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

Halo Adult Family Home LLC
Halo Adult Family Home
13119 E Broadway Ave
Spokane Valley, WA 99216

RE: Halo Adult Family Home License # 755754

Dear Provider:

This letter addresses Compliance Determination(s) 72868 (Completion Date 02/12/2026) and 71441 (Completion Date 01/20/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/12/2026 and found that you have corrected the violations listed in the Full report dated 01/20/2026. Your home is back in compliance as of 03/06/2026 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 388-76-10463-3, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

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

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

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 01/14/2026 of:
Halo Adult Family Home
13119 E Broadway Ave
Spokane Valley, WA 99216

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

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

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.

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 388-76-10463 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 that negotiated care plans (NCP) included information about psychopharmacological medications for 2 of 2 residents (Residents 1 & 2). This failure placed the residents at risk for medication errors and unmet care needs.

Findings included….

<Resident 1>

On 01/14/2026 review of Resident 1's annual assessment dated 02/02/2025 showed Resident 1 had medical diagnoses that included a [redacted], and [redacted]. The assessment showed Resident 1 had behaviors included hallucinations, irritability and agitation, uncontrollable crying and tearfulness, and unrealistic fears and suspicions. The assessment showed Resident 1 was prescribed psychopharmacologic medications to treat the behaviors that were related to their medical diagnoses.

On 01/14/2025 review of the Medication Administration Record (MAR) dated January 2026 showed Resident 1 received the following –

Olanzapine (for schizophrenia), 20 milligrams (mg), take one tablet at bedtime.
Olanzapine (for schizophrenia), 15 mg, take one tablet at bedtime.
Olanzapine (for schizophrenia), 5 mg, take one tablet at bedtime.
Venlafaxine (for major depressive disorder), 150 mg, take one tablet every morning.

On 01/14/2026 review of Resident 1's NCP dated 04/20/2025 did not show Resident 1 received psychopharmacological medications to manage behaviors associated with their mental health diagnoses.

<Resident 2>

On 01/14/2026 review of Resident 2's annual assessment dated 11/24/2025 showed Resident 2 had medical diagnoses that included [redacted]. The assessment showed Resident 2 had behaviors including irritability and agitation, and resistance to care. The assessment showed Resident 2 was prescribed psychopharmacologic medication to treat the behaviors that were related to their medical diagnoses.

On 01/14/2026 review of the MAR showed Resident 2 received sertraline (for mood), 100 mg, take one tablet daily.

On 01/14/2026 review of Resident 2's NCP dated 12/30/2025 did not show Resident 2 received psychopharmacological medication to manage behaviors associated with their mental health diagnoses.

In an interview on 01/14/2026 at 10:54 AM Staff A, Provider, stated they did not know that psychopharmacological medications and the behaviors they managed needed to be in Resident 1 and Resident 2's care plan.

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, Halo 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to complete a safety assessment, supply risks and benefit information, and ensure the negotiated care plan included information about the medical device for 1 of 2 residents (Resident 1). This failure placed the resident at risk for entrapment and injury.

Findings included…

Observation on 01/14/2026 at 8:24 AM showed a [redacted] attached to the left side of Resident 1's bed.

On 01/14/2026 review of Resident 1's negotiated care plan showed there was no documentation of the use of the [redacted]. There was no documentation in the resident's record to show completion of a safety assessment or risk and benefit disclosure related to the medical device.

In an interview on 01/14/2026 at 10:58 AM Staff A, Provider, stated that Resident 1

brought the [redacted] with them when Resident 1 was admitted to the home. Staff A stated that Resident 1 used the medical device to transfer into and out of Resident 1's bed. Staff A stated they did not know the medical device needed to be in Resident 1's NCP, and that the AFH was required to obtain a safety assessment and provide a disclosure about the risks and benefits to the resident prior to [redacted] usage.

In an interview on 01/20/2025 at 9:07 AM Resident 1 stated they used the [redacted] to help them stay in their bed.

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

Halo Adult Family Home LLC
Halo Adult Family Home
13119 E Broadway Ave
Spokane Valley, WA 99216

RE: Halo Adult Family Home # 755754

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/20/2026 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:

Selena Clemons, Interim Community 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 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 388-76-10530 Resident rights Notice of rights and services.

(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 reviewed, signed and dated every twenty-four months for 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)598-0182.

Sincerely,

Selena Clemons, Interim Community 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:
Selena Clemons, Interim Community 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