



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600**

May 26, 2026

ELECTRONIC-FACSIMILE

Licensee, Tierra Village
Coyote House
11864 Sunitsch Canyon Road
Leavenworth, WA 98826

Adult Family Home License # 752600
Entity Representative: Andrew Holm

**IMPOSITION OF CIVIL FINES,
CONTINUED AND AMENDED CONDITIONS ON A LICENSE AND
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On May 12, 2026, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter is formal notice of the imposition of civil fines, continued and amended conditions on a license, and continued stop placement order prohibiting admissions on the license of your adult family home, located at **11864 Sunitsch Canyon Road, Leavenworth**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The civil fines, continued and amended conditions on a license, and continued stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **May 12, 2026**.

Civil Fines

WAC 388-76-10670 (1)(2)(3)(4) Prevention of abuse.

\$3,000.00

The licensee failed to protect, prevent, and ensure three residents were free from sexual abuse, and one resident was free from neglect. These failures resulted in harm for three residents and contributed to one resident feeling unsafe in the Adult Family Home (AFH) and resulted in staff being unable to implement a residents NCP to protect and prevent inappropriate sexual behaviors.

WAC 388-76-10400 (1)(2)(3)(a)(b)(c) Care and services.

\$3,000.00

The licensee failed to implement the negotiated care plan (NCP) and safety plan for one resident. These failures resulted in the Adult Family Home being unable to actively support the safety of three residents when a resident displayed inappropriate sexual behaviors.

WAC 388-76-10673 (1)(b)(2)(b) Abuse and neglect reporting—Mandated reporting to department—Required.

\$2,000.00

The licensee failed to ensure that the Department and law enforcement were immediately notified of sexual abuse incidents for two residents. This failure resulted in the delayed investigation of abuse and placed the residents at risk of ongoing sexual assault.

Continued Stop Placement Order Prohibiting Admissions

WAC 388-76-10670 (1)(2)(3)(4) Prevention of abuse.

The licensee failed to protect, prevent, and ensure three residents were free from sexual abuse, and one resident was free from neglect. These failures resulted in harm for three residents and contributed to one resident feeling unsafe in the Adult Family Home (AFH) and resulted in staff being unable to implement a residents NCP to protect and prevent inappropriate sexual behaviors.

WAC 388-76-10400 (1)(2)(3)(a)(b)(c) Care and services.

The licensee failed to implement the negotiated care plan (NCP) and safety plan for one resident. These failures resulted in the Adult Family Home being unable to actively support the safety of three residents when a resident displayed inappropriate sexual behaviors.

WAC 388-76-10673 (1)(b)(2)(b) Abuse and neglect reporting—Mandated reporting to department—Required.

The licensee failed to ensure that the Department and law enforcement were immediately notified of sexual abuse incidents for two residents. This failure resulted in the delayed investigation of abuse and placed the residents at risk of ongoing sexual assault.

The stop placement order prohibiting admissions to your adult family home was effective immediately upon **verbal** notice to you on **January 28, 2026**, in a letter dated January 29, 2026. The stop placement order was continued by **verbal** notice to you on **April 10, 2026**, in a letter dated April 13, 2026. The continued stop placement order was continued again by **verbal** notice to you on **April 14, 2026**, in a letter dated April 15, 2026. The continued stop placement order is once again continued immediately upon **verbal** notice to you on **May 26, 2026**, and electronic facsimile of this letter and the attached Statement of Deficiencies report. The continued stop

placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Shelly Yarbrough, Field Manager, at (509) 572-7394.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the continued stop placement order prohibiting admissions.

The department will terminate the continued stop placement order prohibiting admissions when the violations necessitating the continued stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Continued and Amended Conditions on License

WAC 388-76-10670 (1)(2)(3)(4) Prevention of abuse.

The licensee failed to protect, prevent, and ensure three residents were free from sexual abuse, and one resident was free from neglect. These failures resulted in harm for three residents and contributed to one resident feeling unsafe in the Adult Family Home (AFH) and resulted in staff being unable to implement a residents NCP to protect and prevent inappropriate sexual behaviors.

WAC 388-76-10400 (1)(2)(3)(a)(b)(c) Care and services.

The licensee failed to implement the negotiated care plan (NCP) and safety plan for one resident. These failures resulted in the Adult Family Home being unable to actively support the safety of three residents when a resident displayed inappropriate sexual behaviors.

WAC 388-76-10673 (1)(b)(2)(b) Abuse and neglect reporting—Mandated reporting to department—Required.

The licensee failed to ensure that the Department and law enforcement were immediately notified of sexual abuse incidents for two residents. This failure resulted in the delayed investigation of abuse and placed the residents at risk of ongoing sexual assault.

The department has determined that the following continued and amended conditions shall be placed on your adult family home license (*amended are italicized, underlined, and bold*):

- **The Adult Family Home (AFH) must hire, at their own expense, an AFH Consultant, not currently or previously affiliated with the AFH, and familiar with AFH policies and regulations by June 9, 2026, to assist in the development and implementation of abuse and neglect policies to ensure residents are free from abuse.**
- **The AFH Consultant shall:**
 - **Review and if necessary, assist in revising or developing AFH resident rights policies, including abuse and neglect policies and mandatory reporting requirements.**
 - **Provide training to all AFH staff regarding:**
 - **Implementation of AFH resident rights policies.**
 - **Implementation of AFH abuse and neglect policies, including:**
 - ❖ **How to recognize abuse and neglect.**
 - ❖ **How to prevent abuse and neglect.**
 - ❖ **What to do when abuse and neglect are suspected or reported in the AFH.**
 - ❖ **How to protect residents when an allegation of abuse or neglect is reported.**
 - ❖ **How to report suspected abuse and neglect as a mandatory reporter.**
 - ❖ **How to communicate suspected abuse and neglect of residents to resident representative and board of directors.**
- **The AFH must provide the AFH Consultant with a copy of the Statement of Deficiencies (SOD) dated May 12, 2026.**
- **The AFH must provide contact information for the AFH Consultant to the Field Manager upon hire.**
- **The AFH Consultant must be available to the department to answer questions.**
- **The AFH Consultant must provide the Field Manager with documentation of staff training no later than June 30, 2026**
- **The licensee must appoint a qualified Entity Representative to delegate and manage the day-to-day operations of the Adult Family Home (AFH) by 5:00 PM on Tuesday, June 30, 2026.**
- **The licensee must provide the name and contact information of the appointed Entity Representative to the Department Field Manager upon appointment.**

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- **The AFH provider must post this Notice of Continued and Amended Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.**

These conditions were effective upon **verbal** notice to you on **April 10, 2026**, in a letter dated April 13, 2026. The conditions were continued and amended by **verbal** notice to you on **April 14, 2026**, in a letter dated April 15, 2026. These continued and amended conditions are once again continued and amended upon **verbal** notice to you on **May 26, 2026**, and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations, which resulted in the fines, continued and amended conditions on your license, and continued stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Shelly Yarbrough, Field Manager
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903
Phone: (509)572-7394/ Fax: (509)454-4160
rcsregion1email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter.

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

You can make an IDR request and find directions on the IDR web page at:
<http://www.dshs.wa.gov/altsa/idr>.

Formal Administrative Hearing

You may contest the civil fines, continued and amended conditions, and continued stop placement by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines, continued and amended conditions, and continued stop placement order. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

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Mail a check for **\$8,000.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check**, to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

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If you have any questions, please contact Shelly Yarbrough, Field Manager, at (509) 572-7394.

Sincerely,



Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit C
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
WA Cares
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: _____, Field Manager, Region ____ Unit ____

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Licensee or Designee Signature

Date