STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Spokane Adult Family Home LLC

Spokane Adult Family Home LLC
8211 N Standard St
Spokane, WA 99208

RE: Spokane Adult Family Home LLC License # 752874

Dear Provider:

This letter addresses Compliance Determination(s) 56539 (Completion Date 03/18/2025) and 53311 (Completion Date 01/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2025 and found that you have corrected the violations listed in the Full report dated 01/22/2025. Your home is back in compliance as of 01/23/2025 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 388-76-10750-7

The Department staff who did the on-site verification:
Joshua Robison, Community Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 01/21/2025 and 01/21/2025 of:

Spokane Adult Family Home LLC
8211 N Standard St
Spokane, WA 99208

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:

Joshua Robison, Community Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure toxic substances were kept inaccessible to 4 of 5 residents (Residents 1, 2, 3, & 4). This failure placed the residents at risk for accessing toxic chemicals.

Findings included…

Observation on 01/25/2025 at 9:36 AM showed Resident 1 walking independently in the home.

Observation on 01/25/2025 at 9:51 AM showed Resident 4 walking independently in the home.

Observation on 01/25/2025 at 9:53 AM showed Resident 2 walking independently in the home.

Observation on 01/25/2025 at 12:47 PM showed Resident 3 moving independently in the home using a wheelchair.

Observation on 01/25/2025 at 9:30 AM showed concentrated cleaner/degreaser sitting within reach on the office side of a short pony wall separating the dining room from the office area. The gate in the pony wall had a combination lock that was unlocked.

Observation on 01/25/2025 at 10:31 AM during the environmental tour showed the following toxic substances in the unlocked office area: wood cleaner, paint primer, wasp killer, oven cleaner, bleach, and WD-40.

At 10:34 AM on 01/25/2025 Staff A, Provider, acknowledged that the chemicals were unlocked and stated that they normally would be in locked storage.

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, Spokane Adult 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