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

02/19/2025

Spokane Living Water Adult Family Home LLC

Spokane Living Water Adult Family Home LLC
3104 N Rio Grande Rd
Otis Orchards, WA 99027

RE: Spokane Living Water Adult Family Home LLC # 756599

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 54997 (Completion Date 02/19/2025) and 53139 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/19/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10200 Adult family home Staff Availability Contact information. In addition to other licensing requirements for staff availability, the adult family home must:

(5) Ensure the provider, entity representative or resident manager is readily available to:

(d) Authorized state staff.

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

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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 01/15/2025 and 01/15/2025 of:

Spokane Living Water Adult Family Home LLC
1728 N Stone St
Spokane, WA 99207

This document references the following complaint number(s): 162980

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that investigated 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 388-76-10200 Adult family home Staff Availability Contact information. In addition to other licensing requirements for staff availability, the adult family home must:

(5) Ensure the provider, entity representative or resident manager is readily available to:

(d) Authorized state staff.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the provider and the resident manager caring for 1 of 1 resident (Resident 1) were readily available and able to be contacted by Department staff. This failed practice placed the resident at risk of not having a qualified individual available to make decisions for the home.

Findings included….

Observation on 01/08/2025 at 9:40 AM showed Resident 1 resided at at the AFH and received care and services from the AFH staff.

On 01/08/2025 at 9:45 AM the Department attempted to call Staff B, Resident Manager. The call could not be connected, and no voicemail could be left.

On 01/08/2025 at 9:46 AM additional attempts were made to contact Staff B at alternate phone numbers. Staff B did not answer the phone calls and voicemails were left asking Staff B to return the calls.

On 01/08/2025 the Department emailed Staff A, Provider, and Staff B, requesting inspection follow up documentation by 01/10/2025 at 8:00 AM. No responses were received.

On 01/13/2025 at 9:13 AM the Department called Staff B, and the call could not be connected.

On 01/13/2025 at 9:14 AM the Department called Staff A and left voicemail requesting they contact the Department as soon as possible. No response was received.

On 01/13/2025 the Department emailed Staff B requesting they contact licensor as soon as possible. No response was received.

On 01/13/2025 at 9:55 AM the Department attempted to contact Staff B at an alternate number. The phone call was answered, and the Department was told that Staff B could not be reached by cell phone and the best way to contact Staff B was by email.

In an interview on 01/15/2025 at 10:07 AM Staff C, Caregiver, stated that they had not spoken to Staff B in several weeks. Staff C stated they had been in contact Staff A, who could be reached at an alternate phone number.

In an interview on 01/15/2025 at 11:02 AM Staff A stated they had missed the Department's previous contact attempts. Staff A stated that Staff B was still the resident manager, and commented that they had not been in contact with Staff B for several weeks.

Attestation Statement

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, Spokane Living Water Adult Family Home 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