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

Camp Kim Adult Family Home LLC

Camp Kim Adult Family Home LLC
3116 S Bowdish Rd
Spokane Valley, WA 99206

RE: Camp Kim Adult Family Home LLC License # 753322

Dear Provider:

This letter addresses Compliance Determination(s) 56996 (Completion Date 03/26/2025) and 54484 (Completion Date 02/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/26/2025 and found that you have corrected the violations listed in the Full report dated 02/24/2025. Your home is back in compliance as of 02/27/2025 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 388-76-10265-1-d

The Department staff who did the on-site verification:
Jacqueline Block, AFH 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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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 02/07/2025 of:

Camp Kim Adult Family Home LLC
3116 S Bowdish Rd
Spokane Valley, WA 99206

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 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement a system to ensure tuberculosis (TB) testing was completed within three days of employment for 3 of 3 current caregivers (Staff B, Staff C, & Staff D). This failure placed residents at risk of receiving care from a staff member with tuberculosis.

Findings included…

On 02/07/2025 at 8:46 AM, Staff B, Caregiver, and Staff C, Caregiver, were observed to be the only caregivers working with residents in the AFH.

Review of the employee record on 02/07/2025 for Staff B, showed they were hired on 04/05/2024 and did not initiate TB testing until 06/12/2024 (68 days after date of hire).

Review of the employee record on 02/07/2025 for Staff C, showed they were hired on 01/13/2025. There was no documentation to show TB testing had been completed within three days of employment.

On 02/20/2025 review of staff records showed Staff D, Caregiver, was hired on 12/23/2024. The documentation showed a letter dated 11/27/2024 (27 days prior to

employment) stating that Staff D had a negative PPD test result. No additional TB testing documentation was provided to show TB testing had been completed within three days of employment.

On 02/24/2024 at 4:20 PM, Staff A, Provider, stated they were aware TB testing had to be completed within three days of hire.

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, Camp Kim 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