



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

EMMAMA ADULT FAMILY HOME (AFH) LLC
Emmama Adult Family Home
12915 E 9th Ave
Spokane Valley, WA 99216

RE: Emmama Adult Family Home License # 756082

Dear Provider:

This letter addresses Compliance Determination(s) 53420 (Completion Date 01/28/2025) and 50517 (Completion Date 12/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/28/2025 and found that you have corrected the violations listed in the Full report dated 12/05/2024. Your home is back in compliance as of 12/06/2024 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 388-76-10810-1, WAC 388-76-10810-2-b, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Joshua Robison, Community Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

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



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Statement of Deficiencies	License #: 756082	Compliance Determination # 50517
Plan of Correction	Emmama Adult Family Home	Completion Date
Page 1 of 3	Licensee: EMMAMA ADULT FAMILY HOME (AFH)	12/05/2024

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 11/19/2024 and 11/19/2024 of:

Emmama Adult Family Home
 12915 E 9th Ave
 Spokane Valley, WA 99216

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:

Joshua Robison, Community Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1 , Unit E
 8517 E Trent Ave, Ste 102
 Spokane Valley, WA 99212

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.

Selena Clemons

12/05/2024

Residential Care Services

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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 Residential Care Services

 Date

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 Provider (or Representative) _____
 Date

WAC 388-76-10810 Fire extinguishers.

- (1) The adult family home must have an approved five pound 2A:10B-C rated fire extinguisher on each floor of the home.
- (2) The home must ensure fire extinguishers are:
 - (b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to complete an inspection and annual servicing for 1 of 2 fire extinguishers (lower-level fire extinguisher). This failure placed residents at risk of harm in the event of a fire.

Findings included...

On 11/19/2024 at 10:20 AM, observation of the fire extinguisher on the lower level of the AFH showed it was last serviced in June 2022. The fire extinguisher was 17 months overdue for inspection and service.

On 11/19/2024 at 10:20 AM, Staff A, Provider, stated they had forgotten to have the fire extinguisher on the lower level of the AFH inspected and serviced.

Attestation Statement	
<p>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, Emmama Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____ Provider (or Representative)	_____ Date

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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 implement a system to ensure tuberculosis (TB) testing was completed within three days of employment for 2 of 3 current caregivers (Staff B & C). This failure placed residents at risk for receiving care from a staff member with tuberculosis.

Findings included...

Review of employee records on 11/19/2024 showed the following:

- Staff B, Caregiver, was hired on 08/31/2024 and had no documentation to show that TB testing had been completed until 10/05/2024, 36 days after date of employment.
- Staff C, Caregiver, was hired on 10/12/2024, and had a TB blood test done on 09/27/2018, six years prior to employment. There was no documentation that TB testing had been completed within three days of employment.

On 11/19/2024 at 2:00 PM, Staff A, Provider, stated that Staff C had not had a TB test since 2018.

On 12/05/2024 at 11:32 AM Staff A stated that they were unsure why Staff B was not tested for TB within three days of employment.

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