



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

Rosam Adult Family Homes LLC
Rosam Adult Family Homes LLC
2818 W Houston Ave
Spokane , WA 99208

RE: Rosam Adult Family Homes LLC License # 756688

Dear Provider:

This letter addresses Compliance Determination(s) 50644 (Completion Date 11/21/2024) and 49053 (Completion Date 11/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/21/2024 and found that you have corrected the violations listed in the Full report dated 11/06/2024. Your home is back in compliance as of 11/13/2024 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 388-76-10176-2

The Department staff who did the off-site verification:
Scott Sorensen, AFH Licenser

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Field Manager
Region 1, Unit E
Residential Care Services



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Statement of Deficiencies	License #: 756688	Compliance Determination # 49053
Plan of Correction	Rosam Adult Family Homes LLC	Completion Date
Page 1 of 2	Licensee: Rosam Adult Family Homes LLC	11/06/2024

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 10/21/2024 and 10/21/2024 of:

Rosam Adult Family Homes LLC
2818 W Houston Ave
Spokane , WA 99208

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

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licenser

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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative)

Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure fingerprint background check results were received within 120 days of hire for 1 of 1 sample caregiver (Staff B). This placed residents at risk for receiving care from persons not qualified to have access to vulnerable adults.

Findings included...

Review of Staff B, Caregiver, employee file on 10/21/2024 showed they were hired on 10/01/2023. There was no documentation that showed a final fingerprint background check had been completed for Staff B. At the time of the inspection, Staff B had been employed by the AFH for 146 days.

During an interview on 10/21/2024 at 2:55 PM, Staff A, Provider, stated that Staff B did not complete the final fingerprint process.

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, Rosam Adult Family Homes 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