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

WEEPING RIDGE ESTATE AFH INC
WEEPING RIDGE ESTATE AFH INC
2455 W BENCH RD
OTHELLO, WA 99344

RE: WEEPING RIDGE ESTATE AFH INC License # 378700

Dear Provider:

This letter addresses Compliance Determination(s) 48430 (Completion Date 10/08/2024) and 44961 (Completion Date 08/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/08/2024 and found that you have corrected the violations listed in the Full report dated 08/26/2024. Your home is back in compliance as of 10/01/2024 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10475-1, WAC 388-76-10475-3-a, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-2-c, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-7-c

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

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

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
Residential Care Services

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 #: 378700	Compliance Determination # 44961
Plan of Correction	WEEPING RIDGE ESTATE AFH INC	
Page 1 of 7	Licensee: WEEPING RIDGE ESTATE AFH INC	Completion Date 08/26/2024

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 07/31/2024 and 07/31/2024 of:
WEEPING RIDGE ESTATE AFH INC
2455 W BENCH RD
OTHELLO, WA 99344

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor
Melanie Hopkins, NHI-AFH Licensor

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.

Selena Clemons
Residential Care Services

09/09/2024
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.

Provider (or Representative) 9/18/2024 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 criminal background check results for 4 of 12 current staff (Staff B, C, D, L) were not over two years old. This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Administrative record review on 07/31/2024 showed:
Staff L, Licensed Practical Nurse, had a Washington stated name and date of birth background result expired on 03/08/2024. The AFH provided a background result for Staff L dated 08/06/2024, 151 days late.

Staff B, Resident Manager, had a Washington state name and date of birth background result expired on 02/21/2024. The current result dated 03/06/2024, was obtained 14 days late.

Staff C, Caregiver, had a Washington state name and date of birth background result dated 03/04/2024. The current result dated 03/12/2024, was obtained 8 days late.

Staff D, Caregiver, had a Washington state name and date of birth background result expired on 02/21/2024. The current result dated 03/07/2024, was obtained 15 days late.

On 07/31/2024 at 5:20 PM, Staff C, Caregiver, stated they had looked to see when background results were due and had staff fill out a form to send to the administrative

office to submit. Interviewed 08/28/2024 at 3:45 PM, Staff B stated they had reviewed the files planning to submit new authorization for all staff starting in January; some were done in February and the rest in March. Staff B realized some background checks were already expired. Staff B recognized they had no system to track to ensure they had current results, not over 2 years old.

WAC 388-76-10165 (1)(a)(b) is a repeat citation from 03/07/2023.

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, WEEPING RIDGE ESTATE AFH INC is or will be in compliance with this law and / or regulation on (Date) 8/2/2024.

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

Provider (or Representative) _____ Date 9/18/2024

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(c) Documentation of any changes or new prescribed medications including:

(iii) A logged call requesting written verification of the change; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the medication logs for 2 of 2 residents (Resident 1, 6) listed prescribed medications, had the prescribed supply available to give and recorded by initials when medication was given. This failed practice placed the residents at risk for medication error.

Findings included...

Resident 1
Admitted [redacted]/2020. The assessment dated 08/21/2023 showed staff needed to administer medications. On 07/31/2024 at 3:30 PM, the July 2024 medication log, supply and physician's orders were reconciled.

The July 2024 medication log created at the AFH listed medication name, dose, route, how often to give and times of administration. Staff failed to record (initial) the log when medication was given:
-Celexa (antidepressant) 40 milligrams (mg) give one time daily at 8:00 PM. Staff did not initial the medication was given at 8:00 PM on 07/18/2024.
-Risperidone (antipsychotic) 0.5 mg four times daily at 6:00 AM, 12:00 PM, 6:00 PM and 12:00 AM. Staff did not initial the medication was given at 6:00 AM and 6:00 PM on 07/18/2024.
-Triamcinolone (on skin to reduce redness, itching, swelling) apply three times daily at 8:00 AM, 2:00 PM and 8:00 PM. Staff did not initial the medication was applied at 2:00 PM on 07/09/2024 and at 8:00 PM on 07/17//2024 and 07/18/2024.

Resident 1's physician orders dated 05/29/2024 listed Simethicone (for gas/bloating) 125 mg give one tablet four times daily as needed (PRN). The Simethicone 125 mg give four times daily PRN, was originally ordered on 09/15/2020. The July 2024 medication log showed Simethicone 125 mg give one tablet four times daily PRN.

Cards of Simethicone 80 mg tablets were delivered to the AFH by the pharmacy on 03/18/2024 and 06/26/2024. The prescription labels showed give up to four tablets (320 mg) four times daily PRN. There was no written record the AFH had contacted the pharmacy or prescriber to verify the prescribed dosage.

Documentation (initials) on the July 2024 medication log showed one table of Simethicone 125 mg was given to Resident 1 at 10:27 AM on 07/05/2024, on 07/11/2024 with no time charted, at 8:30 PM on 07/13/2024, at 9:08 PM on 07/14/2024 and at an unreadable time on 07/18/2024. Resident 1 did not receive the ordered/recorded dosage that was not available in the AFH.

In an interview with Staff B, Resident Manager, on 07/31/2024 at 4:00 PM, they stated they didn't know why the physician didn't catch the order discrepancy.

Resident 6
Admitted [redacted]/2023. The assessment dated 11/03/2023 showed staff needed to administer medications. On 07/31/2024 at 3:45 PM, the July 2024 medication log, supply and physician's orders were reconciled.

The July 2024 medication log created at the AFH listed medication name, dose, route, how often to give and times of administration. Staff failed to record (initial) the log when medication was given:
-Bacitracin/polymyxin B ointment (topical antibiotic to reduce infection) apply three

times daily at 8:00 AM, 2:00 PM and 8:00 PM. Staff did not initial the medication was applied at 8:00 AM on 07/17/2024.
-Docusate (stool softener) 100 mg give twice daily at 8:00 AM and 8:00 PM. Staff did not initial the medication was given at 8:00 AM on 07/17/2024.
-Escitalopram (antidepressant) 10 mg give daily at 8:00 PM. Staff did not initial the medication was given on 07/10/2024.
-Famotidine 20 mg give twice daily at 8:00 AM and 8:00 PM. Staff did not initial the medication was given at 8:00 AM on 07/17/2024 and 8:00 PM on 07/20/2024.

On 08/28/2024 at 3:45 PM, Staff B. Resident Manager, stated they would call staff to verify medications had been given but failed to make a note on the back of the log recording what was said.

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, WEEPING RIDGE ESTATE AFH INC is or will be in compliance with this law and / or regulation on (Date) 9/1/2024 .

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

Provider (or Representative) 9/18/2024 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:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) for 2 of 2 residents (Resident 1, 6) included the care and service interventions provided to meet each resident needs. This failed practice placed the residents at risk of unmet needs.

Statement of Deficiencies	License #: 378700	Compliance Determination # 44961
Plan of Correction	WEEPING RIDGE ESTATE AFH INC	Completion Date
Page 6 of 7	Licensee: WEEPING RIDGE ESTATE AFH INC	08/26/2024

Findings included...

Resident 6
Admitted into the AFH in [redacted] 2023. The assessment dated 10/10/2023 showed Resident 6 expressed their wants and needs by behavior/actions and communicating in yes/no responses to staff questions. Resident 6 was dependent on staff to provide all care and services. Resident 6 was allergic to latex (an allergic reaction to certain proteins found in natural rubber latex).

On 07/31/2024 at 12:20 PM, Staff C and D, Caregivers, communicated with Resident 6 by asking questions requiring a yes or no answer and waiting for an observed response. The two staff performed care for hygiene and skin protection by carefully moving and repositioning Resident 6 recognizing they could have pain and discomfort due to a joint abnormality.

The July 2024 medication log showed Resident 6 was given medication for pain if needed. The NCP dated 11/09/2023 did not show why Resident 6 may have pain (spinal fusion, hip abnormality) and how they would indicate they were in pain to receive as needed pain medication. It did not show the special equipment used for comfort (special shower chair and [redacted] on their bed). Interventions shown on the assessment were not included on the NCP: nail trimming, required two people for transfer assistance without using a [redacted] providing and assisting with a prepared diet.

The NCP directed staff to wear latex/plastic gloves when in contact with Resident 6's secretions, it did not show the intervention to wear non-latex gloves because of the residents' Latex allergy.

Resident 1
On 07/31/2024 at 10:30 AM, Resident 1 was observed walking in the AFH without assistive then sitting and standing from a chair without assistance. During the tour of the AFH at 1:30 PM, Resident 1's bed had a half-length [redacted] attached on each side; one was raised, and one was lowered.

Resident 1's record showed they admitted into the AFH on [redacted]/2020. The record included a department assessment dated 08/21/2023; no [redacted] were listed as used/needed. The AFH assessment and Negotiated Care Plan (NCP) created 10/17/2020 was last signed and dated on 09/01/2023. The NCP showed "Resident is a bilateral [redacted] ([redacted]) with [redacted] ([redacted])" and "uses upper [redacted] in order to provide them with security." The NCP did not reflect Resident 1.

On 08/06/2024 at 10:30 AM, Staff B, Resident Manager, stated the AFH was using more than one NCP form. When asked about inaccurate information on Resident 1's NCP, they stated they had used a template and failed to delete what was not specific to the resident. The AFH was transitioning the record of care and services provided to a different NCP form. They recognized accurate and individualized interventions were

Statement of Deficiencies	License #: 378700	Compliance Determination # 44961
Plan of Correction	WEEPING RIDGE ESTATE AFH INC	Completion Date
Page 7 of 7	Licensee: WEEPING RIDGE ESTATE AFH INC	08/26/2024

required.

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, WEEPING RIDGE ESTATE AFH INC is or will be in compliance with this law and / or regulation on (Date) 10/1/2024.

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

Provider (or Representative) 9/18/2024 Date

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

WEEPING RIDGE ESTATE AFH INC
WEEPING RIDGE ESTATE AFH INC
2455 W BENCH RD
OTHELLO, WA 99344

RE: WEEPING RIDGE ESTATE AFH INC # 378700

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/26/2024 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:

Selena Clemons, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

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 388-76-10015 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

On 07/31/2024, the Adult Family Home (AFH) performed blood glucose testing on Resident 2, obtained a result and administered medication based on the result. The AFH did not have a Medical Test Site Waiver license from the Department of Health required to perform testing. Staff B, Resident Manager, was unaware of the MTSW license requirement.

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:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

The Adult Family Home (AFH) failed to ensure their Medicaid Policy was written in a size of at least 14-point font.

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

Selena Clemons, Field Manager
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:
Selena Clemons, 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

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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 rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600