STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

CARNELIAN AFH LLC
Carnelian Adult Family Home
6815 S Thompson Ave
Tacoma, WA 98408

RE: Carnelian Adult Family Home License # 756947

Dear Provider:

This letter addresses Compliance Determination(s) 65061 (Completion Date 09/03/2025) and 63147 (Completion Date 07/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/03/2025 and found that you have corrected the violations listed in the Complaint report dated 07/31/2025. Your home is back in compliance as of 08/14/2025 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 388-76-10225, WAC 388-76-10225-1, WAC 388-76-10225-1-a, WAC 388-76-10225-1-a-ii

The Department staff who did the off-site verification:
Hannah Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit G
Residential Care Services

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6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 07/24/2025 and 07/23/2025 of:

Carnelian Adult Family Home
1305 Boone St SE
Lacey, WA 98503

This document references the following complaint number(s): 184396, 186301

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Hannah Carmichael, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

08/04/2025
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.

Justus Maina
Provider (or Representative)

8/14/2025
Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident:

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to notify the department by calling the complaint toll-free hotline number or completing an online report when there were allegations of sexual abuse/assault from 1 of 6 residents (Resident 3 [R3]). This failure resulted in the department being unaware of R3's allegations of sexual abuse/assault which delayed an investigation to ensure R3's safety.

Findings included...

Review of R3's record titled "Assessment", dated 07/02/2025, showed diagnoses of [redacted] and [redacted].

Review of R3's record titled "Negotiated Care Plan", dated 06/03/2025, showed R3 moved into the AFH on [redacted]/2025.

Review of record titled "Caregiver Daily Organizer Log Book", dated 06/30/2025, showed facility progress notes that described an incident that occurred on 06/30/2025 that showed a caregiver, Caregiver 1 (CG1), wheeled R3 back to their room, CG1 reached for R3's door to open it and their shoulder rubbed against R3's shoulder. R3 immediately accused CG1 of rubbing their genitals on their arm and stated CG1 was coming onto them in a sexual manner.

Review of record titled "Police Event", dated 07/02/2025, showed police investigation records that described R3 reported that CG1's genitals brushed their shoulder while they were being transferred into their bed. Record showed the police investigation was closed on 07/02/2025 with no findings of abuse or assault.

Review of Residential Care Services (RCS) department records, titled "Intakes", showed no reports were made by the AFH staff to the department regarding the alleged incident between R3 and CG1.

On 07/24/2025 at 2:44 PM, Caregiver 2 (CG2) stated that R3 reported to them that CG1 allegedly brushed their genitals against their shoulder. CG2 stated they reported the incident to the Provider, case management/social work, and to R3's family. CG2 stated that R3 called law enforcement who came to do an investigation and denied AFH staff reported to the department hotline or filing an online report to the department.

On 07/24/2025 at 3:24 PM, R3 stated that CG1 had hit them with their genitals on their right shoulder over a month ago, stated CG1 had their pants on, and stated the Provider does not believe them.

On 07/25/2025 at 2:43 PM, Provider stated they were made aware that R3 alleged that CG1 had inappropriately touched them on the shoulder with their genitals. Provider stated that R3 had told CG2, CG2 informed them (Provider) of the incident, they contacted case management/social work about it, and that R3 had called the police who came to investigate at the AFH. Provider denied reporting the incident to anyone else besides case management/social work and stated adult protective services (APS) came to investigate after case management/social work was notified. Provider stated the reason they did not report the incident to the department hotline or file an online report was because they were seeking guidance as they were not sure who to contact. Provider stated they knew they needed to contact somebody, but that is why they reached out to case management/social work. Provider stated that because their previous social worker was no longer employed, they did not receive any guidance about who to report these allegations to. Provider stated they would have reported the incident if they were instructed to do so.

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, Carnelian Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 8/14/2025 .

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

Justus Maina — 8/14/2025

Provider (or Representative) — Date

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CARNELIAN AFH LLC
Carnelian Adult Family Home
6815 S Thompson Ave
Tacoma, WA 98408

RE: Carnelian Adult Family Home # 756947

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 07/31/2025 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services

Region 3, Unit G
Preferred methods:
eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

• 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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure all hazardous materials were kept in locked storage in the laundry room. Corrective action was made while onsite. Consultation was provided.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit G
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.

Send your plan to:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit G
Preferred methods:
eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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 find this form and directions on the IDR Adult Family Home 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 request and supporting documents to:

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