



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

ROBERT WINTERS
WINTERS HAVEN ADULT FAMILY HOME
204705 E SCHUSTER RD
KENNEWICK, WA 99337

RE: WINTERS HAVEN ADULT FAMILY HOME License # 751937

Dear Provider:

This letter addresses Compliance Determination(s) 76044 (Completion Date 04/17/2026) and 74642 (Completion Date 04/02/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/17/2026 and found that you have corrected the violations listed in the Full report dated 04/02/2026. Your home is back in compliance as of 04/10/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10700, WAC 388-76-10700-2, WAC 388-76-10700-2-b

The Department staff who did the off-site verification:
Lisa Beason, AFH Licensors

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



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Statement of Deficiencies	License #: 751937	Compliance Determination # 74642
Plan of Correction	WINTERS HAVEN ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: ROBERT WINTERS	04/02/2026

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 03/24/2026 of:

WINTERS HAVEN ADULT FAMILY HOME
204705 E SCHUSTER RD
KENNEWICK, WA 99337

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

The department staff that inspected the Adult Family Home:

Lisa Beason, AFH Licenser

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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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

04/06/2026

Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.	
<u></u> Provider (or Representative)	<u>4/7/26</u> Date

WAC 388-76-10700 Building official Inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:

- (2) After any construction changes that:
- (b) Change, add or modify a resident's bedroom.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a building inspection was completed after modifying resident bedrooms for 2 of 5 residents (Resident 3 & 4). This failure placed the residents at risk of residing in an unsafe environment.

Findings included. . .

Observation on 03/24/2026 at 1:20 PM showed Resident 3 and 4 residing in single occupancy bedrooms at the AFH. Both single occupancy bedrooms had doors in place with unpainted drywall above the door.

Record review of the AFH floor plan key dated 09/04/2024 showed Room ■ was a double occupancy room.

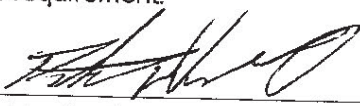
During an interview on 03/24/2026, Staff A, Provider, stated that they had modified the double room (room ■) by placing doors on each entryway, prior to this, there was one door leading to a double room with open entry ways leading to each resident's private area of the room. Staff A stated that the bedroom was originally added to the home in 2017. Staff A stated that they added the doors to the entryways about 8 months ago.

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Staff A stated they did not get the room inspected because the only change was adding doors. Staff A stated Resident 3 & 4 requested the doors be added to their space in the room for privacy.

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, WINTERS HAVEN ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/10/26.

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



Provider (or Representative)

4/7/26

Date