STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Liebe Adult Family Home LLC
NOBLE CARE AND CHERISH ADULT FAMILY HOME LLC
4510 S Glenrose Rd
Spokane, WA 99223

RE: NOBLE CARE AND CHERISH ADULT FAMILY HOME LLC License # 758698

Dear Provider:

This letter addresses Compliance Determination(s) 78173 (Completion Date 05/29/2026) and 77062 (Completion Date 05/13/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/29/2026 and found that you have corrected the violations listed in the Full report dated 05/13/2026. Your home is back in compliance as of 05/21/2026 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 388-76-10463-3, WAC 388-76-10750-1, WAC 388-76-10805-2-a, WAC 388-76-10265-1-c, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensor

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

Sincerely,

Selena Clemons

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 758698	Compliance Determination # 77062
Plan of Correction	NOBLE CARE AND CHERISH ADULT FAMILY HOME LLC	Completion Date
Page 1 of 6	Licensee: Liebe Adult Family Home LLC	05/13/2026

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 05/07/2026 of:
NOBLE CARE AND CHERISH ADULT FAMILY HOME LLC
4510 S Glenrose Rd
Spokane, WA 99223

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Home and Community Living 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.

Selena Clemons
Residential Care Services

05/13/2026
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.

Provider (or Representative)

05/15/2026
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure negotiated care plans (NCP) included information about psychopharmacological medications for 1 of 4 residents (Resident 3). This failure placed the resident at risk for medication errors and unmet care needs.

Findings included....

Review of an assessment dated 03/03/2026 showed Resident 3 had medical diagnoses including [redacted] and [redacted]. The assessment showed Resident 3 had behaviors including irritability and agitation, extreme and rapid mood swings, and incidence of uncontrollable crying and tearfulness. The assessment showed Resident 3 was prescribed medications to manage behaviors associated with their medical diagnoses.

On 05/07/2026 review of Medication Administration Records (MAR) dated May 2026 showed Resident 3 received the following –

-Aripiprazole (for bipolar disorder), 10 milligrams (mg), take one tablet once daily.

-Clonazepam (for anxiety), 0.5 mg, take one tablet twice daily.
-Escitalopram (for anxiety), 10 mg, take one tablet once daily.
-Quetiapine (for agitation), 100 mg, take one half tablet twice daily as needed.

On 05/07/2026 review of Resident 3's NCP dated 05/20/2025 did not show that Resident 3 received psychopharmacological medications to manage behaviors associated with their medical diagnoses.

In an interview on 05/07/2026 at 10:48 AM Staff A, Provider, stated they did not know psychopharmacological medications and the behaviors they manage needed to be in Resident 3's care plan.

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, NOBLE CARE AND CHERISH ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026.

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

Naomi Jimenez
Provider (or Representative)

05/15/2026
Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the home was maintained in a safe and sanitary manner for 3 of 4 residents (Residents 2, 3 & 4). These failures resulted in the residents living in an environment that was not safe or sanitary, and placed them at risk for injury.

Findings included....

On 05/07/2026 at 10:47 AM observation showed Resident 3 was in Bedroom [redacted]. Observation at 10:48 AM showed Resident 3's bed was in the southeast corner of Bedroom [redacted]. Observation showed brown and light red spots and smears on the eastern

and southern walls surrounding Resident 3's bed. The spots and smears were observed on the walls above and on both sides of Resident 3's bed.

On 05/07/2026 at 10:50 AM observation showed a missing transition strip between the hallway and bathroom flooring. Observation showed a two-inch gap between the hallway and bathroom flooring, with the hallway flooring approximately one inch higher than the bathroom flooring.

In an interview on 05/07/2026 at 10:57 AM Staff A, Provider, stated they were not aware that the transition strip between the hallway and bathroom was missing. Staff A stated that Resident 3 had behaviors to contributed to the spots and smears on Resident 3's walls. Staff A stated Resident 3 would not let staff clean Resident 3's bedroom.

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, NOBLE CARE AND CHERISH ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 05/15/2026

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

Provider (or Representative) Naomi Kwai Date 05/15/2026

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to ensure smoke alarms were in working condition for 1 of 5 bedrooms (Bedroom [redacted] Smoke Detectors). This failure placed all residents at risk for harm in case of a fire.

Findings included....

Observation on 05/07/2026 at 10:50 AM showed Resident 3 lived in Bedroom [redacted]. At 10:52 AM, observation showed the ceiling mounted smoke alarm was missing in Bedroom

[redacted].

In an interview on 05/07/2026 at 10:55 AM, Resident 3 stated they had removed the smoke detector in Bedroom [redacted] because it made too much noise. Resident 3 stated they had placed the smoke detector under a pile of clothing in the corner of Bedroom [redacted].

In an interview on 05/07/2026 at 10:58 AM Staff A, Provider, stated they did not know the ceiling mounted smoke detector was missing in Bedroom [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, NOBLE CARE AND CHERISH ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 05/15/2026 .

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

Naomi Kingi 05/15/2026

Provider (or Representative) Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(c) Resident manager;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was obtained within three days of employment for 2 of 5 staff (Staff B, Staff C, & Staff D). This failure placed residents at risk for respiratory infection.

Findings included....

Observation on 05/07/2026 at 8:13 AM showed Staff D, Caregiver, providing care and services to residents in the home.

Observation on 05/07/2026 at 8:35 AM showed Staff C, Caregiver, providing care and services to residents in the home.

On 05/07/2026 review of staff records showed the following:

-Staff B, Resident Manager, was hired on 09/23/2025. The documentation showed Staff B obtained a TB blood test on 04/28/2026 (217 after date of hire).

-Staff C was hired on 04/07/2026. The documentation showed Staff C obtained a two-step TB skin test on 11/17/2025 and 12/01/2025 (127 days before date of hire).

-Staff D was hired on 04/07/2026. The documentation showed Staff D obtained a TB blood test on 08/12/2025 (238 days before date of hire).

In an interview on 05/13/2026 at 2:44 PM Staff A, Provider, stated they did not know that Staff B, Staff C, and Staff D needed to obtain TB testing within three days of being hired to work in the home. - Understood that blood tests are good for a year. (at least)

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, NOBLE CARE AND CHERISH ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 05/21/2026

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

Naomi Liebe 05/15/2026

Provider (or Representative) Date