



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Rite Choice Ventilator Specialty AFH LLC
Rite Choice Ventilator Specialty AFH LLC
15208 NE 25th Circle
Vancouver, WA 98684

RE: Rite Choice Ventilator Specialty AFH LLC License # 752667

Dear Provider:

This letter addresses Compliance Determination(s) 65451 (Completion Date 09/10/2025) and 62647 (Completion Date 07/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/10/2025 and found that you have corrected the violations listed in the Complaint report dated 07/17/2025. Your home is back in compliance as of 08/21/2025 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 388-76-10616-3, WAC 388-76-10616-1, WAC 388-76-10616-1-a, WAC 388-76-10616-1-b, WAC 388-76-10616-1-c, WAC 388-76-10616-1-d, WAC 388-76-10616-1-e, WAC 388-76-10616-1-f

The Department staff who did the on-site verification:
Priscilla Changa, Nursing Home Complaint Investigator

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Jennifer LeMaster Adult Family Home Field Manager, 3G

For: Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit F
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 752667	Compliance Determination # 62647
Plan of Correction	Rite Choice Ventilator Specialty AFH LLC	Completion Date
Page 1 of 3	Licensee: Rite Choice Ventilator Specialty AFH LLC	07/17/2025

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 an unannounced on-site complaint investigation on 07/16/2025 of:

Rite Choice Ventilator Specialty AFH LLC
 15208 NE 25th Circle
 Vancouver, WA 98684

This document references the following complaint number(s): 183547

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Priscilla Changa, Nursing Home Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3 , Unit F
 800 NE 136th Ave, Suite 200
 Vancouver, WA 98684

Statement of Deficiencies	License #: 752667	Compliance Determination # 62647
Plan of Correction	Rite Choice Ventilator Specialty AFH LLC	Completion Date
Page 2 of 3	Licensee: Rite Choice Ventilator Specialty AFH LLC	07/17/2025

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.

Jennifer LeMaster
Residential Care Services

07/18/2025
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.

F Stevenson
Provider (or Representative)

7/22/2025
Date

WAC 388-76-10616 Resident rights Transfer and discharge notice.

(1) Before a home transfers or discharges a resident, the home must give the resident and the resident's representative a written thirty day notification informing them of the transfer or discharge. The home must also make a reasonable effort to notify, if known, any interested family member. The written notification must be in a language and manner the resident understands and include the following:

- (a) The reason for transfer or discharge;
 - (b) The effective date of transfer or discharge;
 - (c) The location where the resident is transferred or discharged if known at the time of the thirty-day discharge notice;
 - (d) The name, address, and telephone number of the state long-term care ombuds;
 - (e) For residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of individuals with a developmental disability; and
 - (f) For residents with mental illness, the mailing address and telephone number of the agency responsible for the protection and advocacy of individuals with mental illness.
- (3) A copy of the written notification must be in the resident's records.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to issue the resident and/or the resident's representative a written thirty day discharge notice when 1 of 1 sampled discharged resident (Resident 1/R1) discharged to the hospital and the home declined to have them return. This failure placed the resident and their representative at risk of making uninformed decisions about placement and emotional distress.

Statement of Deficiencies	License #: 752667	Compliance Determination # 62647
Plan of Correction	Rite Choice Ventilator Specialty AFH LLC	Completion Date
Page 3 of 3	Licensee: Rite Choice Ventilator Specialty AFH LLC	07/17/2025

Findings included...

During an interview on 07/17/2025 at 10:22 AM, Staff A, stated that R1 was sent to the hospital and they could not take them back because they could no longer meet their care needs. Staff A stated that they did not issue a written thirty day discharge notice as required.

During an interview on 07/17/2025 at 10:00 AM Collateral Contact 1, said they did not receive a written thirty day notice.

Record review of R1's medical record record showed R1 discharged to the hospital on [REDACTED]/2025. The record did not show a written thirty discharge notice was issued.

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, Rite Choice Ventilator Specialty AFH LLC is or will be in compliance with this law and / or regulation on
(Date) 8/21/2025.

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


Provider (or Representative)

7/22/2025
Date