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

Narrows Place Adult Family Home Inc
St Anthony's Place Adult Family Home
1130 Claremont St
Fircrest, WA 98466

RE: St Anthony's Place Adult Family Home License # 753916

Dear Provider:

This letter addresses Compliance Determination(s) 61610 (Completion Date 06/24/2025) and 59160 (Completion Date 05/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/24/2025 and found that you have corrected the violations listed in the Full report dated 05/06/2025. Your home is back in compliance as of 05/05/2025 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 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-a

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse 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 05/05/2025 of:

St Anthony's Place Adult Family Home
1130 Claremont St
Fircrest, WA 98466

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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 | 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 3 of 5 AFH Staff (Provider, Resident Manager, and Caregiver B) renewed their Washington State Background Check every two years. This failure placed 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) at risk of having unsupervised contact with an AFH Staff member with a criminal history.

Findings included…

On 05/05/2025 at 8:45 AM, observation showed the Resident Manager (RM) worked at the AFH.

On 05/05/2025, record review showed the Provider’s Washington State Background Check expired on 04/15/2024 (385 days ago), the RM and Caregiver B’s (CG B) Washington State Background Check expired on 06/22/2024 (317 days ago).

On 05/05/2025 at 12:35 PM, when asked why there was no documentation the Provider,

RM, and CG B renewed their Washington State Background Checks, the RM stated they will ask the Provider.

On 05/05/2025 at 10:18 PM, in an email, the Provider submitted Washington State Background Checks for the Provider, RM, and CG B. All three Washington State Background Checks were renewed on 05/05/2025 (the day of inspection). There were no findings.

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, St Anthony's Place Adult Family Home 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

Narrows Place Adult Family Home Inc
St Anthony's Place Adult Family Home
1130 Claremont St
Fircrest, WA 98466

RE: St Anthony's Place Adult Family Home # 753916

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/06/2025 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:

Jennifer LeMaster, Community Nurse Field Manger
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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

On 05/05/2025, record reviews showed Resident 1 (R1), Resident 2 (R2), and Resident 3 (R3) did not have an Adult Family Home Medicaid Policy separate from other documents. The Provider submitted R1, R2, and R3's Medicaid Policy forms that were signed on 05/05/2025 by their Representatives. All other residents had their Medicaid Policy form signed prior to the inspection.

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;

On 05/05/2025, record reviews showed Resident 2 (R2) and Resident 6 (R6) did not have the Notice of Rights and Services reviewed every twenty-four (24) months. The Provider submitted R2 and R6's Notice of Rights and Services that were signed and dated on 05/05/2025 by R2 and R6's Representatives.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manger
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:
Jennifer LeMaster, Community Nurse Field Manger
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 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