STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Gentle Family Home LLC 2

Gentle Family Home LLC 2
2271 Mitchell Rd SE
Port Orchard, WA 98366

RE: Gentle Family Home LLC 2 License # 753597

Dear Provider:

This letter addresses Compliance Determination(s) 33667 (Completion Date 12/15/2023) and 31368 (Completion Date 10/23/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/15/2023 and found that you have corrected the violations listed in the Follow up report dated 10/23/2023. Your home is back in compliance as of 12/15/2023 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 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c

The Department staff who did the on-site verification:
Scotti Bower, AFH Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License # 753597	Compliance Determination #31368
Plan of Correction	Gentle Family Home LLC 2	Completion Date
Page 1 of 3	Licensee: Gentle Family Home LLC 2	10/23/2023

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 10/23/2023, 10/23/2023, and 10/23/2023 at:
Gentle Family Home LLC 2
2271 Mitchell Rd SE
Port Orchard, WA 98366

This document references the following SOD dated: 10/23/2023

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

The department staff that inspected the Adult Family Home:

Scott Bower, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 99256
Lakewood, WA 98496

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 — 10/26/2023 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.

Statement of Deficiencies	License # 753597	Compliance Determination # 31368
Plan of Correction	Gentle Family Home LLC 2	Completion Date
Page 2 of 3	Licensee: Gentle Family Home LLC 2	10/23/2023

Marilyn Davis
Provider (or Representative)

10/30/2023
Date

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:

(a) Tubs;

(b) Showers; and

(c) Sinks.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure the water temperature in 1 of 2 resident bathrooms (Bathroom 1) did not exceed one hundred twenty (120) degrees Fahrenheit (F). This failure placed all four residents at risk of harm from hot water.

Findings included...

On 10/23/2023 at 12:30 pm, the water temperature was tested in the residents' shared bathroom (Bathroom 1) and the water temperature was 128.3 degrees F.

On 10/23/2023 at 12:35 pm, observation showed the caregiver testing the water temperature. The thermostat the caregiver was using stopped reading and started flashing at 100 degrees F.

On 10/23/2023 at 12:40 pm in an interview, the Provider stated they were monitoring the water temperature and had reset the water heater. The Provider stated that they may need to replace the water heater and they received an estimate.

This is an uncorrected deficiency previously cited 10/09/2023.

Attestation Statement

Statement of Deficiencies	License #: 753597	Compliance Determination # 31358
Plan of Correction	Gentle Family Home LLC 2	Completion Date
Page 3 of 3	Licensee: Gentle Family Home LLC 2	10/23/2023

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, Gentle Family Home LLC 2 is or will be in compliance with this law and /or regulation on (Date) 12/15/2023

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

Provider (or Representative) — Date: 10/30/2023

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 753597	Compliance Determination # 30298
Plan of Correction	Gentle Family Home LLC 2	Completion Date
Page 1 of 3	Licensee: Gentle Family Home LLC 2	10/09/2023

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 10/06/2023 and 10/06/2023 of:

Gentle Family Home LLC 2
2271 Mitchell Rd SE
Port Orchard, WA 98366

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Scotti Bower, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

10/10/2023

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:

(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:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation
and interview, the adult family home (AFH) failed to ensure the water temperature in 1 of 2 resident bathrooms (Bathroom 2) met the minimum required temperature of one hundred five (105) degrees Fahrenheit (F). This failure placed 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) at risk for a decrease in quality of life without access to the required minimum water temperature.

Findings included...

On 10/06/2023 at 12:05
pm, the water temperature was tested in the residents' shared bathroom (Bathroom 2) and the water temperature was 101.8 degrees F.

On 10/06/2023 at 12:15
pm in an interview, the Caregiver A (Provider’s Designee) stated they were not aware the AFH's water did not meet the minimum temperature requirement.

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, Gentle Family Home LLC 2 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
PO Box 99250, Lakewood, WA 98496

Gentle Family Home LLC 2
Gentle Family Home LLC 2
2271 Mitchell Rd SE
Port Orchard, WA 98366

RE: Gentle Family Home LLC 2 # 753597

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/09/2023 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 Mail the Plan/Attestation Statement and report with original signatures to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

The adult family home failed to ensure that Caregiver B had a Washington state name and date of birth background check when they were hired on 01/15/2022. A Washington state name and date of birth background check was completed for Caregiver B on 07/29/2022. This corrected the deficiency.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600