STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

KINDRED CARE SERVICES PLLC
VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

RE: VALLEY ROAD RESIDENTIAL CARE License # 751743

Dear Provider:

This letter addresses Compliance Determination(s) 56474 (Completion Date 03/17/2025) and 54679 (Completion Date 02/21/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/17/2025 and found that you have corrected the violations listed in the Full report dated 02/21/2025. Your home is back in compliance as of 02/12/2025 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 388-76-10135-3, WAC 388-76-10135-3-a, WAC 388-76-10135-3-b, WAC 388-76-10135-3-b-i, WAC 388-76-10135-3-b-ii, WAC 388-76-10135-4, WAC 388-76-10135-8, WAC 388-76-10135-7

The Department staff who did the off-site verification:
Melanie Hopkins, NHI-AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License # 751743	Compliance Determination # 54679
Plan of Correction	VALLEY ROAD RESIDENTIAL CARE	Completion Date
Page 1 of 3	Licensee: KINDRED CARE SERVICES PLLC	02/21/2025

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 02/11/2025 of:
VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

Plan of Correction

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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 02/11/2025 of:
VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Ann Garbrough
Residential Care Services

02/24/2025
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)

03/09/2025
Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(3) Has basic communication skills to:

(a) Be able to communicate or make provisions to communicate with the resident in his or her primary language; and

(b) Understand and speak English well enough to:

(i) Respond appropriately to emergency situations, and

(ii) Read, understand, and implement resident negotiated care plans;

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure minimum qualifications and training/certification requirements were completed for language proficiency, Home Care Aide (HCA) credentials, and CPR (cardiopulmonary resuscitation)/First Aid training for 1 of 8 staff (Staff G). This failure resulted in residents receiving care from an unqualified caregiver.

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 8 staff (Staff G) had the communication skills to communicate with

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.

Michelle Ann Garbrough — 02/24/2025

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.

Provider (or Representative) — Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(3) Has basic communication skills to:

(a) Be able to communicate or make provisions to communicate with the resident in his or her primary language; and

(b) Understand and speak English well enough to:

(i) Respond appropriately to emergency situations; and

(ii) Read, understand, and implement resident negotiated care plans;

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure minimum qualifications and training/certification requirements were completed for language proficiency, Home Care Aide (HCA) credentials, and CPR (cardiopulmonary resuscitation)/First Aid training for 1 of 8 staff (Staff G). This failure resulted in residents receiving care from an unqualified caregiver.

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 8 staff (Staff G) had the communication skills to communicate with

residents in their primary language and failed to ensure HCA credentials and cardiopulmonary resuscitation (CPR) training/First-Aid were completed within the required timeframe. These failures resulted in residents receiving care from an unqualified caregiver.

Findings included . . .

On 02/11/2025 at 2:00 PM, Staff E, Caregiver, was observed providing care to residents in the AFH. Staff E was unable to respond to simple questions asked in English.

Record review on 02/12/2025 showed the following:

- Staff E was hired on 08/20/2021. Staff E completed Basic Training classes taught by the AFH Provider for Home Care Aide (HCA) on 07/21/2021 and did not complete the skills testing or licensing exam to finish certification.
- Staff E was let go from employment at the AFH and rehired 01/31/2024. Staff E re-started Basic Training classes and did not finish the course.
- Staff E had a CPR/First Aid certification that expired on 01/28/2025.

In an interview on 02/11/2025 at 2:00 PM, Staff A, Provider, stated that Staff E had been unable to finish Basic Training testing in part due to Staff E's lack of English language proficiency. Staff A reported that Staff E had worked alone in the AFH until their CPR/First Aid certification expired.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date) 02/12/2025

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

Provider (or Representative) — Date: 03/09/2025

residents in their primary language and failed to ensure HCA credentials and cardiopulmonary resuscitation (CPR) training/First-Aid were completed within the required timeframe. These failures resulted in residents receiving care from an unqualified caregiver.

Findings included . . .

On 02/11/2025 at 2:00 PM, Staff E, Caregiver, was observed providing care to residents in the AFH. Staff E was unable to respond to simple questions asked in English.

Record review on 02/12/2025 showed the following:

- Staff E was hired on 06/20/2021. Staff E completed Basic Training classes taught by the AFH Provider for Home Care Aide (HCA) on 07/21/2021 and did not complete the skills testing or licensing exam to finish certification.
- Staff E was let go from employment at the AFH and rehired 01/31/2024. Staff E re-started Basic Training classes and did not finish the course.
- Staff E had a CPR/First Aid certification that expired on 01/28/2025.

In an interview on 02/11/2025 at 2:00 PM, Staff A, Provider, stated that Staff E had been unable to finish Basic Training testing in part due to Staff E's lack of English language proficiency. Staff A reported that Staff E had worked alone in the AFH until their CPR/First Aid certification expired.

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, VALLEY ROAD RESIDENTIAL CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

KINDRED CARE SERVICES PLLC
VALLEY ROAD RESIDENTIAL CARE
3072 Valley Road NE
Moses Lake, WA 98837

RE: VALLEY ROAD RESIDENTIAL CARE # 751743

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/21/2025 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:

Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:

eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• 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 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

The Adult Family Home did not have a window screen for Bedroom C, occupied by one resident. There was no negative outcome to the resident.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
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:
Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

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 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