



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

Robville LLC
Robville LLC
218 NW Sunrise Drive
Pullman, WA 99163

RE: Robville LLC License # 753235

Dear Provider:

This letter addresses Compliance Determination(s) 43202 (Completion Date 06/25/2024) and 41105 (Completion Date 05/22/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/25/2024 and found that you have corrected the violations listed in the Full report dated 05/22/2024. Your home is back in compliance as of 05/27/2024 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 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10176

The Department staff who did the on-site verification:

Jacqueline Block, AFH Licensors

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

Sincerely,

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



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Statement of Deficiencies	License #: 753235	Compliance Determination # 41105
Plan of Correction	Robville LLC	Completion Date
Page 1 of 3	Licensee: Robville LLC	05/22/2024

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 05/15/2024 and 05/15/2024 of:

Robville LLC
218 NW Sunrise Drive
Pullman, WA 99163

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

The department staff that inspected the Adult Family Home:

Jacqueline Block, AFH Licenser

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.

Selena Clemons

05/22/2024

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.



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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:

- (1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and
- (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 ensure a national fingerprint background check was completed within one hundred twenty days for 1 of 5 staff (Staff B). This failure resulted in staff with potentially disqualifying crimes having unsupervised access to the residents.

Findings included...

Review of staff records on 05/15/2024 showed Staff B, Former Caregiver, was hired on 08/21/2023, and their national fingerprint background check results were received on 01/24/2024 (158 days later).

On 05/15/2024 at 10:17 AM, Staff A, Resident Manager, stated Staff B was attending college and had been unable to schedule a fingerprint background check due to their class schedule. Staff A reported they were aware Staff B had not completed a fingerprint background check within 120 days of hire. According to Staff A, Staff B continued to work in the home while waiting to receive the fingerprint background check results.

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, Robville 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
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