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

05/30/2025

Blessed Home Adult Family Home LLC
At Home Again Adult Family Home
13007 E Valleyway Ave
Spokane Valley, WA 99216

RE: At Home Again Adult Family Home # 755920

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 60363 (Completion Date 05/30/2025) and 57603 (Completion Date 04/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/30/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10570 Resident rights Financial affairs related to resident death. If a resident's personal funds are deposited with the adult family home, the home must give the resident's funds and a final accounting of the funds within thirty days after the resident's death to the individual or probate jurisdiction administering the resident's estate; except for a resident who received long-term care services paid by the state, the home must send funds and accounting to the state of Washington, department of social and health services, office of financial recovery.

The Department staff who did the On Site verification:
Lisa Pickett, Complaint Investigator

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 an unannounced on-site complaint investigation on 04/07/2025 of:

At Home Again Adult Family Home
13007 E Valleyway Ave
Spokane Valley, WA 99216

This document references the following complaint number(s): 172104

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Lisa Pickett, Complaint Investigator

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 388-76-10570 Resident rights Financial affairs related to resident death. If a resident's personal funds are deposited with the adult family home, the home must give the resident's funds and a final accounting of the funds within thirty days after the resident's death to the individual or probate jurisdiction administering the resident's estate; except for a resident who received long-term care services paid by the state, the home must send funds and accounting to the state of Washington, department of social and health services, office of financial recovery.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to refund the monies owed to the resident's family within 30 days of the resident passing away for 1 of 1 former residents (Resident 1). This failure placed the resident's family at risk of financial hardship when monies owed to them were not refunded.

Findings include….

Record review on 04/07/2025 showed Resident 1 passed away on [redacted]/2025.

Review on 04/10/2024 of Resident 1's Admission Agreement dated 10/31/2022 showed the AFH would refund any amount due to the legal representative within 30 days of the resident's death.

During an interview on 04/08/2025 at 9:25 AM Staff A, Provider, stated the refund monies had not been sent to Resident 1's legal representative within the 30 days following Resident 1's death.

Interview on 04/10/25 at 3:35 PM Collateral Contact 1 (CC1), Resident Representative, stated they received numerous emails from Staff A stating Staff A would send the money soon. CC1 stated they had not received the amount due from Staff A.

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, At Home Again 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