



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

BEIT-LEHEM ADULT FAMILY HOME LLC
BEIT-LEHEM ADULT FAMILY HOME LLC
1419 SE 159th Ave
Vancouver, WA 98683

RE: BEIT-LEHEM ADULT FAMILY HOME LLC License # 758268

Dear Provider:

This letter addresses Compliance Determination(s) 72833 (Completion Date 02/11/2026) and 71430 (Completion Date 01/22/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/11/2026 and found that you have corrected the violations listed in the Full report dated 01/22/2026. Your home is back in compliance as of 02/06/2026 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 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

The Department staff who did the off-site verification:
Olga Goyzman

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

Sincerely,

Jennifer LeMaster

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

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 HOME AND COMMUNITY LIVING ADMINISTRATION
 800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License # 758268	Compliance Determination # 71430
Plan of Correction	BEIT-LEHEM ADULT FAMILY HOME LLC	Completion Date
Page 1 of 3	Licensee: BEIT-LEHEM ADULT FAMILY HOME LLC	01/22/2026

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 01/13/2026 of:

BEIT-LEHEM ADULT FAMILY HOME LLC
 1419 SE 159th Ave
 Vancouver, WA 98683

The following sample was selected for review during the unannounced on-site visit: 1 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

From:
 DSHS, Home and Community Living Administration
 Residential Care Services, Region 3, Unit F
 800 NE 136th Ave, Suite 200
 Vancouver, WA 98684

Statement of Deficiencies	License #: 758268	Compliance Determination #71430
Plan of Correction	BEIT-LEHEM ADULT FAMILY HOME LLC	Completion Date
Page 2 of 3	Licensee: BEIT-LEHEM ADULT FAMILY HOME LLC	01/22/2026

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 LaMaster
Residential Care Services

01/27/2026
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.	
<u>Marc Collins</u> Provider (or Representative)	<u>01/31/2026</u> Date

WAC 388-76-10650 Medical devices.

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

- (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
- (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
- (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and
- (d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home failed to ensure an assessment for medical devices was completed prior to using [REDACTED] for one of two sampled residents (Resident 1/R1). This failure placed R1 at risk for not being professionally determined to be an appropriate candidate for the device.

Findings included...

A tour was conducted at 01:40 pm on 01/13/2026. Two half [REDACTED] were observed on R1's bed. When asked if an assessment for the [REDACTED] had been completed, the provider stated they were not aware, but they were unaware the [REDACTED] required additional documentation. The provider stated they would schedule the assessment promptly.

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Plan of Correction	BEIT-LEHEM ADULT FAMILY HOME LLC	Completion Date
Page 3 of 3	Licensee: BEIT-LEHEM ADULT FAMILY HOME LLC	01/22/2026

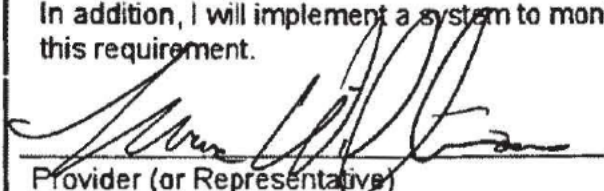
An initial interview took place with the provider at 01:50 pm, during a full inspection of the adult family home on 01/13/2026. The provider stated R1 moved into the AFH on [REDACTED]/2025 and was dependent on staff for transfers.

Record review of the Negotiated care plan on [REDACTED]/2025, does not mention the [REDACTED].

Record review of the Assessment done on 06/10/2025 does not mention [REDACTED].

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, BEIT-LEHEM ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on
(Date) 2/6/2026.

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


Provider (or Representative)

01/31/2026
Date