STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

WEEPING RIDGE ESTATE AFH INC
WEEPING RIDGE ESTATE AFH INC
P.O Box D
OTHELLO, WA 99344

RE: WEEPING RIDGE ESTATE AFH INC License # 378700

Dear Provider:

This letter addresses Compliance Determination(s) 74136 (Completion Date 03/10/2026) and 71686 (Completion Date 01/27/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/10/2026 and found that you have corrected the violations listed in the Full report dated 01/27/2026. Your home is back in compliance as of 02/01/2026 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 388-76-101632, WAC 388-76-101632-1, WAC 388-76-10430, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10355, WAC 388-76-10355-7, WAC 388-76-10355-7-c, WAC 388-76-10355-7-d, WAC 388-76-10463, WAC 388-76-10463-3

The Department staff who did the on-site verification:
Lisa Beason, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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 01/20/2026 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: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lisa Beason, AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License # 376700	Compliance Determination # 716B6
Plan of Correction	WEEPING RIDGE ESTATE AFH INC	Completion Date
Page 2 of 7	Licensee: WEEPING RIDGE ESTATE AFH INC	01/27/2026

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.

Michelle Ann Garbrough
Residential Care Services

02/02/2026
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)

Feb 03/2026
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed for 1 of 11 current staff (Staff I). This failure placed the residents at risk from a staff member not qualified to have unsupervised access to vulnerable adults

Findings included . . .

Observation on 01/20/2026 at 11:35 AM found Staff I, Licensed Nurse, present in the AFH.

Review of personnel records for Staff I on 01/20/2026 showed they had a hire date of 09/02/2025. No national fingerprint background check results were included in Staff I's record.

During an interview on 01/20/2026 at 3:00 PM, Staff D, Caregiver, stated that a national fingerprint background check had not been submitted for Staff I. Staff D stated that Staff I was trying to get their national fingerprint background check from a prior employer but had not been able to.

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

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) | Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed for 1 of 11 current staff (Staff I). This failure placed the residents at risk from a staff member not qualified to have unsupervised access to vulnerable adults.

Findings included . . .

Observation on 01/20/2026 at 11:35 AM found Staff I, Licensed Nurse, present in the AFH.

Review of personnel records for Staff I on 01/20/2026 showed they had a hire date of 09/02/2025. No national fingerprint background check results were included in Staff I's record.

During an interview on 01/20/2026 at 3:00 PM, Staff D, Caregiver, stated that a national fingerprint background check had not been submitted for Staff I. Staff D stated that Staff I was trying to get their national fingerprint background check from a prior employer but had not been able to.

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) 2/01/2026 .

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

Provider (or Representative) 2/3/2026 Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the medication administration record (MAR) was current for 1 of 6 residents (Resident 1). This failure placed the resident at risk for medication errors.

Findings included. . .

During an interview on 01/20/2026, Staff B, Resident Manager, stated that Resident 1 required assistance with medication administration.

Record review of Resident 1's Physicians orders signed by the prescriber 01/04/2026 included the following medications and directions.

• Acetaminophen tablet (medication used to treat pain and fever) 500 milligrams (mg). Give two tablets by mouth every four hours as needed for pain. If giving more than three doses in 48 hours, notify physician. Do not exceed three grams per day.

• Meclizine HCL (medication used to treat and prevent nausea, vomiting and dizziness) 25 mg. Give one tablet by mouth three times daily as needed for vertigo (sensation of spinning or dizziness).

The record review of Resident 1's AFH produced MAR showed the following medications

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)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the medication administration record (MAR) was current for 1 of 6 residents (Resident 1). This failure placed the resident at risk for medication errors.

Findings included. . .

During an interview on 01/20/2026, Staff B, Resident Manager, stated that Resident 1 required assistance with medication administration.

Record review of Resident 1’s Physicians orders signed by the prescriber 01/04/2026 included the following medications and directions:

• Acetaminophen tablet (medication used to treat pain and fever) 500 milligrams (mg). Give two tablets by mouth every four hours as needed for pain. If giving more than three doses in 48 hours, notify physician. Do not exceed three grams per day.

• Meclizine HCL (medication used to treat and prevent nausea, vomiting and dizziness) 25 mg. Give one tablet by mouth three times daily as needed for vertigo (sensation of spinning or dizziness).

The record review of Resident 1’s AFH produced MAR showed the following medications

and directions:

• Acetaminophen Tab 500mg. Give two tablets every four hours as needed for pain. Do not exceed 3 Grams per day.

The MAR did not include instructions to notify physician if giving more than three doses in 48 hours.

• Meclizine HCL 25mg. Give one tablet by mouth every four hours as needed for vertigo.

The MAR instructions did not state to give one tablet three times daily as needed.

During an interview on 01/26/2026 at 3:05 pm, Staff B, Resident Manager, stated that they were unsure why the directions differed but sometimes the prescriber does not always thoroughly review the orders.

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) 1/27/2026

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

Provider (or Representative) 2/03/2026 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:

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

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

and directions:

• Acetaminophen Tab 500mg. Give two tablets every four hours as needed for pain. Do not exceed 3 Grams per day.

The MAR did not include instructions to notify physician if giving more than three doses in 48 hours.

• Meclizine HCL 25mg. Give one tablet by mouth every four hours as needed for vertigo.

The MAR instructions did not state to give one tablet three times daily as needed.

During an interview on 01/26/2026 at 3:05 pm, Staff B, Resident Manager, stated that they were unsure why the directions differed but sometimes the prescriber does not always thoroughly review the orders.

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)_____ .

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

_____ _____
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:

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

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include information in the negotiated care plan (NCP) about the use of [redacted] and how to manage refusals of care or treatment for 1 of 6 residents (Resident 1). This failure placed the resident at risk of not having their care needs met.

Findings included. . .

<[redacted]>

Observation on 01/2026 at 1:05 PM found Resident 1 in bed with [redacted] in the up position.

Record review of Resident 1's Department assessment dated 11/24/2025 showed Resident 1 used [redacted].

Record review of Resident 1's NCP dated 01/15/2025 showed Resident 1 was bed bound and required two-person assistance and could stand up for two to three seconds once per day. NCP did not include any information or instruction on the use of [redacted].

During an interview on 01/20/2026 at 3:05 PM Resident 1 stated they used [redacted] to help them reposition themselves while in bed.

<Refusal of care or treatment>

Record review of Resident 1's Department assessment dated11/24/2025 showed that Resident 1 would decline medications or treatments until adversely affected. Assessment showed Resident 1 had been resistive to peri care and brief changes.

Record review of Resident 1's NCP dated 01/15/2025 showed Resident 1 would take their medication once it was set up with reminders. NCP did not include any information or interventions on medication or treatment refusals. NCP showed that Resident 1 required extensive assistance with brief changes. NCP did not include any information or interventions for refusals on peri-care or brief changes.

During an interview on 01/26/2026 at 3:10 PM, Staff B, Resident Manager, stated that Resident 1 will refuse treatments, but nursing staff will provide education regarding the need for the medication and then they will agree to the medication.

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) 1/30/2026.

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

Provider (or Representative) 2/03/2026 Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to include non-medication strategies or modifications in the negotiated care plan (NCP) to address symptoms for which psychoactive medications (medication used to treat a variety of mental health conditions that affect mood, anxiety and depression) were prescribed for 1 of 6 residents. This failure placed the resident at risk of not having their mental health needs met.

Findings included. . .

Record review of Resident 1's Medication administration record (MAR) for January 2026 showed Resident 1 took the following psychopharmacologic medications:

- Aripiprazole (antipsychotic medication used to treat mental health conditions)
- Fluoxetine (antidepressant medication used to treat symptoms of depression)

Record review of Resident 1's NCP dated 01/15/2025 showed Resident 1 slept a lot and was on medication to help them sleep. The document did not provide any non-medication strategies to treat mental health conditions.

During an interview on 01/26/2026 at 3:15 PM, Staff B, Resident Manager, stated that they were not aware other strategies were needed in the NCP. Staff B stated that they contacted Resident 1's case manager and would add non-medication strategies to the

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)_____ .

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

Provider (or Representative) _____ Date _____

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to include non-medication strategies or modifications in the negotiated care plan (NCP) to address symptoms for which psychoactive medications (medication used to treat a variety of mental health conditions that affect mood, anxiety and depression) were prescribed for 1 of 6 residents. This failure placed the resident at risk of not having their mental health needs met.

Findings included. . .

Record review of Resident 1's Medication administration record (MAR) for January 2026 showed Resident 1 took the following psychopharmacologic medications:

- Aripiprazole (antipsychotic medication used to treat mental health conditions)
- Fluoxetine (antidepressant medication used to treat symptoms of depression)

Record review of Resident 1's NCP dated 01/15/2025 showed Resident 1 slept a lot and was on medication to help them sleep. The document did not provide any non-medication strategies to treat mental health conditions.

During an interview on 01/26/2026 at 3:15 PM, Staff B, Resident Manager, stated that they were not aware other strategies were needed in the NCP. Staff B stated that they contacted Resident 1's case manager and would add non-medication strategies to the

Statement of Deficiencies	License #: 378700	Compliance Determination #71686
Plan of Correction	WEEPING RIDGE ESTATE AFH INC	Completion Date
Page 7 of 7	Licensee: WEEPING RIDGE ESTATE AFH INC	01/27/2026

NCP.

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) 2/01/2026.

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

Provider (or Representative) 2/03/2026 Date

NCP.

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)_____ .

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

Provider (or Representative) Date