STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Lucila Dela Cruz Escobido
BETHEL HOME 3
7724 94TH AVE SW
LAKEWOOD, WA 98498

RE: BETHEL HOME 3 License # 510701

Dear Provider:

This letter addresses Compliance Determination(s) 75079 (Completion Date 04/13/2026) and 70503 (Completion Date 01/22/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/13/2026 and found that you have corrected the violations listed in the Full report dated 01/22/2026. Your home is back in compliance as of 03/06/2026 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 388-76-10430-2-c, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 12/22/2025 of:
BETHEL HOME 3
9113 ONYX DRIVE SW
LAKEWOOD, WA 98498

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

01/28/2026
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.

L Escobido
Provider (or Representative)

02/05/26
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 record review, observation and interview the Adult Family Home (AFH) failed to keep all medications in locked storage, have all prescribed medications on-site and keep medication logs accurate for 2 of 6 residents (Resident 1 and 3). This failure placed all residents at risk of harm from have access to unlocked medications and 2 of 6 residents (Resident 1 and 3) at risk of not receiving medications as prescribed.

Findings Included...

Review of Resident 1's medication administration record (MAR) for December 2025 found the following medications to be prescribed: hand and skin cream (betamethasone dip), antifungal powder (miconazole), foot cream (Triamcinolone), skin powder (Zeasorb, signed off as given two times a day 12/01/2025-12/21/2025), as needed dry skin lotion (ammonium lactate), as needed skin cream (diclofenac sodium), and as needed stomach acid medication (famotidine).

Observations of Resident 1's medication supply on 12/22/2025 at 12:30 PM revealed all

above medications to be missing from Resident 1's supply.

During interview with Resident Manager on 12/22/2025 at 12:40 PM, they said they keep all resident creams and powders in their bedrooms and not in the locked storage cabinet as it is more convenient for staff to have in their rooms. Medications that were kept in Resident 1's room were betamethasone dip, miconazole, and triamcinolone. Regarding Resident 1's Zeasorb skin powder, Resident Manager said this medication is not covered by insurance and Resident 1 did not want to pay for it and signing off as giving this medication two times a day was a mistake. Resident Manager said Resident 1's famotidine medication has been requested from pharmacy but has not been delivered.

While speaking with Resident 1 on 12/22/2025 at 12:49 PM, they said they had thrown out their as needed dry skin lotion (ammonium lactate) and as needed skin cream (diclofenac sodium) since they were not using them. Provider was not aware Resident 1 had done this with their medications.

Observations of Resident 3's medication supply on 12/22/2025 at 1:20 PM found the following medications to be kept in Resident 1's room unlocked: breathing medication (albuterol nebulizer treatment), lidocaine pain patch, skin cream (zinc oxide cream, skin gel (diclofenac gel), blood pressure cream (nitroglycerin ointment), rash cream (triamcinolone acetonide). Also in Resident 3's medication supply was a daily multivitamin and vitamin zinc supplement.

Review of Resident 3's MAR for December 2025 revealed daily multivitamin and zinc supplement found in Resident 3's medication supply to not be listed on MAR as prescribed medications.

While interviewing Resident Manager on 12/22/2025 at 01:00 PM confirmed Resident 3 is getting both the multivitamin and zinc supplement daily and did not realize it was not on the MAR and not being signed off.

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, BETHEL HOME 3 is or will be in compliance with this law and / or regulation on (Date) 3/6/26 .

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

Aescobido — 02/05/26

Provider (or Representative) — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

ARCHITON AND LUCILA ESCOBIDO
BETHEL HOME 3
7724 94TH AVE SW
LAKEWOOD, WA 98498

RE: BETHEL HOME 3 # 510701

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/22/2026 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:

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

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (01/22/2026), no later than 03/08/2026 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 388-76-10198 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:

(1) Staff information such as address and contact information.

(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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

The Adult Family Home failed to have access to all personnel records on-site at time of inspection. Resident Manager said they were in the process of scanning everything to keep electronically so it is at their office they have for all three of their AFHs. Resident Manager understood that they need to have hard copies or immediate electronic access to all personnel record on-site at all times and provided Department with all necessary personnel records with 48 hours of inspection, consultation provided.

WAC 388-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

The Adult Family Home failed to have residents social security numbers in the resident files. Provider was not aware they had to keep their social security numbers in accessible files and would make sure she would add all their social security numbers. Before exit of on-site inspection AFH had already gotten half of resident's social security numbers, consultation provided.

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 .

The Adult Family Home failed to have valid WA state background checks for 7 out of 12 staff (Caregiver 1, Caregiver 2, Caregiver 3, Caregiver 4, Caregiver 5, Caregiver 8, and Caregiver 9). Provider said they do batch renewals of WA state backgrounds for all three of their AFHs at one time and their office administrator must have missed these staff members. Provider had WA state background checks for all expired employees ran within 24 hours of notice and all came back as no record, consultation provided.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

The Adult Family Home failed to have first aid training certification for 1 of 12 staff members (Caregiver 2). Provider stated they had not noticed Caregiver 2's CPR certification did not include first aid training as well. Caregiver 2 completed first aid training with 24 hours of notice and provided documentation to Department, consultation provided.

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)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community 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:
Jennifer LeMaster, Community Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
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Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

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Jennifer LeMaster, Community Nurse Field Manager
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Preferred methods:
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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 make an IDR request and find directions on the IDR 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 IDR**s 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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225