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

Cozy Place AFH LLC

Cozy Place AFH LLC
9527 E Mission Ave
Spokane Valley, WA 99206

RE: Cozy Place AFH LLC License # 754549

Dear Provider:

This letter addresses Compliance Determination(s) 59454 (Completion Date 05/12/2025) and 58506 (Completion Date 04/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/12/2025 and found that you have corrected the violations listed in the Full report dated 04/30/2025. 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 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10650-2-a

The Department staff who did the on-site verification:
Scott Sorensen, AFH 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 the unannounced on-site full inspection on 04/23/2025 of:

Cozy Place AFH LLC
9527 E Mission Ave
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:

Scott Sorensen, 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

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.

Selena Clemons
Residential Care Services

04/30/2025
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)

Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fingerprint background check results were received within 120 days of hire for 1 of 4 sample caregivers (Staff E). This failure placed residents at risk for receiving care from staff not qualified to have access to vulnerable adults.

Findings included...

Review of Staff E, Caregiver's, employee file on 04/23/2025 showed they were hired on 11/23/2024. There was no documentation that showed a final fingerprint background check had been completed for Staff E. At the time of the inspection, Staff E had been employed by the AFH for 152 days.

During an interview on 04/30/2025 at 3:00 PM, Staff A, Provider, stated that Staff E did not complete the final fingerprint process.

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

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Based on interview and record review, the Adult Family Home (AFH) failed to ensure fingerprint background check results were received within 120 days of hire for 1 of 4 sample caregivers (Staff E). This failure placed residents at risk for receiving care from staff not qualified to have access to vulnerable adults.

Findings included…

Review of Staff E, Caregiver's, employee file on 04/23/2025 showed they were hired on 11/23/2024. There was no documentation that showed a final fingerprint background check had been completed for Staff E. At the time of the inspection, Staff E had been employed by the AFH for 152 days.

During an interview on 04/30/2025 at 3:00 PM, Staff A, Provider, stated that Staff E did not complete the final fingerprint process.

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, Cozy Place AFH LLC 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure bedside cane used by 1 of 4 residents (Resident 1) had a safety assessment completed. This failure placed the resident at risk for injury.

Findings included...

Observation on 04/23/2025 at 10:00 AM showed Resident 1’s bed had a bedside cane.

Review of Resident 1’s record showed there was no documentation that a safety assessment was completed for the bedside cane.

During an interview on 04/23/2025 at 12:10 PM Staff A, Provider, stated that the resident used their bedside cane to assist with getting in and out of bed.

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, Cozy Place AFH LLC 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