



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3611 River Road, Suite 200, Yakima, WA 98902

August 29, 2019

LOVE AND CARE LLC  
LOVE AND CARE ADULT HOME  
384 YOUNG RD  
MOSES LAKE, WA 98837

RE: LOVE AND CARE ADULT HOME License #752053

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 28, 2019 for the deficiency or deficiencies cited in the report/s dated May 24, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Jo Whitney, AFH Licenser

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chana White".

Chana White, Field Manager  
Region 1, Unit C  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 3611 River Road, Suite 200, Yakima, WA 98902

Statement of Deficiencies	License #: 752053	Completion Date
Plan of Correction	LOVE AND CARE ADULT HOME	May 24, 2019
Page 1 of 4	Licensee: LOVE AND CARE LLC	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.


The department has completed data collection for the unannounced on-site full inspection of:  
 5/22/2019

LOVE AND CARE ADULT HOME  
 384 YOUNG RD  
 MOSES LAKE, WA 98837

The department staff that inspected the adult family home:  
 Jo Whitney, RN, BSN, AFH Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 1, Unit C  
 3611 River Road, Suite 200  
 Yakima, WA 98902  
 (509)225-2823

As a result of the on-site full inspection 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

6/16/19  
 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)

06/19/19  
 Date

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

**WAC 388-76-10865 Resident evacuation from adult family home.**

(2) The home must ensure that residents who require assistance are able to evacuate the home as follows:

(c) Without the resident having to use any of the following:

(i) Stairs;

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

Based on observation, record review and interview, the home failed to ensure four of five residents (Resident #1, #2, #3, #4) in wheelchairs and/or using a walker had an evacuation exit route from the home that did not require movement over stairs. This deficient practice placed the residents at risk of harm or injury in the event of an emergency. Findings included...

On 05/22/19 at 9:20 AM, entry into the front of the home was up two steps. The rear exit door near the kitchen opened to an approximate 30-inch drop-off to the ground.

The posted evacuation map in the home on 05/22/19 showed a deck outside the rear of the home with a ramp for evacuation. The deck was between the kitchen door and designated resident room B occupied by Resident #3 and #4.

On 05/22/19, Resident #3 stated the sliding door from her room had opened to the deck; it opened now to a drop-off. She stated she thought they had removed the deck for repair.

On 05/22/19, five residents lived in the home. Resident #1 and #4 were dependent on staff for evacuation from the home in wheelchairs. Resident #3 used a wheelchair to independently move around the home. Resident #2 used a wheeled walker to move around the home. Resident #5 could walk without the assistance of staff, verbally cued to reach a location.


On 05/22/19, the provider and Household Member 1 stated that the ramp required maintenance/replacement. A miscommunication in October 2018 had led to the removal of the whole deck. Household Member 1 had a plan to replace the deck and ramp but did not know when it would be started. The provider stated that she could evacuate all of the residents out of the home down the steps if needed.

On 05/22/19, Household Member 1 stated that a ramp would be built/installed and approved per local code as soon as possible. On 05/22/19, a safety plan for the home included two persons in the home to assist with evacuation.

Statement of Deficiencies	License #: 752053	Completion Date
Plan of Correction	LOVE AND CARE ADULT HOME	May 24, 2019
Page 3 of 4	Licensee: LOVE AND CARE LLC	

**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, LOVE AND CARE ADULT HOME is or will be in compliance with this law and / or regulation on (Date) 07.01.19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

06/19/19.  
\_\_\_\_\_  
Date

**WAC 388-76-10165 Background checks** Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

- (1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:
  - (a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;
  - (b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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

Based on observation, record review and interview, the home failed to ensure the provider and three of three household members (Household 1, Household 2, and Household 3) had criminal background check results not over two years old. This deficient practice placed five of five residents (Resident #1, #2, #3, #4, #5) at potential risk of abuse from an unqualified person. Findings included...

On 05/22/19, the provider and three household members lived in the home with five residents. The provider was the current primary caregiver.


Record review occurred on 05/22/19. The provider's background check result was dated 01/21/17; over two years old. The three household member's background check results also showed dates in January 2017; over two years old.

On 05/22/19, the provider stated she did not know they had expired.

Statement of Deficiencies	License #: 752053	Completion Date
Plan of Correction	LOVE AND CARE ADULT HOME	May 24, 2019
Page 4 of 4	Licensee: LOVE AND CARE LLC	

**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, LOVE AND CARE ADULT HOME is or will be in compliance with this law and / or regulation on (Date) 07.01.19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
\_\_\_\_\_  
Provider (or Representative)

06/19/19  
\_\_\_\_\_  
Date

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



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
3611 River Road, Suite 200, Yakima, WA 98902

June 6, 2019

**CERTIFIED MAIL**

7017 2400 0000 3921 0646

LOVE AND CARE LLC  
LOVE AND CARE ADULT HOME  
384 YOUNG RD  
MOSES LAKE, WA 98837

RE: LOVE AND CARE ADULT HOME License #752053

Dear Provider:

The Department completed a full inspection of your Adult Family Home on May 24, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
  - Begin the process of correcting the deficiency or deficiencies immediately; and
  - Complete correction within 45 days, or sooner if directed by the Department; and
  - Sign and date the first page of the enclosed report; and
  - Return the first page with your plan; and
  - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:**

(3) Has proof of up-to-date rabies vaccinations.

On 05/22/19, the home's dog did not have a current rabies vaccination. A record of a current rabies vaccination was provided on 05/23/19.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

**The Department:**

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

**You May:**

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an 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.

**If You Have Any Questions:**

- Please contact me at (509) 225-2823.

Sincerely,



Chana White, Field Manager  
Region 1, Unit C  
Residential Care Services

Enclosure