



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

Precious Elders AFH LLC @Marcia Dr
PRECIOUS ELDERS AFH LLC @MARCIA DR
1010 SW MARCIA DR
PULLMAN, WA 99163

RE: PRECIOUS ELDERS AFH LLC @MARCIA DR License # 757087

Dear Provider:

This letter addresses Compliance Determination(s) 53830 (Completion Date 01/28/2025) and 51218 (Completion Date 12/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/28/2025 and found that you have corrected the violations listed in the Full report dated 12/10/2024. Your home is back in compliance as of 12/10/2024 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 388-76-10750-6-c, WAC 388-76-10135-7, WAC 388-76-10135-8

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

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

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



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Statement of Deficiencies	License #: 757087	Compliance Determination # 51218
Plan of Correction	PRECIOUS ELDERS AFH LLC @MARCIA DR	Completion Date
Page 1 of 3	Licensee: Precious Elders AFH LLC @Marcia Dr	12/10/2024

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 12/04/2024 and 12/04/2024 of:

PRECIOUS ELDERS AFH LLC @MARCIA DR
1010 SW MARCIA DR
PULLMAN, WA 99163

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 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 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview the home failed to maintain the water temperature between 105-120 degrees Fahrenheit (F) for 3 of 3 sinks (Kitchen sink, Sink 1 & Sink 2). This failed practice placed residents at risk for burns.

Findings included...

Observations on 12/04/2024 between 10:25 AM - 10:35 AM showed water temperature readings as follows:

1. The kitchen sink was 134.8 degrees F.
2. Sink 1, the bathroom sink in Resident 1 & 2's bedroom was 138.2 degrees F.
3. Sink 2, the upstairs bathroom sink was 139.1 degrees F.

During an interview on 12/04/2024 at 11:25 AM, Staff B, Resident Manager, stated they would turn down the water heater immediately.

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, PRECIOUS ELDERS AFH LLC @MARCIA DR 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

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure cardiopulmonary resuscitation (CPR) and first aid training were completed as required for 1 of 3 sample staff (Staff D). This failure placed residents at risk for a delayed response in the event of a medical emergency.

Findings included...

Review of Staff D, Caregiver's, employee file on 12/04/2024 showed their date of hire was on 05/16/2024, and their CPR and first-aid training expired on 07/29/2024.

During an interview on 12/04/2024 at 11:35 AM, Staff D stated that they did not have a current CPR and first-aid training.

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, PRECIOUS ELDERS AFH LLC @MARCIA DR 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



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1010 SW MARCIA DR
PULLMAN, WA 99163

RE: PRECIOUS ELDERS AFH LLC @MARCIA DR # 757087

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/10/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

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

12/10/2024

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Spokane Valley, WA 99212

- 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

The Adult Family Home did not complete one resident's negotiated care plan within 30 days of admitting to the home. There was no negative outcome to the resident.

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 (509)598-0182.

Sincerely,

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

Enclosure

**Plan
(Plan of Correction)**

You Must:

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

12/10/2024

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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:

Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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>

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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600