



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

#1Integratedcare, LLC
#1Integratedcare, LLC
21 S Holiday Rd
Spokane Valley, WA 99016

RE: #1Integratedcare, LLC License # 756638

Dear Provider:

This letter addresses Compliance Determination(s) 56220 (Completion Date 03/12/2025) and 55274 (Completion Date 03/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/12/2025 and found that you have corrected the violations listed in the Full report dated 03/05/2025. Your home is back in compliance as of 03/06/2025 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 388-76-10610-1, WAC 388-76-10610, WAC 388-76-10610-2

The Department staff who did the off-site verification:
Scott Sorensen, AFH 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



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Statement of Deficiencies	License #: 756638	Compliance Determination # 55274
Plan of Correction	#1Integratedcare, LLC	Completion Date
Page 1 of 3	Licensee: #1Integratedcare, LLC	03/05/2025

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 02/24/2025 of:

#1Integratedcare, LLC
21 S Holiday Rd
Spokane Valley, WA 99016

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:

Scott Sorensen, AFH 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.

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>

WAC 388-76-10610 Resident rights Waiver of liability. The adult family home must not ask the resident for, or make the resident sign waivers of:

- (1) Potential liability for losses of personal property or injury; and
- (2) Residents' rights set forth in chapters 70.128 , 70.129, 74.34 RCW, this chapter or in the applicable licensing laws.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) required 5 of 6 residents (Residents 1, 2, 3, 4, and 6) to sign a waiver of liability releasing the home of liability while being transported in the AFH's private vehicle. This failure placed the residents at risk of not being covered in case of an injury or property damage caused by an act/omission by the home's staff.

Findings included...

On 02/24/2025 review of Resident 1, 2, 3, 4, and 6's admission records showed a waiver releasing the home of liability while being transported in the home's private vehicle that was signed and dated by each resident.

During an interview on 02/24/2025 at 11:45 AM, Staff A, Provider, stated that she did not know the form was in violation of the resident's rights and would remove the documents.

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, #1Integratedcare, 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



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#1Integratedcare, LLC
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21 S Holiday Rd
Spokane Valley, WA 99016

RE: #1Integratedcare, LLC # 756638

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/05/2025 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:

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

#1Integratedcare, LLC # 756638

03/05/2025

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eFax: (509) 921-2426

Email: rcsregion1email@dshs.wa.gov

Optional method:

8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

- 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 388-76-10380 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.

The Adult Family Home did not review and revise one resident's negotiated care plan every 12 months. The Provider stated that they would resolve the issue as soon as possible. The resident expressed no concerns related to the document.

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 (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
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:

Selena Clemons, Interim Community Field Manager

Residential Care Services

Region 1, Unit E

Preferred methods:

eFax: (509) 921-2426

Email: rcsregion1email@dshs.wa.gov

Optional method:

8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

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.

#1Integratedcare, LLC # 756638

03/05/2025

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Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225