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) 70225 (Completion Date 12/16/2025) and 67470 (Completion Date 10/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/16/2025 and found that you have corrected the violations listed in the Full report dated 10/31/2025. Your home is back in compliance as of 12/15/2025 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 388-76-10015-1, WAC 388-76-10700-2-b

The Department staff who did the on-site verification:
Emily Vincent, AFH Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Clinton Fridley RN

Rathana Duong, AFH 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

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 10/17/2025 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:

Emily Vincent, 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 — 11/04/2025 (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) — 11/14/2025 (Date)

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home (AFH) failed to ensure they had a medical test site waiver (MTSW, a waiver required by the federal food and drug administration to perform laboratory tests without meeting specific laboratory standards) before caregivers performed blood glucose [blood sugar] tests and interpreted test results for 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk of health complications.

Findings included...

Review of Resident 1's record showed they moved into the AFH on [redacted]/2021.
Review of Resident 1's assessment dated 07/10/2025, showed Resident 1 had a diagnosis of [redacted].

Review of Resident 1's October 2025 medication administration record (MAR) showed an order for blood glucose (BG) testing (a procedure performed with lancets to pierce the skin and obtain a drop of blood and test strips to interpret blood glucose levels in the bloodstream) twice daily before breakfast and bedtime. AFH caregivers had recorded BG test results on Resident 1's October 2025 MAR.

Review of the AFH's administrative records showed no evidence of a valid MTSW certificate, which the AFH must have before caregivers perform blood glucose testing on residents.

On 10/17/2025 at 11:20 AM, in an interview, the AFH Provider said they thought Resident 1 tested their own BG [the AFH is not required to have a MTSW if a resident performs their own testing] because Resident 1 was independent with their BG testing when they moved in. The Provider said they were not aware that caregivers were currently testing Resident 1's BG. The Provider said they had a MTSW in their other AFH but had not obtained a waiver for this home because they were not aware caregivers were performing BG testing for Resident 1.

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) 11/14/2025 .

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

Provider (or Representative) — Date: 11/14/2025

WAC 388-76-10700 Building official Inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:

(2) After any construction changes that:

(b) Change, add or modify a resident's bedroom.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to have structural modifications of 1 of 4 bedrooms (Bedroom [redacted]) inspected and approved by the local building authority before moving a resident into the bedroom. This failure placed 1 of 4 residents (Resident 1), who occupied Bedroom [redacted], at risk of injury in the event modifications made to Bedroom [redacted] were unsafe.

Findings included...

On 10/17/2025 at 10:15 AM, an observation showed Resident 1 seated in an armchair with their decorations and personal belongings located throughout Bedroom [redacted].

On 10/31/2025 at 9:55 AM, in an interview, the AFH Provider said they moved the adjacent living room wall outward from Bedroom [redacted] to enlarge the bedroom. The Provider said they wanted to increase the capacity of Bedroom [redacted] to a double-occupancy bedroom. The Provider said the construction modifications had not been inspected or approved by the local building authority because they were not aware they needed to when moving a wall. The Provider said they intended on notifying the Department of the modifications to Bedroom [redacted] when they requested a licensed bedroom capacity increase for Bedroom [redacted]. The Provider said they were waiting until their new bathroom was inspected and approved for resident use before requesting the capacity increase for Bedroom [redacted].

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) 12/15/2025

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

Provider (or Representative) — Date: 12/15/2025

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 10/31/2025 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:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

The adult family home (AFH) did not document Resident 1's, Resident 2's, Resident 3's and Resident 4's full social security number (SSN) in their resident record as required. Before the completion of the licensing inspection, the AFH Provider obtained and documented Resident 1's, Resident 2's, Resident 3's and Resident 4's full SSN in their records.

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

The adult family home (AFH) did not ensure caregivers consistently documented Resident 1's blood glucose (BG) [blood sugar] test results on Resident 1's medication administration record (MAR) next to the health practitioner's order as required. Some of the test results were documented on notebook pages with information about other residents and some results were documented on Resident 1's MAR. The AFH had documentation of each blood glucose test result and Resident 1's treatment was not dependent on the test results. Before the completion of the licensing inspection, the AFH Provider ensured each of Resident 1's BG test results were documented on Resident 1's MAR.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

The adult family home (AFH) did not ensure their fire extinguisher was inspected or replaced with a new fire extinguisher every year as required. Before the completion of the licensing inspection, the AFH Provider purchased a new fire extinguisher and attached a copy of the receipt to verify the date of purchase.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(1) Names of each resident and staff involved in the drill;

(4) Whether the drill was a full or partial emergency evacuation; and

The adult family home (AFH) did not document the names of each resident who participated in the AFH's emergency evacuation drills on most of their emergency evacuation drill logs as required. The AFH did not document whether the emergency evacuation drill was a full or partial drill as required. Before the completion of the licensing inspection, the AFH conducted a full emergency evacuation drill and documented the names of the residents who participated, and the type of drill conducted on an evacuation drill log correctly.

WAC 388-76-10805 Automatic smoke alarms.

(4) Each smoke alarm must be kept in working condition at all times.

The adult family home (AFH) did not ensure the automatic smoke alarm in the hallway outside Bedroom D was always kept in working condition as required. The AFH Provider purchased, installed and tested a new smoke alarm to ensure it worked properly before the completion of the licensing inspection.

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)208-3090.

Sincerely,

Rathana Duong, AFH 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:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
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 make an IDR request and find directions on the IDR 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 IDRs** 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 supporting documents to:

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