



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

JENNIFER PELL  
LOVING HANDS ADULT FAMILY HOME  
7504 W Chestnut Ave  
Yakima, WA 98908

RE: LOVING HANDS ADULT FAMILY HOME License # 751882

Dear Provider:

This letter addresses Compliance Determination(s) 56393 (Completion Date 03/14/2025) and 54492 (Completion Date 02/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/14/2025 and found that you have corrected the violations listed in the Full report dated 02/17/2025. Your home is back in compliance as of 02/28/2025 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 388-112A-0710

The Department staff who did the off-site verification:  
Melanie Hopkins, NHI-AFH Licenser

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



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

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Statement of Deficiencies	License #: 751882	Compliance Determination # 54492
Plan of Correction	LOVING HANDS ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: JENNIFER PELL	02/17/2025

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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 02/07/2025 of:

LOVING HANDS ADULT FAMILY HOME  
7504 W Chestnut Ave  
Yakima, WA 98908

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

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

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

02/19/2025

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.

*Jennifer Webb*  
Provider (or Representative)

2/28/25  
Date

**WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that CPR (cardiopulmonary resuscitation)/First Aid training included hands-on skills for 1 of 5 staff (Staff D). This failure placed residents at risk in the event of a medical emergency requiring aid.

Findings included . . .

Review of staff records on 02/07/2025 showed Staff D, Caregiver, had a certificate for CPR/First Aid training dated 09/13/2023 from an on-line course. No completion of hands-on skills instruction was noted on the certificate.

In an interview with Staff A, Provider, on 02/07/2025 at 12:00 PM, they stated that Staff D told them they had gone to an in-person class for the CPR/First Aid.

In an interview on 02/14/2025 at 11:09 AM, Staff A stated they had taken Staff D off the schedule until Staff D could produce a certificate for in-person training. Staff A stated that Staff D had stopped responding to their calls.

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

02/19/2025

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.

Provider (or Representative)

Date

**WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that CPR (cardiopulmonary resuscitation)/First Aid training included hands-on skills for 1 of 5 staff (Staff D). This failure placed residents at risk in the event of a medical emergency requiring aid.

Findings included . . .

Review of staff records on 02/07/2025 showed Staff D, Caregiver, had a certificate for CPR/First Aid training dated 09/13/2023 from an on-line course. No completion of hands-on skills instruction was noted on the certificate.

In an interview with Staff A, Provider, on 02/07/2025 at 12:00 PM, they stated that Staff D told them they had gone to an in-person class for the CPR/First Aid.

In an interview on 02/14/2025 at 11:09 AM, Staff A stated they had taken Staff D off the schedule until Staff D could produce a certificate for in-person training. Staff A stated that Staff D had stopped responding to their calls.

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, LOVING HANDS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 2/28/25.

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

Provider (or Representative)

Jennifer Webb

Date

2/28/25

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, LOVING HANDS ADULT FAMILY HOME 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



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

JENNIFER PELL  
LOVING HANDS ADULT FAMILY HOME  
7504 W Chestnut Ave  
Yakima, WA 98908

RE: LOVING HANDS ADULT FAMILY HOME # 751882

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/17/2025 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 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 Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (509) 454-4160

Email: rcsregion1email@dshs.wa.gov

Optional method:

1200 Alder Street

Union Gap, WA 98903

- 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 388-76-10475 Medication Log. The adult family home must:**

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
  - (c) Dosage of the medication;

The Adult Family Home failed to ensure the medication log listed the same dosage for one medication as was ordered by the physician. The resident received the correct dosage of medication. There was no negative outcome to the resident.

**WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:**

- (1) Names of each resident and staff involved in the drill;

The Adult Family Home (AFH) did not accurately complete the form used to document resident participation in the partial and full evacuation drills performed from 01/10/2024 through 01/10/2025. There was no negative outcome to the residents.

**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;

The Adult Family Home (AFH) failed to keep the interior of the home in good repair and condition. There were multiple areas on walls in need of repair, painting, and cleaning. There was no negative outcome to the residents.

**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)572-7394.

Sincerely,

*Michelle Ann Yarbrough*

Michelle Yarbrough, Adult Family Home Field Manager  
Region 1, Unit C  
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:

Michelle Yarbrough, Adult Family Home Field Manager  
Residential Care Services

Region 1, Unit C

Preferred methods:

eFax: (509) 454-4160

Email: rcsregion1email@dshs.wa.gov

Optional method:

1200 Alder Street

Union Gap, WA 98903

**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](mailto:RCSIDR@dshs.wa.gov); or

Fax: (360) 725-3225