



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

Fatoumata Samake
Sweet Meadows Adult Family Home
101103 E Sidibe Pr SE
Kennewick, WA 99338

RE: Sweet Meadows Adult Family Home License # 752829

Dear Provider:

This letter addresses Compliance Determination(s) 67373 (Completion Date 10/17/2025) and 65527 (Completion Date 09/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/17/2025 and found that you have corrected the violations listed in the Full report dated 09/15/2025. Your home is back in compliance as of 09/16/2025 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 388-76-10285-2

The Department staff who did the on-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
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1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 752829	Compliance Determination # 65527
Plan of Correction	Sweet Meadows Adult Family Home	Completion Date
Page 1 of 3	Licensee: Fatoumata Samake	09/15/2025

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 09/11/2025 of:

Sweet Meadows Adult Family Home
101103 E Sidibe Pr SE
Kennewick, WA 99338

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licenser

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

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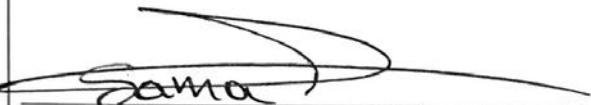
Statement of Deficiencies	License #: 752829	Compliance Determination # 85527
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Page 2 of 3	Licensee: Fatoumata Samake	09/15/2025

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

09/16/2025
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.



 Provider (or Representative)

09/16/2025

 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that the 2nd step of two-step skin testing for tuberculosis (infectious disease affecting primarily the lungs) (TB) was completed for 1 of 2 caregiving staff (Staff B). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

On 09/11/2025 from 9:50 AM to 2:30 PM, Staff B, Caregiver, was observed providing care to residents in the AFH.

Record review on 09/11/2025 showed Staff B was hired on 05/20/2025. Staff B had TB skin testing placed and read beginning on 05/20/25. No 2nd-step skin testing documentation was seen in Staff B's record.

In an interview on 09/11/2025 at 11:30 AM, Staff A, Provider, stated that they were sure that Staff B had both steps of TB skin testing completed.

In an interview on 09/15/2025 at 3:05 PM, Staff A stated that the healthcare provider


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who placed and read the TB 2nd-step was unable to find the record.

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, Sweet Meadows Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 09/16/25.

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


 Provider (or Representative)

09/16/25
 Date

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