STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

New Covenant Adult Family Home LLC

New Covenant Adult Family Home LLC
15025 25th Avenue Ct E
Tacoma, WA 98445

RE: New Covenant Adult Family Home LLC License # 756606

Dear Provider:

This letter addresses Compliance Determination(s) 73119 (Completion Date 02/19/2026) and 71296 (Completion Date 01/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/19/2026 and found that you have corrected the violations listed in the Full report dated 01/15/2026. Your home is back in compliance as of 01/26/2026 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 388-76-10015-1

The Department staff who did the off-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 01/12/2026 of:

New Covenant Adult Family Home LLC
15025 25th Avenue Ct E
Tacoma, WA 98445

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:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

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.

Elizabeth Emeaj, Delaware
Provider (or Representative)

01/26/2026
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview and record reviews the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license before providing blood sugar (BS) testing to 1 of 2 resident (Resident 2) who required BS testing. This failure placed Resident 2 at risk for staff administering medical tests and interpreting test results without a required MTSW license.

Findings included...

On 01/12/2026 at 9:51 AM, during telephone interview the Provider stated that Resident 2 was diabetic.

On 01/12/2026, record review of Resident 2's Assessment dated 07/17/2025 revealed they had diagnoses to include [redacted] and required staff to monitor their blood glucose level once a day using a Dexacom G7 sensor (a device attached over the skin to monitor blood glucose levels).

On 01/12/2026, review of administrative records revealed that the AFH did not have the required MTWS license.

Statement of Deficiencies	License #: 756606	Compliance Determination # 71296
Plan of Correction	New Covenant Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: New Covenant Adult Family Home LLC	01/15/2026

On 01/12/2026 at 1:25 PM, during telephone interview the Provider verified the findings and stated the Department's AFH initial licensing unit did not mention to them the need to have a MTSW license. The Provider added that Resident 2's physician had discontinued their order for blood glucose monitoring back in November or December 2025 because their hemoglobin A1C (a blood test showing the average blood glucose level over the past 2-3 months) had gotten better.

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, New Covenant Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01-26-2026

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

- New Covenant have Applied and Submitted MTSW License And will make sure to stay active, maintain annual Renewal
- supporting documents attached.

Provider (or Representative) Elizabeth Emem, [signature] Date 01-26-2026

Plan of Correction

- Date - 01-26-2026, have Applied and Submitted Application
- Signature [signature] 01-26-2026

- Supporting Documents
  - Copy of payment
  - Application (Copy)
  - USPS Receipt

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

New Covenant Adult Family Home LLC
New Covenant Adult Family Home LLC
15025 25th Avenue Ct E
Tacoma, WA 98445

RE: New Covenant Adult Family Home LLC # 756606

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/15/2026 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:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• 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 388-76-10525 Resident rights Postings. The adult family home must post the following in a common use area where they can be easily viewed by anyone in the home, including residents, resident representatives, the department, and visitors:

(3) The poster from the agency designated as the protection and advocacy system for residents with disabilities.

On 01/12/2026, observation of the Adult Family Home's AFH internal environment revealed the poster for Disability Rights Washington (DRW) was not posted in the home. Caregiver B immediately obtained a copy of the DRW poster on the internet, printed it and posted it on the bulletin board to correct the issue

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

On 01/12/2026 at 10:15 AM, observation showed a total of five (5) gallons of emergency drinking water supply for the Adult Family Home's (AFH) license capacity of 5 residents and two (2) working caregivers, instead of the required twenty-one (21) gallons. The AFH immediately added twenty (20) additional gallons of emergency drinking water supply (totaling twenty-five [25] gallons) to correct the issue.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

On 01/12/2026 at 10:15 AM, observation showed two (2) boxes of Lantus insulin (for high blood sugar) injection and one (1) box of Humalog insulin (for high blood sugar) injection (belonging to Resident 2) inside the kitchen refrigerator, not in locked storage.

Caregiver A immediately placed the boxes of insulin in locked storage. On 01/12/2026 at 1:25 PM, during telephone interview the Provider stated that the insulin injections were supposed to be returned to the pharmacy the day before, but pharmacy staff did not bring the necessary documents for it to happen, so it was placed in the refrigerator. There was no negative outcome to the residents.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds; and

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

On 01/12/2026, record review revealed Resident 2 was last provided with a written Notice of Rights and Services (Admission Agreement) on 11/24/2023 (25 months ago). On 01/12/2026 at 1:25 PM, telephone interview with the Provider revealed they were not aware of the requirement. On 01/13/2026, the Department received via email from the provider a copy of Resident 2's written Notice of Rights and Services signed and dated 01/12/2026 by Resident 2 to correct the issue.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

On 01/12/2026, record review revealed the following resident's records were not readily available for review:
1. Resident 1: Safety Assessment for the use of [redacted], and risk and benefits information for its use.
1. Resident 2: Disclosure of Charges document, and written verification source for their use of medications for depression, anxiety and insomnia.
2. Resident 3: Disclosure of Charges document, initial Negotiated Care Plan (NCP), and written verification source for their use of medication for mood disorder.

On 01/13/2026, the Department received via email from the Provider copies of the missing residents' records to correct the issue.

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;

On 01/12/2026, record review revealed Resident 2's Negotiated Care Plan (NCP) dated 08/19/2025 and Resident 3's NCP dated 08/01/2025 did not include interventions to address their use of psychopharmacologic (for mental disorders) medications. On 01/13/2026, the Department received via email from the Provider, copies of both residents updated NCPs addressing their use of psychopharmacologic mediations to correct the issue.

WAC 388-112A-0118 What documentation is required for completion of each training?

(2) The long-term care worker must be given documentation of the proof of completion of the training that the student should retain. The provider and the training entity must keep a copy of the proof of completion as described in WAC 388-76-10198 for adult family homes, chapter 388-107 WAC for enhanced services facilities, and WAC 388-78A-2450 for assisted living facilities.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

On 01/12/2026, record review revealed the following staff's personnel files were not readily available:
1. Provider: tuberculosis (TB, a communicable disease) test results, current Washington state background check result, and Registered Nurse (RN) license.
2. Caregiver A: Facility Orientation documentation, and first-aid training card.
3. Caregiver B: current Washington state background check result, and first-aid training card
4. Caregiver C: current Washington state background check result, and national fingerprint result.

On 01/13/2026 and 01/15/2026, the Department received via email from the Provider, copies of the missing personnel files, to correct the issue.

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

On 01/12/2026, review of the emergency evacuation drill record revealed that it took six (6) minutes to evacuate all residents from the Adult Family Home (AFH) on the drill conducted on 05/03/2025. On 01/12/2026 at 1:25 PM, during interview Caregiver B stated that Resident 3 was being uncooperative on that day it took more than five (5) minutes to evacuate all residents from the home.

WAC 388-76-10650 Medical devices.

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

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

On 01/12/2026, record review revealed Resident 1's use of [redacted] was not addressed in their Negotiated Care Plan (NCP) dated 02/05/2025. On 01/15/2026, the Department received via email from the Provider a copy of Resident 1's updated NCP addressing the use of the [redacted] to correct the issue.

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 (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
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.

01/26/2026

01/26/2026

Send your plan to:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

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 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 supporting documents to:

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