



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HOME AND COMMUNITY LIVING ADMINISTRATION  
**800 NE 136th Ave, Suite 200, Vancouver, WA 98684**

Fir Woods Adult Family Home LLC  
Fir Woods Adult Family Home LLC  
6924 15th Ave SE  
Lacey, WA 98503

RE: Fir Woods Adult Family Home LLC License # 753728

Dear Provider:

This letter addresses Compliance Determination(s) 75365 (Completion Date 04/03/2026) and 72105 (Completion Date 02/11/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2026 and found that you have corrected the violations listed in the Full report dated 02/11/2026. Your home is back in compliance as of 02/14/2026 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 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2

The Department staff who did the off-site verification:  
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager  
Region 3, Unit F  
Residential Care Services

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



STATE OF WASHINGTON  
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Statement of Deficiencies	License #: 753728	Compliance Determination # 72105
Plan of Correction	Fir Woods Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Fir Woods Adult Family Home LLC	02/11/2026

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 01/28/2026 of:

Fir Woods Adult Family Home LLC  
6924 15th Ave SE  
Lacey, WA 98503

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:


Andria Underwood, LTC Surveyor

From:  
DSHS, Home and Community Living Administration  
Residential Care Services, Region 3 , Unit F  
800 NE 136th Ave, Suite 200  
Vancouver, WA 98684

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.

*Jennifer LeMaster*  
 Residential Care Services

02/12/2026  
 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.	
	02/14/2026
Provider (or Representative)	Date

**WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:**

- (1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and
- (2) The results of the national fingerprint background check are pending.

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

Based on record review and interview, the Adult Family Home (AFH) failed to complete a national fingerprint background check for 1 of 4 Caregivers (Caregiver 4) within 120 days of date of hire. The failure resulted in 6 of 6 residents being cared for by a Caregiver with an unknown criminal background.

**Findings included...**

Review of Caregiver 4's personnel file revealed their date of hire to be 06/30/2025 and at time of inspection on 01/28/2026, no national fingerprint had been completed.

During interview with Provider on 01/28/2026 at 12:32 PM, they confirmed that Caregiver 4 was hired on 06/30/2025 but they were not able to complete their national fingerprint background check until after November 2025 when Caregiver 4 turned 18 years old. Provider showed appointment confirmation for Caregiver 4 to complete fingerprinting on 02/02/2026.

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, Fir Woods Adult Family Home LLC is or will be in compliance with this law and / or regulation on  
 (Date) 02/14/2026 .

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



02/14/2026

Provider (or Representative)

Date



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**800 NE 136th Ave, Suite 200, Vancouver, WA 98684**

Fir Woods Adult Family Home LLC  
Fir Woods Adult Family Home LLC  
6924 15th Ave SE  
Lacey, WA 98503

RE: Fir Woods Adult Family Home LLC # 753728

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/11/2026 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:

Jennifer LeMaster, Community Nurse Field Manager  
Residential Care Services  
Region 3, Unit F  
Preferred methods:

eFax: (360) 992-7969

Email: rcsregion3email@dshs.wa.gov

Optional method:

800 NE 136th Ave, Suite 200

Vancouver, WA 98684

- Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/11/2026), no later than 03/28/2026 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

- (1) Be eighteen years of age or older;

The Adult Family Home failed to ensure 1 of 4 Caregivers (Caregiver 4) was at least eighteen years of age at time of hire. Caregiver 4 was hired on 06/20/2025 and turned eighteen in November of 2025. Provider stated they believed if they had parental permission they were able to hire a caregiver under eighteen but understood going forward that any staff member must be at least eighteen years of age, consultation provided.

- (8) The resident's Social Security number;

**WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

The Adult Family Home failed to have social security numbers documented in resident files. Provider stated they did not realize social security numbers had to be in resident files and added this information to resident files immediately, consultation provided.

**WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:**

- (1) Staff information such as address and contact information.

The Adult Family Home failed to have staff member contact information in their personnel files. Provider stated they had all contact information for staff privately but did not know they needed to add it to personnel files. Provider added necessary contact

information and sent verification to Department, consultation provided.

**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 (360)664-8421.

Sincerely,



Jennifer LeMaster, Community Nurse Field Manager  
Region 3, Unit F  
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:

Jennifer LeMaster, Community Nurse Field Manager  
Residential Care Services  
Region 3, Unit F

Preferred methods:

eFax: (360) 992-7969

Email: rcsregion3email@dshs.wa.gov

Optional method:

800 NE 136th Ave, Suite 200

Vancouver, WA 98684

### 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 make an IDR request and find directions on the IDR 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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225