



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**800 NE 136th Ave, Suite 200, Vancouver, WA 98684**

Odaa Adult Family Home LLC  
Odaa Adult Family Home LLC  
12012 NE 45th Ave  
Vancouver, WA 98686

RE: Odaa Adult Family Home LLC License # 753761

Dear Provider:

This letter addresses Compliance Determination(s) 64789 (Completion Date 08/27/2025) and 63393 (Completion Date 08/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/27/2025 and found that you have corrected the violations listed in the Full report dated 08/04/2025. Your home is back in compliance as of 08/21/2025 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 388-76-10265-1-d, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c

The Department staff who did the on-site verification:  
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

*Jennifer LeMaster* Adult Family Home Field Manager, 3G

For: Clinton Fridley, Adult Family Home Nurse Field Manager  
Region 3, Unit F  
Residential Care Services

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



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Statement of Deficiencies	License #: 753761	Compliance Determination # 63393
Plan of Correction	Odaa Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Odaa Adult Family Home LLC	08/04/2025

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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 07/30/2025 of:

Odaa Adult Family Home LLC  
12012 NE 45th Ave  
Vancouver, WA 98686

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:

Hongyan Cluer, RN, ALF Licensor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3 , Unit F  
800 NE 136th Ave, Suite 200  
Vancouver, WA 98684

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

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.

Clinton Fridley  
Residential Care Services

08/05/2025  
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.

[Signature]  
Provider (or Representative)

08/21/2025  
Date

**WAC 388-76-10265 Tuberculosis Testing Required.**

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver,

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

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 care staff (Staff B) had tuberculosis (TB) testing (tuberculosis is a highly contagious disease that affects the lungs) completed within three days of employment. This failure placed the residents at risk of being exposed to and cared for by staff who was not screened for TB.

Findings included...

An unannounced inspection was conducted on 07/30/2025.

Review of care staff records showed Staff B, caregiver, was hired on 02/11/2024. No TB test result was found for Staff B.

During interview on 07/30/2025 at 12:05 PM, Staff A, AFH provider, acknowledged the above findings and stated that they would have Staff B make an appointment to get a TB test as soon as possible.

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

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.

Residential Care Services	Date
<p>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.</p>	
<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

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Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 care staff (Staff B) had tuberculosis (TB) testing (tuberculosis is a highly contagious disease that affects the lungs) completed within three days of employment. This failure placed the residents at risk of being exposed to and cared for by staff who was not screened for TB.

Findings included...

An unannounced inspection was conducted on 07/30/2025.

Review of care staff records showed Staff B, caregiver, was hired on 02/11/2024. No TB test result was found for Staff B.

During interview on 07/30/2025 at 12:05 PM, Staff A, AFH provider, acknowledged the above findings and stated that they would have Staff B make an appointment to get a TB test as soon as possible.

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, Odaa Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 08/21/2025.

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

Jefferson  
 Provider (or Representative)

08/21/2025  
 Date

**WAC 388-76-10532 Resident rights: Department standardized disclosure forms.**

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

- (a) Provide a copy to each resident prior to or upon admission to the home;
- (c) Keep a copy that has been signed and dated by the resident in the resident's record.

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

Based on interview and record review, adult family home (AFH) failed to develop a system to ensure having a signed and dated copy of department's "Disclosure of Charges" form for 2 of 2 residents (Resident 1 [R1] and Resident 2 [R2]). This failure put the residents and their representatives at risk of not being informed of the AFH's disclosure of fees and charges.

Findings included...

An unannounced inspection visit was conducted on 07/30/2025.

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

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, Odaa Adult Family Home LLC 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

**WAC 388-76-10532 Resident rights Department standardized disclosure forms.**

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

- (a) Provide a copy to each resident prior to or upon admission to the home;
- (c) Keep a copy that has been signed and dated by the resident in the resident's record.

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

Based on interview and record review, adult family home (AFH) failed to develop a system to ensure having a signed and dated copy of department's "Disclosure of Charges" form for 2 of 2 residents (Resident 1 [R1] and Resident 2 [R2]). This failure put the residents and their representatives at risk of not being informed of the AFH's disclosure of fees and charges.

Findings included....

An unannounced inspection visit was conducted on 07/30/2025.

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

Review of R1's medical record showed R1 moved into the AFH on [REDACTED] 2023 with diagnoses including [REDACTED]. No signed and dated copy of department's "Disclosure of Charges" form for R1 was found in R1's record.

Review of R2's medical record showed R2 moved into the AFH on [REDACTED] /2021 with diagnoses including [REDACTED]. No signed and dated copy of department's "Disclosure of Charges" form for R2 was found in R2's record.

During an interview on 07/30/2025 at 12:10 PM, Staff A, AFH provider, stated that he will get the disclosure of charges form signed as soon as possible.

This is a previous consultation on 02/06/2023.

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, Odaa Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 08/21/2025.

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

[Signature]  
Provider (or Representative)

08/21/2025  
Date

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

Review of R1's medical record showed R1 moved into the AFH on [REDACTED]/2023 with diagnoses including [REDACTED]. No signed and dated copy of department's "Disclosure of Charges" form for R1 was found in R1's record.

Review of R2's medical record showed R2 moved into the AFH on [REDACTED]/2021 with diagnoses including [REDACTED]. No signed and dated copy of department's "Disclosure of Charges" form for R2 was found in R2's record.

During an interview on 07/30/2025 at 12:10 PM, Staff A, AFH provider, stated that he will get the disclosure of charges form signed as soon as possible.

This is a previous consultation on 02/06/2023.

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, Odaa Adult Family Home LLC 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  
**800 NE 136th Ave, Suite 200, Vancouver, WA 98684**

Odaa Adult Family Home LLC  
Odaa Adult Family Home LLC  
12012 NE 45th Ave  
Vancouver, WA 98686

RE: Odaa Adult Family Home LLC # 753761

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/04/2025 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:

Clinton Fridley, Adult Family Home 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 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 388-76-10201 Succession plan.**

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

During

an onsite inspection visit on 07/30/2025, record review showed no succession plan found at the adult family home (AFH). The AFH provider completed it on 07/31/2025.

**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:**

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

During

an onsite inspection visit on 07/30/2025, a record review showed the adult family home (AFH) orientation training record for 2 staff

(Staff B and C) were not found in their files.

**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 .

During an onsite inspection visit on 07/30/2025, record review showed no current Washington state name and date of birth background checks were found for adult family home (AFH) provider (Staff A) and one care staff (Staff C). Staff A submitted it and obtained the result on 07/30/2025. Staff C submitted it and obtained the result on 07/31/2025. Both results showed: "No record".

**WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?**

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

During an onsite inspection visit on 07/30/2025, record review showed the adult family home provider (Staff A) did not have a current food handler's card or a current record of one-half hour on safe food handling (it was expired on 10/03/2024). Staff A obtained food handler's card on 07/31/2025.

**WAC 388-76-10530 Resident rights Notice of rights and services.**

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

During an onsite inspection visit on 07/30/2025, record review showed, the notice of service was last signed and dated [REDACTED] 2023 by Resident #1 (R1). The notice of service was last signed and dated [REDACTED] 2021 by Resident #2 (R2). They were signed and dated by R1 and R2 on 07/30/2025 after this licensor's departure.

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

(4) At least every twelve months.

During an onsite inspection visit on 07/30/2025, record review showed Resident 2(R2)'s negotiated care plan last signed on 09/08/2023. It was signed and dated 07/30/2025 by R2 and adult family home provider (Staff A) after this licensor's departure.

**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)450-1218.

Sincerely,



Clinton Fridley, Adult Family Home 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:

Clinton Fridley, Adult Family Home 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 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; or

Fax: (360) 725-3225

