



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

HEARTFELT DIVINE CARE AFH LLC
Heartfelt Divine Care AFH LLC
5100 NE 39th Ave
Vancouver, WA 98661

RE: Heartfelt Divine Care AFH LLC License # 757563

Dear Provider:

This letter addresses Compliance Determination(s) 63441 (Completion Date 07/31/2025) and 60821 (Completion Date 06/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/31/2025 and found that you have corrected the violations listed in the Follow up report dated 06/09/2025. Your home is back in compliance as of 07/22/2025 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 388-76-10165, WAC 388-76-10165-1-b, WAC 388-76-10165-2

The Department staff who did the off-site verification:
Olga Goyzman
Clinton Fridley, Adult Family Home Nurse Field Manager

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



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

Statement of Deficiencies	License #: 757563	Compliance Determination # 60821
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 1 of 3	Licensee: HEARTFELT DIVINE CARE AFH LLC	06/09/2025

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 an unannounced off-site follow-up on 06/05/2025 of:

Heartfelt Divine Care AFH LLC
5100 NE 39th Ave
Vancouver, WA 98661

This document references the following SOD dated: 06/09/2025

The following sample was selected for review during the unannounced off-site verification: 0 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

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

As a result of the off-site verification(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

06/16/2025

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.

Angella Carter

Provider (or Representative)

7/30/25

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:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161.

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed for 1 of 2 sampled caregivers (Staff B). This failure resulted in all residents being cared for by staff who have an unknown background history.

Findings included:

During an unannounced follow-up visit on 06/05/2025 at 12:40 PM, Staff A, Provider, was unable to produce the results of fingerprint background check for Staff B to the Department licensor. The background check for Staff B was completed on 04/24/2025.

Employee record review on 06/05/2025 showed Staff B was hired on 11/16/2024. Staff

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

As a result of the off-site verification(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>	
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:
- (b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .
- (2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed for 1 of 2 sampled caregivers (Staff B). This failure resulted in all residents being cared for by staff who have an unknown background history.

Findings included...

During an unannounced follow-up visit on 06/05/2025 at 12:40 PM, Staff A, Provider, was unable to produce the results of fingerprint background check for Staff B to the Department licensur. The background check for Staff B was completed on 04/24/2025.

Employee record review on 06/05/2025 showed Staff B was hired on 11/16/2024. Staff

B's records showed background check was done on 04/24/2025, there was no evidence of the National fingerprint background check.

On 06/09/2025 at 11:21 AM, an email was received from the provider stating she did send Staff B for a fingerprint background check on 06/05/2025 at 1:42PM but doesn't have the results.

This is an uncorrected deficiency previously cited on 04/24/2025 and 03/21/2025.

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, Heartfelt Divine Care AFH 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

Statement of Deficiencies	License #: 757563	Compliance Determination # 58560
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 1 of 3	Licensee: HEARTFELT DIVINE CARE AFH LLC	04/24/2025

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 an unannounced on-site follow-up on 04/24/2025 of:

Heartfelt Divine Care AFH LLC
5100 NE 39th Ave
Vancouver, WA 98661

This document references the following SOD dated: 04/24/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

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

Statement of Deficiencies	License # 757563	Compliance Determination # 58560
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 2 of 3	Licensee: HEARTFELT DIVINE CARE AFH LLC	04/24/2025

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

04/29/2025
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.

Angella Corten
Provider (or Representative)

5/19/25
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:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check were completed for 1 of 2 sampled caregivers (Staff B). This failure placed all residents at risk of being cared for by staff who may have a disqualifying criminal background or background requiring a suitability review.

Findings included...

During an unannounced follow-up visit on 04/24/2025 at 1:20 PM, Staff A, provider, stated that a background check and a fingerprint check were done for Staff B but she was unable to produce the results to the licensor.

Employee record review showed Staff B was hired on 11/16/2024. Staff B's records showed no evidence of completion of the Washington state name and date of birth background check or the national fingerprint background check.

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>	
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:
- (b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .
- (2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check were completed for 1 of 2 sampled caregivers (Staff B). This failure placed all residents at risk of being cared for by staff who may have a disqualifying criminal background or background requiring a suitability review.

Findings included...

During an unannounced follow-up visit on 04/24/2025 at 1:20 PM, Staff A, provider, stated that a background check and a fingerprint check were done for Staff B but she was unable to produce the results to the licenser.

Employee record review showed Staff B was hired on 11/16/2024. Staff B's records showed no evidence of completion of the Washington state name and date of birth background check or the national fingerprint background check.

On 04/24/2025 at 03:35 PM, an email was received from Staff A with a Washington state name and date of birth background check for Staff B dated 04/24/2025.

This is an uncorrected deficiency previously cited on 3/21/2025.

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, Heartfelt Divine Care AFH 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

Statement of Deficiencies	License #: 757563	Compliance Determination # 56629
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 1 of 7	Licensee: HEARTFELT DIVINE CARE AFH LLC	03/21/2025

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 03/18/2025 of:

Heartfelt Divine Care AFH LLC
5100 NE 39th Ave
Vancouver, WA 98661

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

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

Statement of Deficiencies	License #: 757563	Compliance Determination # 56629
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 2 of 7	Licensee: HEARTFELT DIVINE CARE AFH LLC	03/21/2025

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

03/26/2025
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.

Angella center
Provider (or Representative)

4/1/25
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 that staff were tested for tuberculosis within three days of employment for 1 of 2 staff (Staff B). This failure resulted in all residents and staff being placed at risk of harm due to possible exposure to tuberculosis (TB).

Findings included...

An announced licensing inspection was initiated on 03/18/2025.

Employee record review showed Staff B was hired on 11/16/2024. Staff B, caregiver, had a one-step skin test done on 6/28/24 and another step done on 07/12/2024, both were negative.

On 03/18/2025, Staff A, provider, stated that they thought the previous two step TB test, done by previously, was sufficient.

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>	
Provider (or Representative)	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 that staff were tested for tuberculosis within three days of employment for 1 of 2 staff (Staff B). This failure resulted in all residents and staff being placed at risk of harm due to possible exposure to tuberculosis (TB).

Findings included...

An announced licensing inspection was initiated on 03/18/2025.

Employee record review showed Staff B was hired on 11/16/2024. Staff B, caregiver, had a one-step skin test done on 6/28/24 and another step done on 07/12/2024, both were negative.

On 03/18/2025, Staff A, provider, stated that they thought the previous two step TB test, done by previously, was sufficient.

Statement of Deficiencies	License #: 757563	Compliance Determination # 56829
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 3 of 7	Licensee: HEARTFELT DIVINE CARE AFH LLC	03/21/2025

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, Heartfelt Divine Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/1/25.

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

Angella Canteh
 Provider (or Representative)

4/1/25
 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:
 - (b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161.
- (2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth background and national fingerprint background check was completed for 1 of 2 sampled caregivers (Staff B). This deficient practice placed all residents at risk of being cared for by staff who may have a negative criminal background or activity requiring a suitability review.

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, Heartfelt Divine Care AFH 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 388-76-10165 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:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

(2) A national fingerprint background check is valid for an indefinite period of time. The adult family home must ensure there is a valid national fingerprint background check for individuals hired after January 7, 2012 as caregivers, entity representatives or resident managers. To be considered valid, the individual must have completed the national fingerprint background check through the background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth background and national fingerprint background check was completed for 1 of 2 sampled caregivers (Staff B). This deficient practice placed all residents at risk of being cared for by staff who may have a negative criminal background or activity requiring a suitability review.

Statement of Deficiencies	License #: 757503	Compliance Determination # 50020
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 4 of 7	Licensee: HEARTFELT DIVINE CARE AFH LLC	03/21/2025

Findings Included...

During an unannounced licensing visit on 03/21/2025, Staff B, caregiver, was observed working with residents.

Employee record review showed Staff B was hired on 11/16/2024, no results documenting completion of the Washington state name and date of birth background or the national fingerprint background checks.

On 03/21/2025 at 1:20 PM, Provider stated they did not know where Staff B's records were located and failed to provide them to the Department within 24 hours of requesting 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, Heartfelt Divine Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/1/25.

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

Angella Anteh
Provider (or Representative)

4/1/25
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

- (7) If needed, a plan to:
 - (a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to develop a safety plan, and document in the negotiated care plan (NCP), to identify and address known behaviors for 1 of 2 sampled residents (Resident 2 (R2)). This deficient practiced failed to address safety interventions and modifications of known behaviors for R2 and placed them at risk for unmet care needs.

Findings included .

Findings included...

During an unannounced licensing visit on 03/21/2025, Staff B, caregiver, was observed working with residents.

Employee record review showed Staff B was hired on 11/16/2024, no results documenting completion of the Washington state name and date of birth background or the national fingerprint background checks.

On 03/21/2025 at 1:20 PM, Provider stated they did not know where Staff B's records were located and failed to provide them to the Department within 24 hours of requesting documents.

<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, Heartfelt Divine Care AFH LLC 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

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to develop a safety plan, and document in the negotiated care plan (NCP), to identify and address known behaviors for 1 of 2 sampled residents [Resident 2 (R2)]. This deficient practiced failed to address safety interventions and modifications of known behaviors for R2 and placed them at risk for unmet care needs.

Findings included...

Statement of Deficiencies	License #: 757563	Compliance Determination # 56029
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 5 of 7	Licensee: HEARTFELT DIVINE CARE AFH LLC	03/21/2025

On 03/18/2025 at 12:05 PM, an unannounced licensing inspection was initiated at the home.

Resident 2's record review showed an admission date of [REDACTED] 2024 with diagnoses including [REDACTED] Long term care assessment, dated [REDACTED] 2024, identified known behaviors as exit seeking/wandering.

R2's NCP, last updated 01/18/2025, did not identify exit seeking behaviors and how the staff will consistently address behaviors.

Staff A, provider, stated that R2 left the facility two different times and ended up in the hospital as a result. Staff A stated they did not have a safety plan in place for R3.

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, Heartfelt Divine Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/1/25.

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

Provider (or Representative)

Angella Conteh

Date

4/1/25

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

(1) Contract with a nurse currently licensed in the state of Washington to provide the nursing care and service; or

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Registered Nurse Delegation (RND) system was developed and implemented for 1 of 5 residents [Resident 4 (R4)] in the AFH reviewed for nurse delegation. This failure placed R4 at risk for having staff perform delegated tasks without the resident or resident representative's authorization and placed R4 at risk for harm and injury due to delegated tasks being performed by improperly trained and unsupervised care staff.

Findings included

On 03/18/2025 at 12:05 PM, an unannounced licensing inspection was initiated at the home.

Resident 2's record review showed an admission date of [REDACTED]/2024 with diagnoses including [REDACTED]. Long term care assessment, dated [REDACTED]/2024, identified known behaviors as exit seeking/wandering.

R2's NCP, last updated 01/18/2025, did not identify exit seeking behaviors and how the staff will consistently address behaviors.

Staff A, provider, stated that R2 left the facility two different times and ended up in the hospital as a result. Staff A stated they did not have a safety plan in place for R3.

<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, Heartfelt Divine Care AFH LLC 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

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

- (1) Contract with a nurse currently licensed in the state of Washington to provide the nursing care and service; or

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Registered Nurse Delegation (RND) system was developed and implemented for 1 of 5 residents [Resident 4 (R4)] in the AFH reviewed for nurse delegation. This failure placed R4 at risk for having staff perform delegated tasks without the resident or resident representative's authorization and placed R4 at risk for harm and injury due to delegated tasks being performed by improperly trained and unsupervised care staff.

Findings included...

Statement of Deficiencies	License #: 757503	Compliance Determination # 56628
Plan of Correction	Heartfelt Divine Care AFH LLC	Completion Date
Page 7 of 7	Licensee: HEARTFELT DIVINE CARE AFH LLC	03/21/2025

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, Heartfelt Divine Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/1/25.

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

Angella Carter
 Provider (or Representative)

4/1/25
 Date

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, Heartfelt Divine Care AFH 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

03/26/2025

HEARTFELT DIVINE CARE AFH LLC
Heartfelt Divine Care AFH LLC
5100 NE 39th Ave
Vancouver, WA 98661

RE: Heartfelt Divine Care AFH LLC # 757563

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/21/2025 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) 450-1218

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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Adult Family Home (AFH) staff were performing blood glucose monitoring for Resident 4. When asked to view the test site waiver license, Staff A, provider, stated on 10/04/2023 at 12:55 PM, they were unaware they needed the license. The Dear Provider letter, dated 04/01/2022, informed AFH Provider's if medical testing was occurring at the AFH i.e., blood glucose monitoring, the home is required to have a medical test site waiver per WAC 248-338-020 (1).

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.

The Adult Family Home failed to have a written plan addressing how they will meet the needs of the residents in the event Staff A, provider, is not able to meet them.

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)746-4675.

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) 450-1218

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>

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