



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

A Delightful Place LLC
A Delightful Place LLC
1911 S McDonald Rd
Spokane Valley, WA 99216

RE: A Delightful Place LLC License # 755585

Dear Provider:

This letter addresses Compliance Determination(s) 37962 (Completion Date 03/08/2024) and 34941 (Completion Date 01/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/08/2024 and found that you have corrected the violations listed in the Full report dated 01/18/2024. Your home is back in compliance as of 03/03/2024 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 388-76-10015-1

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF 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



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AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 755585	Compliance Determination # 34941
Plan of Correction	A Delightful Place LLC	Completion Date
Page 1 of 3	Licensee: A Delightful Place LLC	01/18/2024

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 01/09/2024 and 01/09/2024 of:

A Delightful Place LLC
1911 S McDonald Rd
Spokane Valley, WA 99216

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:

Valorie Bradley, AFH/ALF 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

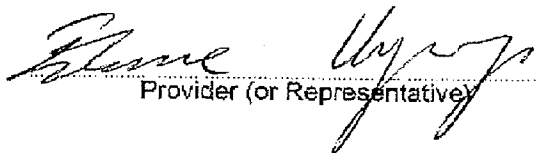
01/31/2024

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 #: 755585	Compliance Determination # 34941
Plan of Correction	A Delightful Place LLC	Completion Date
Page 2 of 3	Licensee: A Delightful Place LLC	01/18/2024


 Provider (or Representative)


 Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed maintain a current food handlers permit for 1 of 4 staff (Staff A). This placed residents at risk for exposure to food born illness.

Findings included...

RCW 70.128.250

Required training and continuing education—Food safety training and testing.

... Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

Review of staff records showed Staff A, Provider, was hired on 05/17/2022 and their safe food handler certification expired on 10/10/2023.

In an interview on 01/09/2024 at 10:39 AM, Staff A stated they were unaware that their safe food handler certification was expired.

Attestation Statement

Statement of Deficiencies	License #: 755585	Compliance Determination # 34941
Plan of Correction	A Delightful Place LLC	Completion Date
Page 3 of 3	Licensee: A Delightful Place LLC	01/18/2024

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, A Delightful Place LLC is or will be in compliance with this law and / or regulation on (Date) 8th of March, 2024
3rd of March, 2024 En

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

[Signature]
Provider (or Representative)

02/04/2024
Date

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



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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

A Delightful Place LLC
A Delightful Place LLC
1911 S McDonald Rd
Spokane Valley, WA 99216

RE: A Delightful Place LLC # 755585

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/18/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
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 388-76-10320 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 no inventory of personal belongings for one resident who lived in the AFH. Observation showed clothing, shoes, and other personal items in the resident's room.

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:

- (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.

Review of two resident's admission paperwork to the AFH showed a Medicaid disclosure policy was not signed and present in the records. In an interview the provider stated that each resident's representative had signed and dated the Medicaid disclosure policy upon admission to the home but they were unsure why the documentation was not in the residents' records.

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.

Review of resident admission records to the AFH showed there was no disclosure of charges form for one resident who lived in the home. In an interview the provider stated the resident's representative had signed and dated a copy of the disclosure of charges upon the resident's admission to the home but they were unsure why the document was not in the resident's record.

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)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, 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:

Tamara Tredo, Field Manager
Residential Care Services

Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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>

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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600