STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

NEW PORT HILLS HOME CARE LLC
NEWPORT HILLS HOME CARE
5654 117TH AVE SE
BELLEVUE, WA 98006

RE: NEWPORT HILLS HOME CARE License # 605000

Dear Provider:

This letter addresses Compliance Determination(s) 65193 (Completion Date 09/03/2025) and 62041 (Completion Date 07/21/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/03/2025 and found that you have corrected the violations listed in the Full report dated 07/21/2025. Your home is back in compliance as of 08/05/2025 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 07/02/2025 of:

NEWPORT HILLS HOME CARE
5654 117TH AVE SE
BELLEVUE, WA 98006

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 388-76-10650 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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure an [redacted] (a medical device) for 1 sampled resident (Resident 1) had an assessment for its safe use, was included in the Negotiated Care Plan (NCP) and had staff directives for care. These failures placed Resident 1 at risk for injury related to inadequate monitoring of the device and having unrecognized/unmet care needs.

Findings included…

During a resident bedroom tour on 07/02/2025 at 11:59 AM, with Staff A, Provider, observation showed an [redacted] in Resident 1's bedroom. The [redacted] was "off".

In an interview on 07/02/2025 at 11:59 AM, Staff A stated that they turned on the [redacted]

[redacted] when Resident 1 was on the bed. Staff A further stated that Resident 1 used the [redacted] to prevent skin damage.

In an interview on 07/02/2025 at 1:43 PM, Staff A stated that they did not discuss the risks and benefits regarding [redacted] with Resident 1 and their representative because they were the ones who bought it.

Record review of Resident 1's NCP, dated 03/13/2025, showed no care directives for staff regarding Resident 1's used for [redacted].

In an interview on 07/02/2025 at 2:12 PM, Staff A stated that Resident 1's [redacted] was not included in the residents' NCP because they were not aware they needed to include it.

In an interview on 07/02/2025 at 2:18 PM, Staff A stated that Resident 1 was not assessed for the safe use of the [redacted]. Staff A added that the doctor was aware that Resident 1 was using it.

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, NEWPORT HILLS HOME CARE 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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the prescribed medication ordered for 1 of 1 sampled resident (Resident 1) was available. This failure placed the resident at risk for health complications and

medication error, for not receiving the medication as ordered by their doctor when needed.

Findings included...

In an interview on 07/02/2025 at 11:21 AM, Staff A, Provider, stated that Resident 1 required medication assistance from staff.

Review of Resident 1's doctor's order dated 11/07/2022 showed: "Ondansetron Hydrochloride (HCL [a medication used to prevent and treat nausea and vomiting]) 4 milligrams (mg) take 1 tablet by mouth every six hours as needed for nausea and/or vomiting".

Review of Resident 1's doctor's order dated 11/08/2022 showed: "Bisacodyl (a medication used to relieve constipation) 10 mg suppository … once daily as needed for constipation".

Review of Resident 1's July 2025 Medication Administration Record (MAR) showed, both Ondansetron HCL 4 milligrams and Bisacodyl 10 mg suppository were listed as ordered.

On 07/02/2025 at 2:50 PM, observation showed that the Ondansetron HCL 4 mg and Bisacodyl 10 mg suppository were not in Resident 1's medication supply.

In an interview on 07/02/2025 at 2:54 PM, Staff A stated that they thought the above medications were in Resident 1's hospice kit but the medications were not there.

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, NEWPORT HILLS HOME CARE 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