STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

PIONEER ADULT FAMILY HOME LLC
PIONEER HOME
1805 Birch Ave
Richland, WA 99354

RE: PIONEER HOME License # 751825

Dear Provider:

This letter addresses Compliance Determination(s) 59629 (Completion Date 05/15/2025) and 57036 (Completion Date 04/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/15/2025 and found that you have corrected the violations listed in the Complaint report dated 04/15/2025. Your home is back in compliance as of 04/28/2025 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 388-76-10225-1-a-ii, WAC 388-76-10225-1-a-i

The Department staff who did the on-site verification:
Sarah Clark, Community Complaint Investigator

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 03/27/2025 of:

PIONEER HOME
1805 Birch Ave
Richland, WA 99354

This document references the following complaint number(s): 171556

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Sarah Clark, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 751825	Compliance Determination # 57036
Plan of Correction	PIONEER HOME	Completion Date
Page 2 of 3	Licensee: PIONEER ADULT FAMILY HOME LLC	04/15/2025

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.

Michelle Ann Garbrough
Residential Care Services

04/16/2025
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.

M D McCune
Provider (or Representative)

4/22/25
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:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to report an allegation of suspected abuse to the Department Hotline for 1 of 1 resident (Resident 1). This failure placed the resident at risk for not having the allegation of sexual abuse investigated in a timely manner.

Findings included...

On 03/27/2025 at 12:28 PM, Resident 1 stated Resident 2 came into the laundry room, shut the door, kissed Resident 1, and touched them all over their body without consent. Resident 1 stated they told Resident 2 to stop, and Resident 2 did not stop. Resident 1 stated the incident happened a few weeks after Resident 2 moved into the AFH in [redacted] 2024. Resident 1 stated they told Staff A, Provider, about the incident, and Staff A stated it was Resident 1's fault because they kept talking to Resident 2.

On 03/27/2025 at 12:46 PM, Staff A stated they were aware of the alleged incident between Resident 1 and Resident 2. Staff A stated Resident 1 did not tell them about the incident until months after it occurred. Staff A could not recall the date they were made aware, and thought it was in November or December 2024. Staff A stated

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Residential Care Services

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Date

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Provider (or Representative)

Date

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On 03/27/2025 at 12:46 PM, Staff A stated they were aware of the alleged incident between Resident 1 and Resident 2. Staff A stated Resident 1 did not tell them about the incident until months after it occurred. Staff A could not recall the date they were made aware, and thought it was in November or December 2024. Staff A stated

Resident 1 first alleged Resident 2 only kissed them. Then, a few months later, Resident 1 stated Resident 2 grabbed their breasts. Staff A also stated Resident 1's story kept changing and was not consistent. Staff A stated they did not report the alleged incident to the department because "Resident 1 had been flirting with Resident 2."

On 03/27/2025 at 04:11 PM Collateral Contact 1 (CC1), Resident Representative, stated they were made aware of the incident between Resident 1 and Resident 2, maybe a month after Resident 2 moved into the AFH. CC1 did not believe Resident 1 consented to the kiss. CC1 also stated Resident 1 is naïve about "this stuff."

On 03/27/2025 at 03:30 PM, a review of the AFH incident reports did not show a report was made for the alleged incident between Resident 1 and Resident 2.

Review of Department's Secure Tracking System (STARS) on 03/28/2028 at 09:45 AM showed no facility report of alleged sexual abuse of Resident 1.

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, PIONEER HOME is or will be in compliance with this law and / or regulation on (Date) 4/28/25

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

Provider (or Representative) DMcCune Date 4/22/25

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Provider (or Representative) _____ Date _____