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
2235 Steamboat Loop E
Port Orchard, WA 98366

RE: Gentle Family Home LLC License # 752322

Dear Provider:

This letter addresses Compliance Determination(s) 57529 (Completion Date 04/03/2025) and 53956 (Completion Date 02/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2025 and found that you have corrected the violations listed in the Full report dated 02/06/2025. Your home is back in compliance as of 03/11/2025 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 388-76-10015-1, WAC 388-76-10335-2, WAC 388-76-10335-4-a, WAC 388-76-10335-4-b, WAC 388-76-10335-8, WAC 388-76-10335-10, WAC 388-76-10335-11-g, WAC 388-76-10335-11-h, WAC 388-76-10335-12-a, WAC 388-76-10335-12-b, WAC 388-76-10335-12-c, WAC 388-76-10335-13, WAC 388-76-10360, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10895-1-a, WAC 388-76-10895-1-b, WAC 388-76-10895-3-a, WAC 388-76-10895-3-b, WAC 388-76-10895-3-c, WAC 388-76-10895-3-d

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,

For: 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

Statement of Deficiencies	License #: 752322	Compliance Determination # 53956
Plan of Correction	Gentle Family Home LLC	Completion Date
Page 1 of 8	Licensee: Gentle Family Home LLC	02/06/2025

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 01/29/2025 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: 3 of 6 current residents and 1 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

02/11/2025
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)

2/23/2025
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure they had a medical test site waiver (MTSW, a waiver required by the federal food and drug administration to perform laboratory tests without meeting specific laboratory standards) before caregivers performed blood glucose testing, interpreted test results, and acted on the results for 1 of 6 residents (Resident 5). This failure placed Resident 5 at risk of health complications.

Findings included...

On 01/29/2025 at 12:15 PM, in an interview, Caregiver A said Resident 5 had a diagnosis of [redacted], and AFH caregivers were performing Resident 5's blood glucose tests.

Review of an assessment dated 02/29/2012, showed caregivers had been testing Resident 5's blood glucose levels for approximately thirteen (13) years, since Resident 5 moved into the home.

Review of the AFH's administrative records showed no evidence of a MTSW certificate.

On 01/30/2025, in an interview, Caregiver C said they were not aware of the waiver because it was not required by the department when the AFH caregivers started testing Resident 5's blood glucose in 2012.

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) 3/11/2025 .

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

Provider (or Representative) Marilyn Davis — Date 2/23/2025

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(2) Current prescribed medications, and contraindicated medications, including but not limited to, medications known to cause adverse reactions or allergies;

(4) Medication management:

(a) The ability of the resident to be independent in managing medications;

(b) The amount of medication assistance needed;

(8) History of depression and anxiety;

(10) Social, physical, and emotional strengths and needs;

(11) Functional abilities in relationship to activities of daily living including:

(g) Dressing; and

(h) Bathing.

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(a) The food that the resident enjoys;

(b) Meal times; and

(c) Sleeping and nap times.

(13) Activities.

This requirement was not met as evidenced by:

Based on interviews and record review, the adult family home (AFH) failed to ensure the assessment for 1 of 6 residents (Resident 1) included information for all required assessment topics. This failure placed Resident 1 at risk of unmet care needs and preferences.

Findings included...

Review of Resident 1's assessment dated [redacted] 2025, showed Resident 1 had diagnoses of a [redacted] and [redacted]

Review of Resident 1's assessment showed no information about Resident 1's current medications. The information about Resident 1's ability to manage medications was unclear because the assessment did not specify whether Resident 1 could manage their medications independently, or required assistance and if so, what kind of assistance Resident 1 required.

On 01/29/2025 at 12:05 PM, in an interview, Resident 1 cried when asked if the home allowed Resident 1 to have visitors in the home. Resident 1 said they had marital issues with their current spouse which affected the frequency and the quality of the visits with their spouse.

Review of Resident 1's assessment dated [redacted] 2025, showed no information related to Resident 1's history of depression. There was no information about Resident 1's social, physical, and emotional strengths and needs.

On 01/29/2025 at 12:05 PM, in an interview, Resident 1 said the AFH caregivers provided good care that met Resident 1's care needs, but sometimes Resident 1 had to wait to shower because the availability of caregivers to give Resident 1 a shower was sometimes unpredictable.

Review of Resident 1's assessment dated [redacted]/2025, showed information about most of Resident 1's functional abilities related to activities of daily living (ADLs), but there was no information about Resident 1's ability to bathe or dress themselves. Resident 1's hemiplegia and hemi-paresis affected Resident 1's ability to both bathe and dress themselves independently.

Review of Resident 1's assessment dated [redacted]/2025, showed no information about Resident 1's preferences related to food, mealtimes, sleep and nap times, and

activities.

On 02/06/2025 at 9:05 AM, in an interview, the AFH Provider said they decided to use a different assessment form then they had in the past, because it was provided by the department. The Provider did not recognize that the form they used to complete Resident 1's assessment did not address all the required assessment topics or have enough information about the topics.

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) 3/11/2025 .

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

Provider (or Representative) — Date: 2/23/2025

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.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure they developed and completed a negotiated care plan (NCP) for 1 of 6 residents (Resident 1) within 30 days of their admission to the home. This failure placed Resident 1 at risk of unmet care needs and preferences.

Findings included...

Review of Resident 1's record on 01/29/2025, showed Resident 1 moved into the AFH on [redacted]/2024. Review of Resident 1's record showed no evidence of an NCP.

On 02/06/2025 at 9:05 AM, in an interview, the AFH Provider said they usually integrated resident care plans (NCP) and assessments into one document, but they had not included the care plan in Resident 1's current assessment or completed a septate NCP for Resident 1 to-date.

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) 3/11/2025.

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

Provider (or Representative) _____ Date 2/23/2025

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(b) A partial evacuation is evacuation to the designated emergency exit.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

(d) Continuing to offer the resident a chance to participate in every evacuation drill.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure 1 of 5 residents (Resident 2) participated in one partial emergency evacuation drill every sixty days at least once in a calendar year. The AFH failed to ensure 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5) participated together in one

full evacuation drill at least once in a calendar year to their meeting place. The AFH failed to document 1 of 5 resident (Resident 2) refusals to participate in evacuation drills. These failures placed all residents at risk of harm in the event of an actual emergency needed to evacuate safely from the AFH.

Findings included...

Review of the home's evacuation drills showed Resident 2, who required total assistance with transfers using a [redacted] participated in each partial drill on 11/28/2023, 03/28/2024, 05/28/2024, 09/28/2024, and 11/28/2024, and the full evacuation drill on 07/28/2024.

On 01/29/2025 at 5:25 PM, in an interview, Resident 2 denied they had participated in an emergency evacuation drill since they moved into the home (on [redacted]/2023).

On 01/29/2025 at 5:25 PM, in an interview, Caregiver C said Resident 2 had not wanted to participate in an evacuation drill. Caregiver C was not aware Resident 2 had the right to refuse participation in an evacuation drill if the AFH documented Resident 2's refusal in their negotiated care plan (NCP) with an estimate of the time it would take to evacuate Resident 2, and add the estimated time to each emergency evacuation drill record to ensure caregivers could evacuate all residents within five minutes.

Review of the evacuation drills showed every drill including the full drill took the same amount of time (four minutes), regardless of the number of residents (4-6) and staff (2-3) participating in the drill.

On 01/29/2025 at 4:15 PM, in an interview, when asked why all the emergency evacuation drills (partial and full) took the same amount of time with varying numbers of resident and staff participation, Caregiver C said they practiced their drills the same way every time, meeting outside the back door each time. When asked about the location of the emergency evacuation meeting place, Caregiver C said it was in the far corner of the backyard. Caregiver C said caregivers had not practiced an evacuation drill to the meeting place. Caregiver C said when caregivers conducted a full evacuation drill, all the residents had to participate, but they did not go further than the back door.

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) 3/11/2025.

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

Provider (or Representative) — Date: 2/23/2025

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
2235 Steamboat Loop E
Port Orchard, WA 98366

RE: Gentle Family Home LLC # 752322

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/06/2025 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 388-76-10201 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.

The adult family home (AFH) had a plan for continuity of resident care, services and AFH operations in the event the AFH Provider was unable to fulfill their duties in the home, but the Provider had not documented the plan, and placed a copy in their administrative records. The AFH Provider ensured their succession plan was documented and available for review before the completion of the licensing inspection.

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:

(b) The adult family home.

The adult family home (AFH) completed an itemized personal belongings inventory form for Resident 2 when they moved into the AFH, but did not ensure the AFH Provider signed and dated the form as required. Before the completion of the licensing inspection, the AFH Provider signed and dated Resident 2's itemized personal belongings inventory form.

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 2 reviewed and signed their negotiated care plan (NCP) every twelve months as required. Before the completion of the licensing inspection, the AFH Provider had Resident 2 review and sign their NCP.

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

The adult family home (AFH) did not ensure an opioid-reversal medication was available for administration as ordered in the event Resident 2 (who took multiple high dosage opioid medications) overdosed. The AFH staff requested a refill of the opioid-reversal medication, and it was delivered to the home before the completion of the licensing inspection.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

The adult family home (AFH) did not ensure their medication supply was stored securely when medications in a kitchen cupboard and medication cart were left unlocked. None of the AFH residents attempted to access the medications, and an AFH caregiver secured the medication supply as soon as the issue was brought to their attention.

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