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

06/06/2025

Nalka Adult Home Care LLC
Nalka Adult Home Care LLC
401 132nd St S
Tacoma, WA 98444

RE: Nalka Adult Home Care LLC # 755162

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 60740 (Completion Date 06/06/2025) and 58012 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/06/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

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

(8) The resident's Social Security number;

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

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:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

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

(6) Be signed and dated by the resident and kept in the resident record after signature.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

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.

The Department staff who did the On Site verification:
Gary Fuentebella, Licensor

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 04/15/2025 of:

Nalka Adult Home Care LLC
401 132nd St S
Tacoma, WA 98444

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

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 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

This requirement was not met as evidenced by:

Based on interviews and record reviews the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Provider) completed twelve (12) hours of continuing education (CE) by the time of their birthday. This failure placed all residents at risk for receiving care and services from unqualified staff.

Finding included…

On 04/15/2025, review of personnel records revealed no documentation to show the Provider had completed 12 hours of CE by the time of their birthday.

On 04/15/2025 at 1:00 PM, during interview, Caregiver A (Provider's sibling) stated that they would look for the missing CE training certificates and fax copies to the Department for review.

On 04/17/2025 the Department received via fax from the AFH, copies of the Provider's CE training certificates totaling four (4) hours of CE.

On 04/16/2025 at 2:36 PM, during interview, the Provider verified that they (Provider) only had 4 hours of CE.

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

(8) The resident's Social Security number;

This requirement was not met as evidenced by:

Based on interviews and record reviews the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Resident 3 and Resident 5) records included their social security numbers (SSN). This failure resulted in both residents at risk for not having complete records on file.

Findings included.

On 04/15/2025, record review revealed both Resident 3 and Resident 5's SSNs were not in their files.

On 04/15/2025 at 1:00 PM, during interview, Caregiver A (Provider's sibling) stated that they (Caregiver A) and the Provider were both in charge in ensuring residents' records were complete. Caregiver A said that they would look for the missing documents and send copies to the Department for review.

On 04/16/2025 at 2:36 PM, during telephone interview, the Provider stated that both residents' SSNs were faxed earlier that day (together with other missing residents and personnel files) at approximately 12:00 PM. On 04/16/2025, the Department did not receive copies of residents' SSNs.

On 04/17/2025 at 9:21 AM, during telephone interview, Caregiver A stated that they faxed the residents SSNs the day before and would re-fax them again.

On 04/17/2025 at 10:58 AM, during telephone interview, the Provider stated that they would send the residents SSNs via email instead. On 04/17/2025, the Department received several documents from the AFH via email, but they did not include both residents' SSNs.

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, Nalka Adult Home Care 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult family Home (AFH) failed to show 2 of 2 sampled residents (Resident 3 and Resident 5) agreed to their Negotiated Care Plans (NCP) by signing and dating them. This failure placed both residents at risk for unmet care and service needs.

Findings included…

On 04/15/2025, record review revealed that both Resident 3's and Resident 5’s NCPs were not signed and dated in 2024 by the residents and the AFH.

On 04/15/2025 at 1:00 PM, during interview, Caregiver A (Provider’s sibling) stated that they (Caregiver A) and the Provider were both in-charge of ensuring residents' NCPs were reviewed and signed.

On 04/17/2025 at 10:58 AM, during telephone interview, the Provider stated that both residents' NCPs were reviewed in 2024, but they forgot to sign the documents.

On 04/17/2025, the Department received via email from the AFH, copies of Resident 3's and Resident 5’s signed and dated 2024 NCPs.

This is a repeated deficiency previously cited on 06/15/2022.

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, Nalka Adult Home Care 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 388-76-10522 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:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

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

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interviews and record reviews the Adult Family Home (AFH) failed to provide the home's Medicaid policy to 1 of 2 sampled residents (Resident3). This placed Resident 3 at risk for displacement in the event of a change in their financial situation.

Findings included…

On 04/15/2025, record review revealed no documentation to show the AFH's Medicaid policy was provided to Resident 3.

On 04/15/2025 at 1:00 PM, during interview, Caregiver A (Provider's sibling) stated that they (Caregiver A) and the Provider were both in charge of ensuring residents' records

were completed. Caregiver A said that they would look for the missing document and send a copy to the Department for review.

On 04/16/2025 at 2:36 PM, during telephone interview, the Provider stated that Resident 3's AFH Medicaid policy was faxed earlier that day at approximately 12:00 PM. On 04/16/2025, the Department did not receive a copy of the AFH's Medicaid policy.

On 04/17/2025 at 9:21 AM, during telephone interview, Caregiver A stated that they faxed the AFH's Medicaid policy the day before and would re-fax them again.

On 04/17/2025 at 10:58 AM, during telephone interview, the Provider stated that they would send AFH's Medicaid policy via email instead.

On 04/17/2025, the Department received several documents from the AFH via email, but it did not include the AFH's Medicaid policy.

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, Nalka Adult Home Care 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff

person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews, the Adult Family Home (AFH) failed to ensure 4 of 4 staffs (Provider, Caregiver A, Caregiver B, and Caregiver C) personnel files were kept in a place readily accessible to authorized Department staff review. This failure placed all residents at risk for receiving care and services from unqualified staff.

Findings included:

On 04/15/2025 at 9:45 AM, Caregiver A (Provider’s sibling) was observed working in the AFH.

On 04/15/2025, review of personnel files revealed the following personnel files were not readily available for review:
1. Provider: current Home Care Aide credential, continuing education (CE) training certificates and current background check result.
2. Caregiver A: current background check result.
3. Caregiver B: current background check result.
4. Caregiver C: current background check result.

On 04/15/2025 at 1:00 PM, during interview, Caregiver A stated that both Caregiver A and the Provider were in-charge of ensuring personnel records were readily available for review. Caregiver A said they would send copies of the missing personnel files to the Department for review.

On 04/16/2025 at 2:36 PM, during telephone interview, the Provider stated that the missing personnel files were faxed to the Department earlier that day at approximately 12:00 PM. On 04/16/2025 the Department did not receive copies of the missing personnel files.

On 04/17/2025 at 9:21 AM, during telephone interview, Caregiver A stated that they faxed the missing personnel the day before and would re-fax them again.

On 04/17/2025 at 10:58 AM, during telephone interview, the Provider stated that they would send the missing personnel files via email instead.

On 04/17/2025, the Department received from the AFH via email, copies of the missing personnel files.

This is a repeated deficiency previously cited on 06/15/2022.

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, Nalka Adult Home Care 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 388-76-10285 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 observation, interviews and record reviews, the Adult Family Home (AFH) failed to ensure 3 of 4 staff (Caregiver A, Caregiver B, and Caregiver C) second tuberculosis (TB, a communicable disease) skin test was done one to three weeks after the first test. This failure placed all residents at risk for a communicable disease.

Findings included…

On 04/15/2025 at 9:45 AM, Caregiver A (Provider's sibling) was observed working in the AFH.

On 04/15/2025, record review revealed of the following staffs' TB test results:
Caregiver A: first step TB skin test initiated on 09/06/2022; result read on 09/09/2022 (negative).
Caregiver B: first step TB skin test initiated on 03/18/2024; result read on 03/20/2024 (negative).
Caregiver C: first step TB skin test initiated on 11/06/2024; result read 11/08/2024 (negative).

On 04/15/2025, there was no documentation to show that Caregiver A, Caregiver B, and Caregiver C completed a second TB skin test one to three weeks after the first test was done.

On 04/15/2025 at 1:00 PM, during interview, Caregiver A stated that they (Caregiver A) and the Provider were in-charge of ensuring staff requirements were completed. Caregiver A said that they would look for staffs' second TB test results and send copies to the Department for review.

On 04/16/2025 at 2:36 PM, during telephone interview the Provider stated that the second TB test results were faxed to the Department earlier that day at approximately 12:00 PM. On 04/16/2025, the Department did not receive copies of the second TB test results.

On 04/17/2025 at 9:21 AM, during telephone interview, Caregiver A stated that they faxed the second TB test results the day before and would re-fax them again.

On 04/17/2025 at 10:58 AM, during telephone interview, the Provider stated that they would send the second TB test results via email instead.

On 04/17/2025, the Department received from the AFH via email the same first step TB skin tests results for Caregiver A, Caregiver B, and Caregiver C, that were previously reviewed 04/15/2025.

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, Nalka Adult Home Care 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 _____

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

Nalka Adult Home Care LLC
Nalka Adult Home Care LLC
401 132nd St S
Tacoma, WA 98444

RE: Nalka Adult Home Care LLC # 755162

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/17/2025 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:

Lisa Cramer, Adult Family Home Field Manager
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 388-76-10750 Safety and maintenance. The adult family home must:

(9) Provide rapid access for all staff to any bedroom, toilet room, shower room, closet, other room occupied by each resident;

On 04/15/2025 at 10:10 AM, observations showed Caregiver A was unable to locate the pin to unlock the doors of Bedroom [redacted] (used by Resident 2 and Resident 3), Bedroom [redacted] (used by Resident 4 and Resident 6), and the hallway bathroom. On 04/15/2025 at 11:30 PM, observation showed Caregiver A found the pin to unlock both bedrooms and bathroom doors to correct the issue.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

On 04/15/2025 at 10:25 AM, observation showed the front yard and backyard had unmown and overgrown grass. On 04/15/2025 at 1:00 PM, during interview, Caregiver A (Provider's sibling) stated that the lawn was mowed last week. On 04/16/2025, the Department received from the AFH via fax, photos of the front yard and backyard lawn cut short and neatly to correct the issue.

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:

(b) The adult family home.

On 04/15/2025, record review revealed Resident 3's (admitted [redacted]/2023) personal belongings inventory form was not signed and dated by the Adult Family Home (AFH). On 04/15/2025 at 1:00 PM, during interview, Caregiver A (Provider's sibling) stated that both the Provider and Caregiver A were in charge of ensuring resident records were complete but had no explanation why the inventory form was not signed. Caregiver A signed and dated the document before completion of the onsite visit to correct the issue.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

On 04/15/2025, review of the Adult Family Home's evacuation drill records revealed evacuation drills were conducted between the hours of 2:00 PM and 5:00 PM. On 04/15/2025 at 1:00 PM, during interview, Caregiver A (Provider's sibling) stated that they would do the evacuation drills at random shifts the next time around.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

On 04/15/2025, review of personnel files revealed Caregiver A (Provider's sibling, hired on 11/27/2022) did not have a first-aid training card or certificate on file. On 04/15/2025 at 1:00 PM, Caregiver A verified the findings. On 04/17/2025, the Department received via email from the AFH, a copy of Caregiver A's first-aid training certificate, dated 04/15/2025, valid until 2027 to correct the issue.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

On 04/15/2025 at 10:30 AM, observation showed the most recent inspection report was not placed in a common use area in the Adult Family Home and was instead inside a cabinet at the end of the hallway. Caregiver A immediately placed the inspection report on a table in the living area to correct the issue.

WAC 388-76-10740 Lighting. The adult family home must provide:

(2) Emergency lighting, such as working flashlights for staff and residents that are readily accessible.

On 04/15/2025 at 10:25 AM, observation showed the Adult Family Home had one (1) solar-powered flashlight that was non-working when tested. On 04/15/2025 at 1:00 PM, during interview, caregiver A (Provider's sibling) had no explanation why the AFH had one non-working flashlight. On 04/17/2025, the Department received via email from the AFH, photos of newly bought flashlights and batteries to correct the issue.

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:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

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

On 04/15/2025, record review revealed the Adult Family Home (AFH) did not provide Resident 3 the Department's Disclosure of Charges document. On 04/17/2025, the Department received via email from the AFH, a copy of the Disclosure of Charges document signed and dated 04/16/2025, by Resident 3 to correct the issue.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Adult Family Home Field Manager
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:
Lisa Cramer, Adult Family Home Field Manager
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