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

Gentle Family Home LLC
Gentle Family Home LLC
4638 Chanting Circle SW
Port Orchard, WA 98367

RE: Gentle Family Home LLC License # 752322

Dear Provider:

This letter addresses Compliance Determination(s) 25107 (Completion Date 06/15/2023) and 23895 (Completion Date 05/19/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/15/2023 and found that you have corrected the violations listed in the Follow up report dated 05/19/2023. Your home is back in compliance as of 05/22/2023 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 388-76-10805-3, WAC 388-76-10176-2

The Department staff who did the on-site verification:
Scotti Bower, AFH Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, 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 #: 752322	Compliance Determination # 23895
Plan of Correction	Gentle Family Home LLC	Completion Date
Page 1 of 4	Licensee: Gentle Family Home LLC	05/19/2023

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 05/18/2023, 05/18/2023, and 05/18/2023 of:
Gentle Family Home LLC
4638 Chanting Circle SW
Port Orchard, WA 98367

This document references the following SOD dated: 05/19/2023

The following sample was selected for review during the unannounced on-site visit: 0 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scotti Bower, 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.

Residential Care Services

05/25/2023
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 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure 5 of 5 smoke detector alarms (Bedrooms A, B, C, and D and Hallway) were interconnected in a manner that one alarm would activate them all. This failure placed all four residents at risk for delay in evacuation in case of a fire.

Findings included...

On 05/18/2023 at noon, when testing the smoke alarms individually in Bedroom D and in the hallway between Bedrooms A and B, the system failed to activate all of the smoke alarms in the home.

On 05/19/2023 at 8:17 AM in an interview, the Provider stated they were surprised the smoke alarms were not interconnected and stated they changed the batteries.

This is an uncorrected deficiency previously cited on 04/05/2023.

Attestation Statement

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, Gentle Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/22/2023.

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

Provider (or Representative) 5/30/2023 Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to obtain a fingerprint background check for 2 of 6 caregivers (Caregiver C, and Caregiver D) within one hundred twenty (120) days of hire. This failure placed all four residents at risk of unsupervised access by a caregiver with a disqualifying criminal background.

Findings included...

On 03/28/2023 at 1:00 pm, review of Caregiver (CG) C's personnel file showed they were hired on 05/05/2021. There was no documentation provided verifying a fingerprint background check was completed on CG-C. On 05/18/2023 at 12:05pm, there was still no documentation to support a fingerprint background check was completed on CG-C.

On 03/28/2023 at 1:05 pm, review of CG-D's personnel file showed they were hired on 08/26/2022. There was no documentation provided verifying a fingerprint background check was completed on CG-D. On 05/18/2023 at 12:05pm, there was still no documentation to support a fingerprint background check was completed on CG-D.

On 05/19/2023 at 8:19 am in an interview, the Provider stated they scheduled appointments for CG-C and CG-D to complete their fingerprint background checks. The Provider said both CG-C and CG-D failed to make their appointments.

This is an uncorrected deficiency previously cited on 04/05/2023.

Attestation Statement

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, Gentle Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/22/2023.

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

Statement of Deficiencies	License #: 752322	Compliance Determination # 23895
Plan of Correction	Gentle Family Home LLC	Completion Date
Page 4 of 4	Licensee: Gentle Family Home LLC	05/19/2023

Marilyn dk — 5/30/2023

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

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 03/28/2023, 03/28/2023 and 03/28/2023 of:

Gentle Family Home LLC
4638 Chanting Circle SW
Port Orchard, WA 98367

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scotti Bower, 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.

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 388-76-10810 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 interview and observation, the adult family home (AFH) failed to ensure 1 of 1 fire extinguisher was serviced annually. This failure placed all four residents at risk of life-threatening danger if the fire extinguisher was not working when needed for a fire emergency.

Findings included...

On 03/28/2023 at 11:27 am, observation showed the home's fire extinguisher was last serviced in 2021. There was no month listed on the attached tag, indicating what month it was serviced in 2021.

On 03/28/2023 at 11:30 am in an interview, the Provider stated they forgot to have the fire extinguisher serviced.

Attestation Statement

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, Gentle Family Home LLC 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

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms

are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure 4 of 4 resident bedroom smoke detector's (Bedrooms A, B, C, and D) were interconnected in a manner that one alarm would activate them all. This failure placed all four residents at risk for delay in evacuation in case of a fire.

Findings included…

On 03/28/2023 at 2:30 PM, the Provider was asked to test the smoke detectors. When Bedrooms A, B, C, and D were activated individually, the system failed to activate all of the smoke alarms in the home.

On 03/28/2023 at 2:35 PM in an interview, the Provider stated they were not aware that WAC required the alarms to be interconnected.

Attestation Statement

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, Gentle Family Home LLC 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

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have

unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to obtain a fingerprint background check for 3 of 7 caregivers (Caregiver C, Caregiver D, and Caregiver G) within one hundred twenty-days of hire. This failure placed all four residents at risk of unsupervised access by a caregiver with a disqualifying criminal
background.

Findings included...

On 03/28/2023 at 1:00 pm, review of Caregiver (CG) C's personnel file showed they were hired on 05/05/2021. There was no documentation provided verifying a fingerprint background check was completed on CG-C.

On 03/28/2023 at 1:05 pm, review of CG-D's personnel file showed they were hired on 08/26/2022. There was no documentation provided verifying a fingerprint background check was completed on CG-D.

On 03/28/2023 at 1:10 pm, review of CG-G's personnel file showed they were hired on 08/25/2022. There was no documentation provided verifying a fingerprint background check was completed on CG-G.

On 03/28/2023 at 1:20 pm in an interview, the Provider stated they failed to complete fingerprint background checks on CG-C, CG-D, and CG-G.

Attestation Statement

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, Gentle Family Home LLC 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