



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

The Giving Homes LLC
The Giving Homes LLC
PO Box 39
North Bonneville, WA 98639

RE: The Giving Homes LLC # 757753

Dear Provider:

This document references Compliance Determination 62598 (Completion Date 07/21/2025).

The Department completed a full inspection of your Adult Family Home on 07/21/2025 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Hongyan Cluer, RN, ALF Licenser

A licenser may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

During an onsite inspection visit on 07/15/2025, record review showed no assessment for the safe use of [REDACTED] was found in Resident 1 (R1)'s medical record. R1's negotiated care plan which signed and dated 02/04/2025 did not include how R1 would use the [REDACTED]. The adult family home provider (Staff A) completed [REDACTED] assessment and updated the care plan on the [REDACTED] use for R1 on 07/15/2025 after this licensor's departure.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language the resident understands;
- (3) Be provided to all prospective residents, before admission to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and kept in the resident record after signature.

During the onsite inspection visit on 07/15/2025, review of Resident 2 (R2)'s record showed that R2 moved in the adult family home (AFH) on [REDACTED]/2024. No record of a signed and dated Medicaid policy for R2 was found in R2's files. It was signed and dated by R1's representative on 07/15/2025 after this licensor's departure.

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 07/15/2025, 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. The AFH Provider (Staff A) had it completed and dated 07/15/2025 for staff B and C.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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)664-8421.

Sincerely,

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

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