STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Helping Hands IN Home Care LLC
Helping Hands In Home Care LLC
7451 Road E.7 NE
Moses Lake, WA 98837

RE: Helping Hands In Home Care LLC License # 756404

Dear Provider:

This letter addresses Compliance Determination(s) 72239 (Completion Date 01/30/2026) and 68708 (Completion Date 01/16/2026).

The Department completed a follow-up inspection of your Adult Family Home on 01/30/2026 and found that you have corrected the violations listed in the Full report dated 01/16/2026. Your home is back in compliance as of 12/10/2025 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 388-76-10265-1-d, WAC 388-76-10415-1

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-AFH Licensor

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 C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 11/13/2025 of:

Helping Hands In Home Care LLC
7451 Road E.7 NE
Moses Lake, WA 98837

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 755404	Compliance Determination #:687306
Plan of Correction	Helping Hands In Home Care LLC	Completion Date
Page 2 of 4	Licensee: Helping Hands IN Home Care LLC	01/16/2026

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

01/20/2026
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.

Provider (or Representative)

1/21/26
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a tuberculosis (TB) test was completed for 2 of 4 staff (Staff C & D) within three days of hire. This failure placed residents at risk for exposure to a contagious airborne respiratory illness.

Findings included:

On 11/13/2025 from 12:00 PM to 4:40 PM, Staff C, Caregiver, was observed providing care to residents in the AFH.

Record review on 11/13/2025 showed that Staff C, hired on 09/24/2024, did not complete TB testing within three days of hire. Staff D, hired on 07/16/2025, did not complete TB testing within three days of hire.

In an interview on 12/12/2025 at 11:28 AM, Staff A, Provider, stated that they did not understand the TB requirements for newly hired staff.

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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a tuberculosis (TB) test was completed for 2 of 4 staff (Staff C & D) within three days of hire. This failure placed residents at risk for exposure to a contagious airborne respiratory illness.

Findings included . . .

On 11/13/2025 from 12:00 PM to 4:40 PM, Staff C, Caregiver, was observed providing care to residents in the AFH.

Record review on 11/13/2025 showed that Staff C, hired on 09/24/2024, did not complete TB testing within three days of hire. Staff D, hired on 07/16/2025, did not complete TB testing within three days of hire.

In an interview on 12/12/2025 at 11:28 AM, Staff A, Provider, stated that they did not understand the TB requirements for newly hired staff.

Statement of Deficiencies	License #: 755404	Compliance Determination #:68708
Plan of Correction	Helping Hands In Home Care LLC	Completion Date
Page 3 of 4	Licensee: Helping Hands IN Home Care LLC	01/18/2026

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, Helping Hands In Home Care LLC is or will be in compliance with this law and / or regulation on
(Date) ~~01/18/2025~~ 12-10-2025 Stopped working

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

Maria Khamitova — Provider (or Representative)

1-21-26 — Date

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that food safety training was kept current for 1 of 4 staff (Staff A). This failure placed residents at risk from foodborne illness and improperly handled food.

Findings included . . .

Record review on 11/13/2025 showed Staff A, Provider, had a food handler card that expired on 06/19/2025 and was not renewed until 09/18/2025, 90 days overdue.

In an interview on 12/12/2025 at 11:30 AM, Staff A stated the expiration of the food handler card had been overlooked.

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, Helping Hands In Home Care LLC 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 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that food safety training was kept current for 1 of 4 staff (Staff A). This failure placed residents at risk from foodborne illness and improperly handled food.

Findings included . . .

Record review on 11/13/2025 showed Staff A, Provider, had a food handler card that expired on 06/19/2025 and was not renewed until 08/18/2025, 60 days overdue.

In an interview on 12/12/2025 at 11:30 AM, Staff A stated the expiration of the food handler card had been overlooked.

Statement of Deficiencies	License #: 755404	Compliance Determination #:68798
Plan of Correction	Helping Hands In Home Care LLC	Completion Date
Page 4 of 4	Licensee: Helping Hands IN Home Care LLC	01/16/2026

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, Helping Hands In Home Care LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/16/2025~~ 11/14/2025

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

Maria Kharitonov
Provider (or Representative)

1-21-26
Date

Per telephone conversation with Resident Manager, Maria Kharitonov, on 01/26/2026 the BIC date has been changed to 11/14/2026. ME

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, Helping Hands In Home Care LLC 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