



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

Dream Valley Adult Family Home LLC
Dream Valley Adult Family Home
11423 E 10th Ave
Spokane Valley, WA 99206

RE: Dream Valley Adult Family Home License # 754590

Dear Provider:

This letter addresses Compliance Determination(s) 30642 (Completion Date 10/05/2023) and 28264 (Completion Date 08/31/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/05/2023 and found that you have corrected the violations listed in the Full report dated 08/31/2023. Your home is back in compliance as of 09/30/2023 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 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licenser

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, 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 #: 754590	Compliance Determination # 26254
Plan of Correction	Dream Valley Adult Family Home	Completion Date
Page 1 of 3	Licenses: Dream Valley Adult Family Home LLC	08/31/2023

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 08/17/2023 and 08/17/2023 of:
Dream Valley Adult Family Home
11423 E 10th Ave
Spokane Valley, WA 99206

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licenser

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.

Tamara Tredo

Residential Care Services

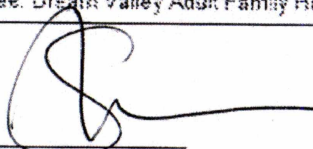
09/11/2023

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.

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

Statement of Deficiencies	License # 754590	Compliance Determination # 28254
Plan of Correction	Dream Valley Adult Family Home	Completion Date
Page 2 of 3	Licensee: Dream Valley Adult Family Home LLC	08/31/2023



 (SUSAN NAMPADI) _____ 9/19/23

 Provider (or Representative) _____ Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure two-step tuberculosis (TB) testing was completed for 3 of 3 sample staff (Staff A, B, & D). This placed the residents at risk for exposure to respiratory illness.

Findings included...

Review of Staff A's, Provider, employee file showed a single negative TB test result on 06/22/2021. There was no documentation that Staff A received a second TB test one to three weeks after the initial test was completed on 06/22/2021.

Review of Staff B's, Resident Manager, employee file showed a single negative TB test result on 09/26/2022. There was no documentation that Staff B received a second TB test one to three weeks after the initial test was completed on 09/26/2022.

Review of Staff D's, Caregiver, employee file showed a single negative TB test result on 06/23/2021. There was no documentation that Staff B received a second TB test one to three weeks after the initial test was completed on 06/23/2021.

During an interview on 08/31/2023 at 11:00 AM, Staff A stated that the staff only had a one-step TB tests completed.

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, Dream Valley Adult Family Home is or will be in compliance with this law and / or regulation on
 (Date) 9/30/23

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

Statement of Deficiencies	License # 754590	Compliance Determination # 28254
Plan of Correction	Dream Valley Adult Family Home	Completion Date
Page 3 of 3	Licensee: Dream Valley Adult Family Home LLC	08/31/2023

SUSAN NAMPANOI
Provider (or Representative)

9/19/23
Date

Dear Ms.Tamara

Hope this finds you well. My plan of action was to have all Caregivers including Myself retake the TB test. We all did and attached our results.

Kind Regards,

Susan Naipano
Dream Valley Adult Family Home.