STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

03/30/2026

Seniors In Motion Limited Liability Company
Seniors in Motion
1921 K St NE Apt A
Auburn, WA 98002

RE: Seniors in Motion # 754865

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 74942 (Completion Date 03/30/2026) and 74387 (Completion Date 03/18/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/30/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10930 Plan of correction Required.

(6) On each attestation of correction statement, the home must:

(a) Give a date, approved by the department, showing when the cited deficiency has been or will be corrected; and

(b) By signature and date show that the home has or will correct, and maintain correction, of each deficiency.

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

The Department staff who did the On Site verification:
Kortne Covey, NCI Complaint Investigator

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 an unannounced on-site complaint investigation on 03/17/2026 of:

Seniors in Motion
11208 S GARFIELD RD
CHENEY, WA 99004

This document references the following complaint number(s): 215006

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 investigated the Adult Family Home:

Kortne Dunham, NCI Complaint Investigator

From:
DSHS, Home and Community Living 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.

Michelle Ann Garbrough
Residential Care Services

03/18/2026
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.

Damaris Kiongo
Provider (or Representative)

03/23/2026
Date

WAC 388-76-10930 Plan of correction Required.

(6) On each attestation of correction statement, the home must:

(a) Give a date, approved by the department, showing when the cited deficiency has been or will be corrected; and

(b) By signature and date show that the home has or will correct, and maintain correction, of each deficiency.

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they returned a signed copy of an inspection report within ten calendar days of receiving the report and failed to attest to a date by which the AFH would correct the deficiencies on the report. These failures resulted in residents living in a home with uncorrected deficiencies.

Findings included...

On 03/16/2026 review of Secure Tracking and Reporting System (STARS) showed the Department visited the home on 01/22/2026. A follow up investigation was completed, and a Statement of Deficiencies (SOD) was sent to the AFH on 01/28/2026. STARS showed the provider received the SOD on 01/31/2026. The Department had not received a signed copy of the SOD and had not received a completed attestation of correction (67 days overdue).

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 388-76-10930 Plan of correction Required.

(6) On each attestation of correction statement, the home must:

(a) Give a date, approved by the department, showing when the cited deficiency has been or will be corrected; and

(b) By signature and date show that the home has or will correct, and maintain correction, of each deficiency.

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they returned a signed copy of an inspection report within ten calendar days of receiving the report and failed to attest to a date by which the AFH would correct the deficiencies on the report. These failures resulted in residents living in a home with uncorrected deficiencies.

Findings included…

On 03/16/2026 review of Secure Tracking and Reporting System (STARS) showed the Department visited the home on 01/22/2026. A follow up investigation was completed, and a Statement of Deficiencies (SOD) was sent to the AFH on 01/28/2026. STARS showed the provider received the SOD on 01/31/2026. The Department had not received a signed copy of the SOD and had not received a completed attestation of correction (67 days overdue).

The Department attempted to contact Staff A, Provider, on the following dates and times:
- 02/26/2026 called the facility and left a message with a caregiver
- 03/03/2026 called the facility and cell phone/ no answer, no ability to leave a voicemail
- 03/04/2026 called the facility and cell phone/ no answer, no ability to leave a voicemail
- 03/05/2026 called the facility and left a message with a caregiver

On 03/17/2026 at 1:22 PM the Department visited the AFH. Observation showed a caregiver working in the home providing care and services to five residents.

On 03/18/2026 at 11:48 AM Staff A, Provider, stated they had received a letter from the Department and that they did not see that there was any documentation to be returned.

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, Seniors in Motion is or will be in compliance with this law and / or regulation on (Date) 03/23/2026

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

Damaris Kiongo — 03/23/2026

Provider (or Representative) — Date

The Department attempted to contact Staff A, Provider, on the following dates and times:
- 02/26/2026 called the facility and left a message with a caregiver
- 03/03/2026 called the facility and cell phone/ no answer, no ability to leave a voicemail
- 03/04/2026 called the facility and cell phone/ no answer, no ability to leave a voicemail
- 03/05/2026 called the facility and left a message with a caregiver

On 03/17/2026 at 1:22 PM the Department visited the AFH. Observation showed a caregiver working in the home providing care and services to five residents.

On 03/18/2026 at 11:48 AM Staff A, Provider, stated they had received a letter from the Department and that they did not see that there was any documentation to be returned.

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, Seniors in Motion 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