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

PURITY KAPEEN
Purity Adult Family Home Enterprises
11709 E Lenora Dr
Spokane Valley, WA 99206

RE: Purity Adult Family Home Enterprises License # 753335

Dear Provider:

This letter addresses Compliance Determination(s) 65122 (Completion Date 09/04/2025) and 62298 (Completion Date 07/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/04/2025 and found that you have corrected the violations listed in the Follow up report dated 07/09/2025. Your home is back in compliance as of 08/06/2025 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 388-76-10475-1, WAC 388-76-10475-2-c

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

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

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 follow-up on 07/09/2025 of:

Purity Adult Family Home Enterprises
11709 E Lenora Dr
Spokane Valley, WA 99206

This document references the following SOD dated: 07/09/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 3 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 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep the medication log up-to-date for 1 of 4 residents (Resident 2). This failure placed the resident at risk of medication error.

Findings included…

On 07/09/2025 at 11:55 AM observation of Resident 2's pharmacy labeled medications and review of the list of prescribed medications in the Residential Management System (RMS) showed that Resident 2 was prescribed Trazodone (a medication for insomnia): Take two 100 milligrams (mg) tablets (200 mg total) at bedtime.

Review of Resident 2's Medication log on 07/09/2025 showed that Trazadone was not initialed as given to Resident 2 on 06/28/2025, 07/05/2025, and 07/07/2025.

On 07/09/2025 at 12:00 PM Staff B, Caregiver, acknowledged that there were no initials on the medication log to confirm that Resident 2 had received Trazadone on 06/28/2025, 07/05/2025, and 07/07/2025. Staff B stated that Resident 2 was given the Trazadone each night and was unsure why this was not marked on the medication log.

This is an uncorrected deficiency previously cited on 05/16/2025.

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, Purity Adult Family Home Enterprises 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

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

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 05/13/2025 of:
Purity Adult Family Home Enterprises
11709 E Lenora Dr
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:

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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that all prescribed and over-the-counter medications were kept in locked storage and were inaccessible to 2 of 4 residents (Residents 2 & 4). This failure placed residents at risk for accessing unsecured medications and possible ingestion.

Findings included…

Observations on 05/13/2025 at 9:35 AM and 11:50 AM showed Resident 2 walking independently in the home.

Observations on 05/13/2025 at 10:59 AM and 11:20 AM showed Resident 4 moving independently in the home using an [redacted].

Observation on 05/13/2025 at 10:10 AM showed a bubble pack on the counter in the kitchen containing a 1 milligram (mg) alprazolam pill.

At 10:10 AM on 05/13/2025 Staff B, Caregiver, stated that the medications are usually prepared on the kitchen counter before they're placed in baskets and moved into locked storage, and that this medication must have been missed.

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, Purity Adult Family Home Enterprises 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

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(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 the home was kept in good repair, failed to maintain a clean and homelike environment, and failed to ensure toxic substances were kept in locked storage and inaccessible to 2 of 4 residents (Residents 2 & 4). These failures resulted in residents living in an un-homelike environment and placed the residents at risk for accessing toxic substances.

Findings included…

Observations on 05/13/2025 at 9:35 AM and 11:50 AM showed Resident 2 walking independently in the home.

Observations on 05/13/2025 at 10:59 AM and 11:20 AM showed Resident 4 moving independently in the home using an [redacted].

Observation upon entry to the home on 05/13/2025 at 9:23 AM showed a hole in the wall behind the front door and paint chipping off the front door, walls of the dayroom, dining room, and kitchen. There were large splotches of wall-patching material on the hallway wall leading to the bedrooms, and large pieces of wall missing from a corner wall across the fridge in the kitchen.

Observation of Bedroom B on 05/13/2025 at 11:00 AM showed multiple holes in the

door, a broken door stop, multiple scuff marks on the walls and door, the glass ceiling-light shade had a corner missing, five holes in the wall in the closet, multiple strips of missing paint on the walls, various holes in the walls, and the floor vent was covered in a grimy, brown substance. Staff B, Caregiver, stated that many of the marks were due to chair bumps, and that they planned to paint and replace the door.

Observation of Bedroom C on 05/13/2025 at 11:07 AM showed five holes and gouges in the door, multiple gouges of missing wood and paint in the doorframe, and brown stains on the wall beneath the window. Staff B, Caregiver, stated that the gouges were from wheelchairs and the stains may have been caused by window cleaning material.

Observation on 05/13/2025 at 12:45 PM showed two holes in bathroom wall between the toilet and the shower, one approximately 2 x 2 inches and the other approximately 1 x 1 inches.

Observation on 05/13/2025 at 12:01 PM showed Lysol all-purpose cleaner and a brown liquid in an unmarked spray bottle in an unlocked cabinet under the sink in Bathroom 2.

Observation on 05/13/2025 at 12:05 PM showed two tubs of dishwasher detergent pods in an unlocked cabinet under the kitchen sink.

At 12:05 AM on 05/13/2025 Staff B stated the substances would be moved into locked storage.

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, Purity Adult Family Home Enterprises 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

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar

year;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to conduct emergency evacuation drills for 4 of 4 residents (Residents 1, 2, 3, & 4) at least once every sixty days. This failure placed residents at risk of harm in the event of a fire or emergency.

Findings included…

Review of evacuation drill logs on 05/13/2025 showed the AFH had conducted evacuation drills on 01/30/2024, 04/26/2024 (87 days since last drill), 06/26/2024, 09/02/2024 (69 days since last drill), 01/03/2025 (123 days since last drill), and 03/02/2024.

On 05/13/2025 at 1:50 PM, Staff B, Caregiver, stated that they were supposed to have conducted drills every sixty days, and that these six logs were all that were available from January 2024 to present.

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, Purity Adult Family Home Enterprises 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

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that Washington State name and date of birth background check results were obtained no later than one working day after conditional employment for 1 of 7 caregivers (Staff B). This failure placed residents at risk of being accessed by a staff member with a potentially disqualifying findings.

Findings included…

Review of the employee record for Staff B, Caregiver showed they were hired 01/13/2024. The record showed a Washington State name and date of birth background check was completed on 02/02/2026 (19 days after hire).

On 05/16/2025 at 10:40 AM, Staff A, Provider stated they were unsure why the Washington State name and date of birth background check for Staff B was not completed within on day 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, Purity Adult Family Home Enterprises 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

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;

(e) Staff; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that tuberculosis (TB) test results were obtained within three days of employment for 1 of 7 staff (Staff B). This failure placed residents at risk for respiratory infection.

Findings included…

Observations on 04/11/2025 showed Staff B, Caregiver, providing care and services to residents in the home.

On 05/13/2025 at 1:30 PM, Staff B, Caregiver, stated that they had only completed chest x-rays, and had not done a blood or skin TB test. They were unsure why testing was not done within three days of hire.

On 05/16/2025 at 10:45 AM, Staff A, Provider, stated that they usually have staff complete blood or skin tests at the time of hire. They were unsure why documentation of further TB testing was not available for Staff B.

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, Purity Adult Family Home Enterprises 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 _____

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep the medication log up-to-date for 1 of 4 residents (Resident 2). This failure placed the resident at risk of medication error.

Findings included…

Review of Resident 2's pharmacy labeled medications on 05/13/2025 at 2:05 PM showed that Resident 2 was prescribed and provided two 100 mg tablets (200 mg total) of Trazadone to be taken at bedtime.

Review of the digital Medication Administration Record (MAR) for Resident 2 showed they had received one 300 mg tablet of Trazadone at bedtime on 05/01/2025, 05/03/2025, 05/04/2025, 05/06/2025, 05/07/2025, 05/08/2025, 05/10/2025, and 05/12/2025 with care staff initials indicating the medication was given. There was no record of the medication being given on 05/02/2025, 05/05/2025, 05/09/2025, or 05/11/2025.

On 05/13/2025 at 2:10 PM Staff B, Caregiver, stated that they suspected the dose of Trazadone may have been reduced by the pharmacy and the change was overlooked when updating the MAR. They stated that they could not speak for the days no medication was recorded as having been given, as that was not their shift.

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, Purity Adult Family Home Enterprises 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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure documentation of safe food handler training records, hire and departure dates, tuberculosis (TB) testing records, current Department of Health (DOH) license certificates, and cardiopulmonary (CPR) training were available to the licensor during an inspection for 4 of 7 current staff (Staff A, E, F, & G) and 4 of 4 former staff members (Staff H, I, J, & K). This failure resulted in the Department being unable to determine if AFH staff members were qualified to care for residents.

Findings included…

Record review of employee files during the licensing inspection on 05/13/2025 showed the following documentation was not readily available for review by the Department during the inspection:

-Staff A, Provider's, current DOH license, current food handler's permit, and documentation of current CPR training.
-Dates of departure for four former staff members (Staff H, Former Caregiver, Staff I, Former Caregiver, Staff J, Former Caregiver, & Staff K, Caregiver), and a Washington State name and date of birth background check for Staff H.
-Dates of hire for three current staff members (Staff E, Caregiver, Staff F, Caregiver, & Staff G, Caregiver), and a current DOH license for Staff G.
-Skin or blood TB test results for Staff C, Caregiver, & Staff E.

In an interview on 05/13/2025 at 4:01 PM, Staff A, Provider, stated that they would submit the missing information to the Department by end of business on 05/14/2025.

By 05/16/2025 at 10:40 AM, Staff I, Former Staff's, date of departure, Staff E, F, & G's dates of hire, and skin or blood TB test results for Staff C & E had not been shared with the Department.

In an interview on 05/16/2025 at 10:40 AM, Staff A stated that they would send missing TB testing records and dates of hire to the Department by 12:00 PM on 05/16/2025. As of 1:30 PM 05/16/2025, the Department had not received Staff G's date of hire or Staff E's TB skin or blood test results.

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, Purity Adult Family Home Enterprises 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

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

PURITY KAPEEN
Purity Adult Family Home Enterprises
11709 E Lenora Dr
Spokane Valley, WA 99206

RE: Purity Adult Family Home Enterprises # 753335

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/16/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

The Adult Family Home did not ensure that one resident’s notice or rights and services was reviewed at least once every 24 months. The residents reviewed and signed the notice of rights and services. This deficiency was corrected.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

The Adult Family Home did not ensure that two residents' Negotiated Care Plans were reviewed at least every twelve months. The residents reviewed and signed the Negotiated Care Plans. This deficiency was corrected.

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

The Adult Family Home did not ensure the hot water temperature was at least one hundred five degrees Fahrenheit and not more than one hundred twenty degrees in two sinks.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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

Enclosure

Plan

(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225