



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Home and Community Living Administration  
PO Box 45600, Olympia, WA 98504-5600**

June 3, 2026

**ELECTRONIC-FACSIMILE**

Licensee, FERN'S CARE, LLC  
Fern's Care, LLC  
c/o PO Box 489  
Eatonville, WA 98328

Adult Family Home License # **756817**  
Entity Representative: Jennifer Williams

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On May 21, 2026, the Department of Social and Health Services (DSHS), Residential Care Services completed a full inspection at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **133 Mashell Ave S, Eatonville**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The imposed conditions on the license are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **May 21, 2026**.

**Conditions on License**

**WAC 388-76-10191 (1)(a)(b)(2)(a)(b)(3)(4) Liability insurance required.**

**The licensee failed to ensure liability insurance was in place for four residents. This failure placed all residents at risk of harm in the event of bodily injury or property damage in which the AFH was deemed legally liable.**

**WAC 388-76-10430 (2)(d)(3) Medication system.**

**The licensee failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for three residents. This failure placed the residents at risk for not receiving medications as ordered.**

**WAC 388-76-10895 (1)(a)(b)(2)(a)(b)(c)(3)(a)(b)(c)(d) Emergency evacuation drills—  
Frequency and participation.**

The licensee failed to ensure the coordination of a safe emergency evacuation drill in a timely manner. This failure placed all residents at risk for harm.

**WAC 388-76-10475 (1)(2)(a)(b)(c)(d)(e)(3)(a)(b)(c)(i)(ii)(iii)(iv) Medication—Log.**

The licensee failed to keep an up-to-date medication log for three residents. This failure resulted in the residents not having medications documented and placed them at risk of harm from medication errors.

**WAC 388-76-10760 (1)(a)(d) Site.**

The licensee failed to ensure the Adult Family Home (AFH) was free from hazardous conditions. This failure placed four residents at risk of harm.

**WAC 388-76-10750 (1)(2)(3)(5)(i)(k)(7)(11)(a) Safety and maintenance.**

The licensee failed to ensure the home was in a condition that was safe, sanitary, and free of hazards, and provide a safe laundry system, safe ventilation, and keep toxic/hazardous materials in locked storage for four residents. These failures resulted in all residents living in unsafe and unsanitary living conditions.

**WAC 388-76-10161 (3) Background checks—Who is required to have.**

The licensee failed to ensure three household members had Washington state name and date of birth background checks. This failure resulted in all residents living in a home with individuals whose criminal histories were unknown.

**WAC 388-76-10198 (2)(a)(b)(c)(3)(4) Adult family home—Personnel records.**

The licensee failed to ensure staff records were readily available including Final Fingerprint background checks for two current caregivers, First Aid/cardiopulmonary resuscitation (CPR) certification for three caregivers, Tuberculosis (infectious respiratory disease) testing results for two current caregivers, completed required trainings for three caregivers and continuing education for three caregivers. This failure placed all residents at risk of harm from receiving care and services from individuals whose continued education, criminal history and complete Tuberculosis testing status was unknown.

*NOTE: These are the violations, which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.*

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) Provider, at their own expense, must hire an AFH Consultant not currently or previously affiliated with the AFH, and familiar with AFH regulations by 5:00PM on Friday June 12, 2026.***
- ***The AFH Consultant must:***
  - ***Assist the AFH Provider in obtaining general commercial liability and professional liability insurance coverage.***
  - ***Assist the AFH Provider in developing a system to ensure resident records are completed, maintained, updated as required, and available in the AFH for review. Records include, but are not limited to: Negotiated Care Plans, Disclosure of Charges, Disclosure of Services and Resident Rights, and how to properly maintain a Medication Log for each resident.***
  - ***Assist the AFH Provider in developing a system to ensure staff records are completed, maintained, updated as required, and available in the AFH for review. Records include but are not limited to: Washington state name and date of birth background checks, final fingerprint background checks, Tuberculosis (TB) testing, first aid and cardiopulmonary resuscitation (CPR) training, facility/staff orientation, food handler training, continuing education training, and Department of Health credentials.***
  - ***Assist the AFH Provider in developing a system to ensure an emergency and disaster plan are completed, maintained, updated as required, and available in the AFH for review. The emergency and disaster plans must include but are not limited to: How to evacuate the home, emergency evacuation floor plan, how to properly store and maintain emergency medical supplies, and a written succession plan.***
  - ***Assist the AFH Provider in developing a system to ensure partial emergency evacuation drills are completed at least every 60 days, and a full emergency evacuation drill is completed at least once each calendar year by all residents participating at the same time.***
  - ***Assist the AFH Provider in developing a system to ensure the AFH is in good repair, sanitary, free of hazards, rodents, and provides safe and usable spaces for all residents.***
- ***The AFH Provider must provide the AFH Consultant with a copy of the Statement of Deficiencies report dated May 21, 2026.***

- ***The AFH Provider must provide contact information for the AFH Consultant to the RCS Field Manager upon hire.***
- ***The AFH Consultant must be available to the Department to answer questions.***
- ***The AFH Provider must submit evidence of commercial general liability insurance and professional liability insurance coverage to the Department by 5:00 PM on Monday, July 6, 2026.***
- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

The effective date of the conditions on your license was **verbally** imposed on **May 29, 2026**, and remains in effect until lifted by formal Department of Social and Health Services notice. As provided in RCW 70.128.160(b), WAC 388-76-10990(6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Jennifer LeMaster, Field Manager  
Region 3, Unit F  
6639 Capitol Blvd SW Point Plaza West  
Tumwater, WA 98501  
Phone: (360) 746-4675 / Fax: (360) 664-8451  
**rcsregion3email@dshs.wa.gov**

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

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**YOU MAY:**

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter.

**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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

You can make an IDR request and find directions on the IDR web page at:  
<http://www.dshs.wa.gov/altsa/idr>.

Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

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Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

**NOTICE:** State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Jennifer LeMaster, Field Manager, at (360) 746-4675.

Sincerely,



Alfredo Brown  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit F  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
HQ Central Files  
DRW  
HP