency evacuations drills at the AFH. This failure resulted in this AFH licensor not being able to review AFH emergency evacuations drills documentation during inspection on 08/14/2025 and determine if all residents (Resident 1 [R1] through Resident 6 [R6]) are prepared on what to do in case of fire emergency.

Findings included ...

An unannounced inspection visit was conducted on 08/14/2025. Staff A, AFH provider, was not present. Staff B, a care giver, was acting as a representative of AFH.

No documentation of AFH emergency evacuation drills was found during the onsite inspection on 08/14/2025.

During the interview on 08/14/2025 at 12:00 PM, Staff B stated that she called the provider and was not told where to find the documentation for emergency evacuation drills at the AFH. Staff B stated the provider will find them once she is back at AFH.

By the time of this licensor's departure at the AFH, Staff B was unable to provide AFH emergency evacuation drill logs.

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, Casey's Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 9/18/2025.

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

Provider (or Representative) Date 8/30/2025

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;

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 751688	Compliance Determination # 64187
Plan of Correction	Casey's Adult Family Home, LLC	Completion Date
Page 8 of 8	Licensee: Casey's Adult Family Home, LLC	08/25/2025

Based on interview and record review, the adult family Home (AFH) failed to ensure AFH orientation records for 5 out of 7 care staff (Staff B, D, E, F and G) were maintained within the AFH and were available for review. Failure to maintain staff orientation documents within the home resulted in this licensor being unable to verify staff completion of home orientation training and placed all residents (Resident 1 through Resident 6) at risk of being cared for by potentially unqualified people.

Findings included...

An unannounced inspection was conducted on 08/14/2025. Staff A, AFH provider, was not present at AFH. Staff B, a caregiver, was acting as AFH representative.

Record reviews of current care staff files showed no documentation of AFH orientation records of 5 current care staff (Staff B, D, E, F and G) was found in their personal records.

During the interview at 01:18 PM, Staff B stated that she called the provider, and the provider would find it once she is back at AFH.

By the time of this AFH licensor's departure, Staff B was unable to locate the above documentation at the AFH.

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, Casey's Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 8/18/2025.

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

Provider (or Representative) 8/30/2025 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Casey's Adult Family Home, LLC
Casey's Adult Family Home, LLC
23901 NE 120th Ct
Battle Ground, WA 98604

RE: Casey's Adult Family Home, LLC # 751688

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/25/2025 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:

Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• 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.

During an onsite inspection visit on 08/14/2025, the record review showed no succession plan found at the adult family home (AFH). The AFH Provider completed it and dated 08/14/2025.

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

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

No record of personal belongings inventory was found in Resident 1 (R1) ’s files during the onsite inspection visit on 08/14/2025. Received fax from the adult family Home (AFH) on 08/15/2025, it showed that AFH provider completed it and signed and dated on 08/14/2025.

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

Upon this licensor’s arrival at the adult family home (AFH) on 08/14/2025, the observation showed that the wooden ramp with wheelchair access was rotten

and broken at the start point of the ramp. Received a photo from AFH provider through a text at 12:48 PM on 08/21/2025, it showed the ramp is repaired.

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:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

No record of a signed and dated copy of department's "Disclosure of Charge" form in Resident #1(R1) and resident #2 (R2) 's files were found during the onsite inspection visit on 08/14/2025.

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

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

Resident 1 (R1) move-in date is [redacted]/2025. No record of a signed and dated notice of service was found in R1 's record during the onsite inspection visit on 08/14/2025.

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 (360)450-1218.

Sincerely,

Jennifer LeMaster Adult Family Home Field Manager, 3G

For: Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit F

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:
Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20**

working days after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

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