STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Venus B. Sharpe
Woodland Adult Family Home
8201 Spruce St SW
Lakewood, WA 98498

RE: Woodland Adult Family Home License # 755831

Dear Provider:

This letter addresses Compliance Determination(s) 65149 (Completion Date 09/04/2025) and 59611 (Completion Date 07/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/04/2025 and found that you have corrected the violations listed in the Complaint report dated 07/31/2025. Your home is back in compliance as of 08/08/2025 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 388-76-10195, WAC 388-76-10195-1

The Department staff who did the on-site verification:
Hannah Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 05/15/2025 of:

Woodland Adult Family Home
8201 Spruce St SW
Lakewood, WA 98498

This document references the following complaint number(s): 176255

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Hannah Carmichael, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

Statement of Deficiencies	License #: 755831	Compliance Determination # 59611
Plan of Correction	Woodland Adult Family Home	Completion Date
Page 2 of 4	Licensee: Venus B. Sharpe	07/31/2025

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.

Jennifer LeMaster
Residential Care Services

08/04/2025
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)

8/4/25
Date

WAC 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

This requirement was not met as evidenced by:

Based on observation,
interview, and record review the Adult Family Home (AFH) failed to provide enough staff to safely meet the care needs of 1 of 5 residents (Resident 4 [R4]). This failure placed R4 at risk of not receiving needed care and services.

Findings included...

Review of R4's record titled "Assessment Details", dated 02/25/2025, showed diagnoses of [redacted] and [redacted]. Record showed R4 was obese, was a two-person physical assist for transfers and dressing, and general comments showed the client

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.

Jennifer LeMaster
Residential Care Services

08/04/2025
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

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Based on observation,
interview, and record review the Adult Family Home (AFH) failed to provide enough staff to safely meet the care needs of 1 of 5 residents (Resident 4 [R4]). This failure placed R4 at risk of not receiving needed care and services.

Findings included...

Review of R4's record titled "Assessment Details", dated 02/25/2025, showed diagnoses of [redacted] and [redacted] and [redacted]. Record showed R4 was obese, was a two-person physical assist for transfers and dressing, and general comments showed the client

required two-person assist with transfers and uses a sliding board to perform safe transfers and to maintain skin integrity.

Review of R4's record titled "Negotiated Care Plan", dated 03/06/2025, showed R4 moved into the AFH on [redacted]/2024. Record showed R4's mobility required a two-person assist for transfers, bed mobility/transfers required a two-person assist with transfers and a sliding board to perform safe transfers and to maintain skin integrity, toileting/continence issues required a two-person physical assist, and dressing, personal hygiene, and bathing required a two-person physical assist.

On 05/15/2025 at 10:10 AM, observation showed one caregiver, caregiver 1 (CG1), onsite with five of six AFH residents home, including R4.

On 05/15/2025 at 10:10 AM, CG1 stated they were the only caregiver onsite because the other caregiver had an appointment.

On 05/15/2025 at 11:04 AM, CG1 stated they believed R4 was a one-person assist and stated, "sometimes we would need two."

On 05/15/2025 at 11:28 AM, observation showed CG1 was the only caregiver present throughout the entire investigation.

On 06/17/2025 at 10:56 AM, CG1 stated they were the only caregiver onsite. CG1 stated sometimes there was another caregiver who was there working, "but today I am the only one".

Statement of Deficiencies	License #: 755831	Compliance Determination # 59611
Plan of Correction	Woodland Adult Family Home	Completion Date
Page 4 of 4	Licensee: Venus B. Sharpe	07/31/2025

On 07/22/2025 at 12:01 PM, Provider stated for transfers and dressing, R4 was a one-person assist, but for changing and washing R4, "we need to have two people".

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, Woodland Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 8/6/25.

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

Provider (or Representative) — Date: 8/06/25

On 07/22/2025 at 12:01 PM, Provider stated for transfers and dressing, R4 was a one-person assist, but for changing and washing R4, "we need to have two people".

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, Woodland 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
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Venus B. Sharpe
Woodland Adult Family Home
8201 Spruce St SW
Lakewood, WA 98498

RE: Woodland Adult Family Home # 755831

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 07/31/2025 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services

Region 3, Unit G
Preferred methods:
eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

• 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 388-76-10616 Resident rights Transfer and discharge notice.

(1) Before a home transfers or discharges a resident, the home must give the resident and the resident's representative a written thirty day notification informing them of the transfer or discharge. The home must also make a reasonable effort to notify, if known, any interested family member. The written notification must be in a language and manner the resident understands and include the following:

(2) The home may make the notice as soon as practicable before transfer or discharge when:

(a) The safety and health of the individuals in the home would be endangered;

The Adult Family Home (AFH) failed to give Resident 6 [R6] notice when immediate discharge was necessary when R6 endangered the safety and health of the individuals in the home. R6 no longer lived in the AFH, consultation was provided.

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

The Adult Family Home (AFH) failed to complete a written character, competence, and suitability document as indicated by a staff

member's Washington State Name and Date of Birth Background check. Corrective action was completed. Consultation was provided.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit G
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:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit G
Preferred methods:
eFax: (360) 664-8451

Email: rcsregion3email@dshs.wa.gov
Optional method:
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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 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:

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

Deficiency 1: WAC 388-76-10195 – Inadequate Staffing to Meet Resident Needs

Deficiency Summary: On multiple occasions, Resident 4 (R4), who requires a two-person assist for transfers, was left in the care of only one staff member, putting the resident at risk.

Corrective Action Plan:

- Since returning from vacation on **June 20, 2025**, I have ensured that there are always **two caregivers onsite** when residents requiring two-person assistance are present.
- The staff have been re-educated on R4's negotiated care plan, emphasizing the importance of following two-person assist requirements for safety and compliance.

Correction Date: 8/12/25

Signature: [signature]

Date: 8/12/25

Deficiency 2: WAC 388-76-10616 – Resident Rights: Failure to Provide 30-Day Transfer/Discharge Notice

Deficiency Summary: R6 was discharged without receiving the required 30-day written notice.

Corrective Action Plan:

- We have created a discharge checklist to ensure compliance with the 30-day written notice rule.
- All discharges will be reviewed and approved by the provider and documented with proper notice and reason for discharge.
- In emergencies, documentation of the justification for immediate discharge will be completed and reviewed.
- Staff were retrained on resident rights regarding discharge policies.

Correction Date: 8/12/25

Signature:

Date: 8/12/25

Deficiency 3: WAC 388-76-10181 – Background Check Documentation Incomplete

Deficiency Summary: Failure to document the character, competence, and suitability decision for a staff member with a non-disqualifying criminal record.

Corrective Action Plan:

- A written justification for the employment decision was completed and added to the staff file on 08/01/2025.
- Staff responsible for hiring and personnel files have been trained on background check compliance requirements.

Correction Date: 8/6/25

Signature: [signature]

Date: 8/6/25