



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

Seniors Delight AFH Oasis LLC  
Seniors Delight AFH Oasis LLC  
2125 8TH ST NE  
EAST WENATCHEE, WA 98802

RE: Seniors Delight AFH Oasis LLC License # 754995

Dear Provider:

This letter addresses Compliance Determination(s) 44198 (Completion Date 08/02/2024) and 40679 (Completion Date 05/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/02/2024 and found that you have corrected the violations listed in the Full report dated 05/30/2024. Your home is back in compliance as of 07/14/2024 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 388-76-10135-4, WAC 388-76-10135-9, WAC 388-76-10135-8, WAC 388-76-10135-7,  
WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:

Jo Whitney, AFH Licenser

If you have any questions, please contact me at (509)572-7394.

Sincerely,

*Michelle Closner*

Michelle Closner, Field Manager  
Region 1, Unit C  
Residential Care Services

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  
 1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 754995	Compliance Determination # 40679
Plan of Correction	Seniors Delight AFH Oasis LLC	Completion Date
Page 1 of 4	Licensee: Seniors Delight AFH Oasis LLC	05/30/2024

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 05/01/2024 and 05/01/2024 of:

Seniors Delight AFH Oasis LLC  
 2125 8TH ST NE  
 EAST WENATCHEE, WA 98802

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:

Jo Whitney, AFH Licenser

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 Closner*

Residential Care Services

06/04/2024

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.

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Statement of Deficiencies	License #: 754995	Compliance Determination # 40679
Plan of Correction	Seniors Delight AFH Oasis LLC	Completion Date
Page 2 of 4	Licensee: Seniors Delight AFH Oasis LLC	05/30/2024

*Jimmy James*  
Provider (or Representative)

6-14-2024  
Date

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

- (4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;
- (7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;
- (8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and
- (9) Meets the tuberculosis screening requirements of this chapter.

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

Based on record review and interview, the Adult Family Home (AFH) failed to ensure caregivers had completed requirements for tuberculosis (TB) testing, and had current training certificates in first aid and cardiopulmonary resuscitation (CPR) and food safety for 3 of 6 caregivers (Staff C, E, F). This failure placed the residents at risk from unqualified staff.

Findings included...

On 05/01/2024 staff records were reviewed with Staff A, Provider.

Staff C, Caregiver, started work at the AFH on 05/05/2021. Their employee file included:

- First aid and CPR training certification expired on 03/09/2024 - *Completed 5-3-2024*
- Food worker training expired on 03/16/2024 - *Renewed 5-4-2024*
- A single TB result dated 06/16/2021; a second result or results of 2 previous tests were absent.

*Found prior 2 part TB tests 01/29/20 + 02/05/20*

Staff E, Caregiver. Their file did not include a hire date (the file included a background check result dated 11/11/2022). *Hire Date 11-12-2022*

- Their file did not include documentation of a facility orientation. *Pulled from office file, dated 11-15-2022*

Staff F, Caregiver, started work at the AFH on 05/05/2021. Their file included:

- Food worker training expired 11/22/2022 *Renewed 5-6-2024*

On 05/30/2024 at 11:00 AM, Staff A stated they would go through the staff records "every

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

\_\_\_\_\_  
Date

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

- (4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;
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Based on record review and interview, the Adult Family Home (AFH) failed to ensure caregivers had completed requirements for tuberculosis (TB) testing, and had current training certificates in first aid and cardiopulmonary resuscitation (CPR) and food safety for 3 of 6 caregivers (Staff C, E, F). This failure placed the residents at risk from unqualified staff.

Findings included...

On 05/01/2024 staff records were reviewed with Staff A, Provider.

Staff C, Caregiver, started work at the AFH on 05/05/2021. Their employee file included:

- First aid and CPR training certification expired on 03/09/2024
- Food worker training expired on 03/16/2024
- A single TB result dated 06/16/2021; a second result or results of 2 previous tests were absent.

Staff E, Caregiver. Their file did not include a hire date (the file included a background check result dated 11/11/2022).

- Their file did not include documentation of a facility orientation.

Staff F, Caregiver, started work at the AFH on 05/05/2021. Their file included:

- Food worker training expired 11/22/2022

On 05/30/2024 at 11:00 AM, Staff A stated they would go through the staff records "every

Statement of Deficiencies	License #: 754995	Compliance Determination # 40679
Plan of Correction	Seniors Delight AFH Oasis LLC	Completion Date
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so often" reviewing credentials. They stated they did not have a system to collect all required documents and ensure staff remained qualified.

*Now reviewing 2x month.*

*Chronological list prepared to know when updated records, documents, & Certifications needed.*

**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, Seniors Delight AFH Oasis LLC is or will be in compliance with this law and / or regulation on (Date) 7-14-2024.

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

*[Signature]*

6-14-2024

Provider (or Representative)

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 record review and interview, the Adult Family Home (AFH) failed to ensure the background check results for 5 of 9 staff (Staff A, B, C, F, I) were not over 2 years old. This failure placed the residents at risk from unqualified staff.

**Findings included...**

On 05/01/2024 at 3:05 PM, staff records were reviewed with Staff A, Provider:

✓ -Staff A's file included the background results dated 05/11/2021 and 06/15/2023. More than 2 years had passed before a new authorization was submitted in 2023.

✓ -Staff B, Caregiver was hired 05/05/2021. Their background results were dated 05/11/2021 and 06/15/2023; a gap of 35 days occurred before a new authorization was submitted.

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

so often” reviewing credentials. They stated they did not have a system to collect all required documents and ensure staff remained qualified.

<b>Attestation Statement</b>	
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____ Provider (or Representative)	_____ 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.**

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(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 record review and interview, the Adult Family Home (AFH) failed to ensure the background check results for 5 of 9 staff (Staff A, B, C, F, I) were not over 2 years old. This failure placed the residents at risk from unqualified staff.

Findings included...

On 05/01/2024 at 3:05 PM, staff records were reviewed with Staff A, Provider:

-Staff A's file included the background results dated 05/11/2021 and 06/15/2023. More than 2 years had passed before a new authorization was submitted in 2023.

-Staff B, Caregiver was hired 05/05/2021. Their background results were dated 05/11/2021 and 06/15/2023; a gap of 35 days occurred before a new authorization was submitted.

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Statement of Deficiencies	License #: 754995	Compliance Determination # 40679
Plan of Correction	Seniors Delight AFH Oasis LLC	Completion Date
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- ✓ -Staff C, Caregiver was hired 05/05/2021. The background results in the home were dated 05/11/2021 and 06/15/2023. Staff C worked 35 days without a current background result.
- ✓ Staff F, Caregiver was hired 05/05/2021. Their file included two background results, 05/11/2021 and 06/15/2023, showing a gap of 35 days before the new authorization was submitted.
- ✓ -Staff I, Activities, started work in the home 05/25/2021. Their file included a background result dated 05/26/2021 good until 05/25/2023. The AFH did not submit an authorization for a new result until 06/15/2023, 21 days late.
- ✓ On 05/30/2024 at 1:45 PM, Staff A stated the AFH was licensed on 05/05/2021. The staff hiring process included submission of authorizations for criminal background checks on all the staff on 05/11/2021. Staff A stated they would go through the staff records "every so often" reviewing credentials. Staff A stated they did not have a system to ensure background results were not over two years old.

Showing when

A written list now in place of chronological dates for All Certifications, Documents, Certifications, BC checks Needed to be updated + new

Checked 27 months

**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, Seniors Delight AFH Oasis LLC is or will be in compliance with this law and / or regulation on (Date) 7-14-2024.

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

*Danny Gorman*  
Provider (or Representative)

6-14-2024  
Date

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

-Staff C, Caregiver was hired 05/05/2021. The background results in the home were dated 05/11/2021 and 06/15/2023. Staff C worked 35 days without a current background result.

Staff F, Caregiver was hired 05/05/2021. Their file included two background results, 05/11/2021 and 06/15/2023, showing a gap of 35 days before the new authorization was submitted.

-Staff I, Activities, started work in the home 05/25/2021. Their file included a background result dated 05/26/2021 good until 05/25/2023. The AFH did not submit an authorization for a new result until 06/15/2023, 21 days late.

On 05/30/2024 at 1:45 PM, Staff A stated the AFH was licensed on 05/05/2021. The staff hiring process included submission of authorizations for criminal background checks on all the staff on 05/11/2021. Staff A stated they would go through the staff records "every so often" reviewing credentials. Staff A stated they did not have a system to ensure background results were not over two years old.

**Attestation Statement**

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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

*Faxed to:  
Maria Espinosa  
For 6-14-2024  
on 6-16-2024 (e)*

*4 mailed Fax cover  
Sheet + original  
signature pages to  
Michelle Closner, R/S*

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Seniors Delight AFH Oasis LLC  
Seniors Delight AFH Oasis LLC  
2125 8TH ST NE  
EAST WENATCHEE, WA 98802

RE: Seniors Delight AFH Oasis LLC # 754995

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/30/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Michelle Closner, Field Manager  
Residential Care Services  
Region 1, Unit C  
1200 Alder Street



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

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Residential Care Services  
Region 1, Unit C  
1200 Alder Street

Seniors Delight AFH Oasis LLC # 754995

05/30/2024

Page 2 of 4

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

✓ (2) Upon receiving the notice of rights and services at admission and at least every twenty-four 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.

✓ On 05/01/2024, Resident 1 reviewed and signed the Admission Agreement (Notice of Services) on 02/16/2022, over 24 months ago.

**WAC 388-76-10740 Lighting. The adult family home must provide:**

✓ (2) Emergency lighting, such as working flashlights for staff and residents that are readily accessible.

✓ On 05/01/2024, the Adult Family Home with 6 residents had 2 flashlights for emergency lighting, neither flashlight worked. *New flashlights purchased + in place. 5-8-2024*

**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 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.
- Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

- Please contact me at (509)572-7394.

Sincerely,

*Michelle Closner*

Michelle Closner, Field Manager

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Union Gap, WA 98903

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
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On 05/01/2024, Resident 1 reviewed and signed the Admission Agreement (Notice of Services) on 02/16/2022, over 24 months ago.

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Sincerely,

*Michelle Closner*

Michelle Closner, Field Manager

Seniors Delight AFH Oasis LLC # 754995  
05/30/2024  
Page 3 of 4

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 Closner, Field Manager  
Residential Care Services  
Region 1, Unit C  
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>

**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 the address below or email to

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Region 1, Unit C  
Residential Care Services

Enclosure

**Plan  
(Plan of Correction)**

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Residential Care Services  
Region 1, Unit C  
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Union Gap, WA 98903

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Send your request and supporting documents to the address below or email to

Seniors Delight AFH Oasis LLC # 754995

05/30/2024

Page 4 of 4

rcsidr@dshs.wa.gov

Adult Family Home IDR Program

Residential Care Services

PO Box 45800

Olympia, WA 98504-5600

## Plan of Correction for Keeping up with Resident + Staff Records, Documents + Certifications

1. A chronological time line of due dates of updated + renewed items needed for Staff. Review 2x monthly.
  - A. 2 year Background Check Renewals
  - B. HCA/CNA/NA License Renewal
  - C. CE Credits
  - D. First Aid + CPR Certification
  - E. WA State Food Handlers Permit Renewal
2. A chronological time line of Document Renewals + Updates for Residents - Review monthly.
  - A. Annual Negotiated Care Plan
  - B. Admissions Agreement 2 yr. Review

Typed copies of these Records available for Review.

Signed by: Danny Jenner 6-14-2024

Seniors Delight AFH Oasis LLC # 754995

05/30/2024

Page 4 of 4

rcsidr@dshs.wa.gov:

Adult Family Home IDR Program

Residential Care Services

PO Box 45600

Olympia, WA 98504-5600

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