



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

Golden Horizon AFH
Golden Horizon AFH
9606 N Ridgecrest Dr
Spokane, WA 99208

RE: Golden Horizon AFH License # 754543

Dear Provider:

This letter addresses Compliance Determination(s) 61308 (Completion Date 06/18/2025) and 59077 (Completion Date 05/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/18/2025 and found that you have corrected the violations listed in the Full report dated 05/08/2025. Your home is back in compliance as of 06/10/2025 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 Licenser

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

This document was prepared by Residential Care Services for the Locator website.



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Statement of Deficiencies	License #: 754543	Compliance Determination # 59077
Plan of Correction	Golden Horizon AFH	Completion Date
Page 1 of 3	Licensee: Golden Horizon AFH	05/08/2025

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:

Golden Horizon AFH
9606 N Ridgecrest Dr
Spokane, WA 99208

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:

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

This document was prepared by Residential Care Services for the Locator website.

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 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 hire for 3 of 3 staff (Staff C, D & E). This failure placed residents at risk of exposure to tuberculosis.

Findings included...

On 05/05/2025 review of the employee record for Staff C, Caregiver, showed they were hired on 02/05/2025. There was no documentation in the employee record to show TB testing had been initiated within three days of hire.

On 05/05/2025 review of the employee record for Staff D, Caregiver, showed they were hired on 12/28/2024. There was no documentation in the employee record to show TB testing had been initiated within three days of hire.

On 05/05/2025 review of the employee record for Staff E, Caregiver, showed they were hired on 03/08/2024. There was no documentation in the employee record to show TB testing had been initiated within three days of hire.

In an interview on 05/05/2025 at 11:46 AM, Staff B, Representative, stated they thought they could accept a TB test that was completed previously and they did not need to do a TB test on 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, Golden Horizon AFH 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



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Golden Horizon AFH
Golden Horizon AFH
9606 N Ridgecrest Dr
Spokane, WA 99208

RE: Golden Horizon AFH # 754543

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/08/2025 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 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home did not ensure five residents had a signed Disclosure of Charges form in their record. There was no negative outcome to residents. This deficiency was corrected.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

Review of resident records showed there was no personal belongings inventory list for five residents living in the home. No negative resident outcome was identified. This deficiency was corrected.

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:

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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>

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 request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225