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

A Peaceful Place Adult Family Home LLC
A Peaceful Place Adult Family Home
1908 S Whipple Rd
Spokane Valley, WA 99206

RE: A Peaceful Place Adult Family Home License # 755650

Dear Provider:

This letter addresses Compliance Determination(s) 75565 (Completion Date 04/08/2026) and 74085 (Completion Date 03/17/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/08/2026 and found that you have corrected the violations listed in the Full report dated 03/17/2026. Your home is back in compliance as of 03/23/2026 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 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-2-d, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10463-3

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

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 the unannounced on-site full inspection on 03/10/2026 of:

A Peaceful Place Adult Family Home
1908 S Whipple Rd
Spokane Valley, WA 99206

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor
Michelle Yarbrough, Adult Family Home Field Manager

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.

Salome Munyori
Provider (or Representative)

3/23/2026
Date

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;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to ensure cardiopulmonary resuscitation (CPR) and first aid training met the minimum qualifications for 1 of 4 staff (Staff D). This failure placed residents at risk from receiving care from an unqualified caregiver in the event of an emergency.

Findings included....

Observation on 03/10/2026 at 8:21 AM showed Staff D, Caregiver, providing care and services to residents in the home.

On 09/03/2025 review of staff records showed Staff D had documentation to show they had completed CPR on 01/15/2026. Documentation showed Staff D had obtained CPR and first training through the National CPR Foundation.

Review of the "National CPR Foundation" website showed that the organization's CPR and first aid training did not include hands-on skills training.

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 388-76-10135 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;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to ensure cardiopulmonary resuscitation (CPR) and first aid training met the minimum qualifications for 1 of 4 staff (Staff D). This failure placed residents at risk from receiving care from an unqualified caregiver in the event of an emergency.

Findings included….

Observation on 03/10/2026 at 8:21 AM showed Staff D, Caregiver, providing care and services to residents in the home.

On 09/03/2025 review of staff records showed Staff D had documentation to show they had completed CPR on 01/15/2026. Documentation showed Staff D had obtained CPR and first training through the National CPR Foundation.

Review of the “National CPR Foundation” website showed that the organization’s CPR and first aid training did not include hands-on skills training.

In an interview on 09/09/2025 at 11:51 AM Staff A, Provider, stated they did not realize that Staff D's CPR training had not included hands-on skills training.

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 Peaceful Place Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3-18-2026 .

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

Suzane Munyon
Provider (or Representative)

3/23/2026
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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure documentation of orientation to the home, hire and departure dates, first-aid and cardiopulmonary resuscitation (CPR) training, tuberculosis (TB) testing records, Department of Health (DOH) credentials, and background check results were available to the Department during an inspection for 6 of 6 current staff members (Staff A, B, C, D, E & F) and 3 of 3 former staff members (Staff G, H & I). This failure resulted in a delay in the Department being able to determine if AFH staff members were qualified to care for residents.

In an interview on 09/09/2025 at 11:51 AM Staff A, Provider, stated they did not realize that Staff D's CPR training had not included hands-on skills training.

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 Peaceful Place Adult Family Home 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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure documentation of orientation to the home, hire and departure dates, first-aid and cardiopulmonary resuscitation (CPR) training, tuberculosis (TB) testing records, Department of Health (DOH) credentials, and background check results were available to the Department during an inspection for 6 of 6 current staff members (Staff A, B, C, D, E & F) and 3 of 3 former staff members (Staff G, H & I). This failure resulted in a delay in the Department being able to determine if AFH staff members were qualified to care for residents.

Findings included….

Observation on 03/10/2026 at 8:22 AM showed Staff C, Caregiver, and Staff D Caregiver, providing care and services to residents in the home.

Review of employee files during the licensing inspection on 03/10/2026 showed the following:

-Staff A, Provider, did not have documentation of completed TB testing, Washington State name and date of birth background check, results fingerprint background check results, DOH credential, CPR/First aid training, safe food handler training, dementia specialty training and mental health specialty training available for review during the inspection.

-Staff B, Resident Manager, did not have documentation of date of hire, documentation of orientation to the home, documentation of completed TB testing, Washington State name and date of birth background check results, fingerprint background check results, DOH credential, CPR/First aid training, safe food handler training, dementia specialty training and mental health specialty training available for review during the inspection.

-Staff C did not have documentation of completed TB testing, Washington State name and date of birth background check, fingerprint background check, CPR/First aid training, and safe food handler training available for review during the inspection.

-Staff D did not have documentation of date of hire, documentation of orientation to the home, documentation of completed TB testing, Washington State name and date of birth background check results and fingerprint background check results available for review during the inspection.

-Staff E, Caregiver, did not have documentation of date of hire, documentation of orientation to the home, or documentation of completed Washington State name and date of birth background check available for review during the inspection.

-Staff F, Caregiver, did not have documentation of date of hire, documentation of orientation to the home, or documentation of completed Washington State name and date of birth background check available for review during the inspection.

Staff G, Former Caregiver, did not have documentation of date of hire and departure, or documentation of completed Washington State name and date of birth background check available for review during the inspection.

Staff H, Former Caregiver, did not have documentation of date of hire and departure, or documentation of completed Washington State name and date of birth background check available for review during the inspection.

Staff I, Former Caregiver, did not have documentation of date of hire and departure, or documentation of completed Washington State name and date of birth background check available for review during the inspection.

In an interview on 03/10/2026 at 9:33 AM Staff A stated they did not keep staff records in the home.

In an interview on 03/10/2026 at 10:30 AM Staff C stated they were unsure if staff records were kept in the home.

In email correspondence dated 03/12/2026 showed documentation of date of hire and orientation to the home, copies of TB testing, training certificates, food handler training, background checks, first-aid and cardiopulmonary resuscitation (CPR) training, and Department of Health credentials for Staff A, Staff B, Staff C, Staff D, Staff E and Staff F. The documentation showed date of hire and departure, and background check results for Staff G, Staff H and Staff I.

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 Peaceful Place Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3-18-2026 .

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

Suzanne Munyon — Provider (or Representative)

3/23/2026 — Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure negotiated care plans (NCP) included information about psychopharmacological

Staff H, Former Caregiver, did not have documentation of date of hire and departure, or documentation of completed Washington State name and date of birth background check available for review during the inspection.

Staff I, Former Caregiver, did not have documentation of date of hire and departure, or documentation of completed Washington State name and date of birth background check available for review during the inspection.

In an interview on 03/10/2026 at 9:33 AM Staff A stated they did not keep staff records in the home.

In an interview on 03/10/2026 at 10:30 AM Staff C stated they were unsure if staff records were kept in the home.

In email correspondence dated 03/12/2026 showed documentation of date of hire and orientation to the home, copies of TB testing, training certificates, food handler training, background checks, first-aid and cardiopulmonary resuscitation (CPR) training, and Department of Health credentials for Staff A, Staff B, Staff C, Staff D, Staff E and Staff F. The documentation showed date of hire and departure, and background check results for Staff G, Staff H and Staff I.

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 Peaceful Place Adult Family Home 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 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure negotiated care plans (NCP) included information about psychopharmacological

medications for 2 of 6 residents (Residents 1 & 3). This failure placed the residents at risk for medication errors and unmet care needs.

Findings included….

<Resident 1>

On 03/10/2026 review of an assessment dated 03/06/2026 showed Resident 1 had diagnoses including [redacted] and [redacted]. The assessment showed Resident 1 had behaviors including irritability and agitation. The assessment showed Resident 1 was prescribed psychopharmacologic medication to treat the behaviors that were related to their medical diagnoses.

On 03/10/2026 review of Medication Administration Records (MAR) dated March 2026 showed Resident 1 received the following –

Quetiapine (for mood), 25 milligrams (mg), take one half tablet in the morning.
Sertraline (for mood), 100 mg, take two tablets in the morning.

On 03/10/2026 review of NCP dated 08/10/2025 did not show Resident 1 received psychopharmacological medication to manage behaviors associated with their [redacted] diagnoses.

<Resident 3>

On 03/10/2026 review of an assessment dated 07/10/2025 showed Resident 3 had medical diagnoses including [redacted] and [redacted]. The assessment showed Resident 3 had behaviors including extreme and rapids mood swings, incidence of uncontrollable crying and tearfulness, hallucinations and delusions. The assessment showed Resident 3 was prescribed psychopharmacologic medication to treat the behaviors that were related to their medical diagnoses.

On 03/10/2026 review of MAR dated March 2026 showed Resident 3 received the following –

Divalproex (for mania), 250 mg, take one tablet in the morning.
Divalproex (for mania), 250 mg, take three tablets at bedtime.
Lorazepam (for anxiety), 0.5 mg, take one tablet twice daily as needed.
Quetiapine (for anxiety and agitation) 50 mg, take one tablet every six hours as

needed.
Sertraline (for mood), 100 mg, take one tablet in the morning.

On 03/10/2026 review of NCP dated 09/31/2025 did not show Resident 3 received psychopharmacological medication to manage behaviors associated with their [redacted] diagnoses.

In an interview on 03/10/2026 at 9:39 AM Staff A, Provider stated they did not know psychopharmacological medications and the behaviors they manage needed to be in Resident 1 and Resident 3's care plans.

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 Peaceful Place Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3-23-2026.

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

Salome Munyon — Provider (or Representative)

3/23/2026 — Date

needed.
Sertraline (for mood), 100 mg, take one tablet in the morning.

On 03/10/2026 review of NCP dated 09/31/2025 did not show Resident 3 received psychopharmacological medication to manage behaviors associated with their [redacted] diagnoses.

In an interview on 03/10/2026 at 9:39 AM Staff A, Provider stated they did not know psychopharmacological medications and the behaviors they manage needed to be in Resident 1 and Resident 3's care plans.

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 Peaceful Place Adult Family Home 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
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

AMENDED
03/17/2026

A Peaceful Place Adult Family Home LLC
A Peaceful Place Adult Family Home
1908 S Whipple Rd
Spokane Valley, WA 99206

RE: A Peaceful Place Adult Family Home # 755650

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/17/2026 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:

Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (03/17/2026), no later than 05/01/2026 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

Review of resident records showed the notice of rights and services was not updated every 24 months of one resident in the home. This deficiency was corrected.

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)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home 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:
Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit E
Preferred methods:
eFax: (509) 921-2426

Email: rcsregion1email@dshs.wa.gov
Optional method:
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 make an IDR request and find directions on the IDR 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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225