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

APPLE CREEK INC
APPLE CREEK
PO Box 11776
YAKIMA, WA 98909

RE: APPLE CREEK License # 621201

Dear Provider:

This letter addresses Compliance Determination(s) 62345 (Completion Date 07/15/2025) and 57682 (Completion Date 05/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/15/2025 and found that you have corrected the violations listed in the Full report dated 05/14/2025. Your home is back in compliance as of 05/27/2025 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 388-76-10129-1-a, WAC 388-76-10129-1-b, WAC 388-76-10129-1-c, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10175-1, WAC 388-76-10175-2, WAC 388-76-10198-2-a, WAC 388-76-10200-3, WAC 388-76-10200-5-d, WAC 388-76-10265-1-d, WAC 388-76-10750-6-c

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

| | | |
|---|---|---|
| Statement of Deficiencies | License #: 621201 | Compliance Determination # 57682 |
| Plan of Correction | APPLE CREEK | Completion Date |
| Page 1 of 12 | Licensee: APPLE CREEK INC | 05/14/2025 |

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 04/08/2025 and 04/28/2025 of:
APPLE CREEK
525 W Washington Ave
Yakima, WA 98903

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:

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.

Michelle Ann Garbrough
Residential Care Services

05/16/2025
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)

5/27/25
Date

**WAC 388-76-10129 Qualifications Adult family home personnel.**

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(b) Entity representative;

(c) Resident manager;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 administrative staff members (Staff A) maintained their caregiver credentials. This failure placed residents at risk of receiving care from unqualified personnel.

Findings included...

The AFH received their license effective 06/30/2005.

Administrative record review on 04/08/2025 and Washington State Department of Health credential website review showed Staff A, Provider, had Department of Health Nursing Assistant Registered (NAR) credentials that expired 22 days prior on 03/17/2025.

In an interview on 04/28/2025 at 11:59 AM, Staff A stated they were not aware their

NAR credentials had expired.

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, APPLE CREEK is or will be in compliance with this law and / or regulation on (Date) 5/27/25 .

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

Provider (or Representative) [signature] Date 5/27/25

**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 interview and record review, the Adult Family Home (AFH) failed to ensure that a date of birth background check (BGI) was completed every two years for 1 of 8 caregiving staff (Staff F). This failure placed residents at risk for receiving care from disqualified staff.

Findings included . . .

Administrative record review showed Staff F, Caregiver, was hired on 01/11/2023 then dismissed and re-hired on 12/15/2023. A BGI was completed on 01/13/2023 and expired on 01/13/2025. The next BGI was completed on 03/25/2025, 71 days after the expired BGI.

In an interview on 05/13/2025, Staff B, Administrator, stated that the BGI had been

overlooked.

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, APPLE CREEK is or will be in compliance with this law and / or regulation on (Date) 5/27/25 .

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

Provider (or Representative) Date 5/27/25

**WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:**

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a date of birth background check (BGI) was completed within one working day of hire for 2 of 8 caregiving staff (Staff G & I). This placed residents at risk of receiving care from disqualified staff.

Findings included...

Review of administrative records on 04/08/2025 showed the following:

- Staff G, Caregiver, was hired on 07/14/2011 and left employment with the AFH on 12/31/2024. Staff G was re-hired on 03/06/2025. A fingerprint BGI was completed on 10/09/2023, more than 12 months prior to Staff G's re-hire date of 03/06/2025. No

additional BGI was completed for Staff G.

- Staff I, Caregiver, was hired on 03/09/2025. The BGI was not submitted for Staff I until 03/21/2025, 12 days after their hire date.

In an interview at 2:45 PM on 04/08/2025, Staff D, Caregiver, stated that Staff B arranged for all BGI for staff.

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, APPLE CREEK is or will be in compliance with this law and / or regulation on (Date) 5/27/25 .

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

Provider (or Representative) — Date: 5/27/25

**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;

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that complete personnel records were available to the Department at the time of inspection for 1 of 8 staff (Staff A). This failure resulted in a delay in the Department's ability to determine if staff members were qualified to work in the home.

Findings included . . .

Staff A, Provider, opened the AFH on 06/30/2005. Record review on 04/08/2025 at 2:40 PM showed records for Staff A that did not include Continuing Education hours for the period of 03/17/2024 through 03/17/2025.

In an interview on 05/02/2025 at 4:54 PM, Staff A stated they would provide the CE records by 05/06/2025 as they could not access the records at the AFH. No CE records for Staff A were provided by 05/06/2025.

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, APPLE CREEK is or will be in compliance with this law and / or regulation on (Date) 5/27/25 .

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

Provider (or Representative) — Date: 5/27/25

**WAC 388-76-10200 Adult family home Staff Availability Contact information. In addition to other licensing requirements for staff availability, the adult family home must:**

(3) Designate an experienced, staff member who is capable of responding on behalf of the adult family home by phone or pager at all times.

(5) Ensure the provider, entity representative or resident manager is readily available to:

(d) Authorized state staff.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult family Home failed to ensure the provider, resident manager, or designated staff member was available to Department staff during the inspection on 04/08/2025. This failure resulted in a delay in the Department's ability to assess the AFH's compliance with the minimum regulatory requirements.

Findings included . . .

On 04/08/2025 during Department regulatory inspection of the AFH, Staff A, Provider/Resident Manager, was not in attendance or available to meet for the inspection. Staff B, Administrator, was not in attendance or available to meet for the inspection.

On 04/08/2025 at 10:00 AM, Staff D, Caregiver, identified Staff B as the representative with access to records and stated that Staff A was not available.

Administrative record review on 04/08/2025 showed multiple staff and administrative documents were unavailable to Department staff.

The following attempts to gather data and response times from AFH personnel occurred during the inspection process:

04/08/2025 – Residential Care Services (RC) ALF/ESF/AFH Request for Records form DSHS 17-333 (06/2024) was left with Staff D, requesting the following records by 04/09/2025:

- Date of Departure for four former staff.
- Staff G, Caregiver, re-hire date, background and fingerprint results, and tuberculosis (TB) testing information.
- Staff I, Caregiver. TB testing information, date of hire, orientation checklist.
- AFH Succession Plan.
- Resident 6, admitted to AFH on [redacted]2024, Negotiated Care Plan representative signature after 02/21/2024.

04/14/2025 at 11:58 AM a call was made to Staff B; there was no answer, and a message was left asking if they had received the Request for Records form and requested a call back. An email was sent to Staff B at 12:04 PM requesting the documents be sent to the Department by 5:00 PM on 04/14/2025.

04/15/2025 at 9:42 AM – Department Regulator received an email from Staff B, Administrator, with former staff dates of departures, requested TB and FP/BGI information for Staff G with re-hire date, a copy of an email request to representative for Resident 6, continuing education information for Staff F (not requested), and photos in an application that were unreadable by the Department Regulator.

04/15/2025 – at 10:45 AM Department Regulator emailed request to Staff B for documents not included or unreadable in their response email 04/15/2025. No response was received from Staff B.

04/22/2025 at 2:23 PM – Department Regulator called and left voicemail (VM) for Staff B reminding them of the documents requested by the Department Regulator and need to close inspection (open for 14 days).

04/22/2025 at 6:59 PM – Department Regulator received an email from Staff B stating they were unable to understand the VM left on their telephone by the Department Regulator. Staff B sent in the requested documents, but the information was obtained on the incorrect AFH. Staff B requested the Department Regulator email correspondence and not to use telephone calls, as they would be in class and unavailable by telephone.

04/24/2025 at 9:21 PM – Department Regulator emailed Staff B outlining communication blocks and identifying issues at AFH that needed resolution to complete the inspection. Staff B was informed that the Department Regulator would visit AFH on 04/28/2025 to resolve outstanding requested items from the Department Regulator. The Department Regulator followed up with an email at 11:04 PM to Staff B to inform them that the Department needed to complete an interview with Provider/RM.

04/24/2025 at 10:22 AM – call to Staff B, no answer, Department Regulator left VM.

04/24/2025 at 12:04 PM – Department Regulator received an email from Staff B stating they had received the voicemail, was in class Monday through Friday and unable to interrupt classes. They stated that email only correspondence was preferred. Staff B stated if any further information was required, Staff D could be delegated to speak to the Department Regulator.

4/24/2025 at 12:49 – Department Regulator left a voicemail for Staff D requesting a return phone call. Department Regulator received a return call at 4:25 PM from Staff D stating they could not answer specific questions from the Department Regulator. Staff D stated that per Staff B, the Regulator needed to email Staff B.

04/28/2025 at 11:40 AM – Department Regulator was on-site at the AFH. Department Regulator requested Provider contact information from Staff D. Department Regulator called Staff A, Provider, at 12:00 PM to complete Provider Interview for inspection. Department Regulator gave Staff A the information that Staff A was listed as Resident Manager for this AFH. Department Regulator informed Staff A that they would receive information and requests by telephone or email going forward for this AFH.

04/28/2025 at 3:26 PM – Department Regulator received email from Staff B stating they could set up a telephone interview and schedule the final walk through with either Staff B or their designee. Department Regulator reiterated the previously requested documentation was on a different AFH. The Department Regulator Informed Staff B by return email that the interview was completed with staff A, and the Succession Plan had not been submitted to the Department.

05/02/2025 at 4:54 PM – Department Regulator called Staff A requested their continuing education hours. Staff A stated that no one at the AFH was available to gather the documentation and that they would submit it by 05/06/2025.

05/06/2025 at 8:20 AM – Department Regulator received an email from Staff B with credential information for Staff A. The requested CE documentation was again omitted. Staff B requested all Department correspondence be conducted by email to Staff B.

05/09/2025 at 8:50 AM – Department Regulator placed a call to Staff B requesting missing documentation previously requested. Department Regulator left voicemail requesting missing documentation.

05/10/2025 at 10:39 AM – Department Regulator received an email response from Staff B with partially requested document submitted.

05/12/205 at 9:26 AM – Department Regulator emailed Staff B requesting verbal response to questions about missing requested required documentation.

05/12/2025 at 11:35 AM – Department Regulator called Staff D, again there was no answer. Department Regulator left a voicemail requesting required documentation to complete the inspection (inspection open since 04/08/2025, 34 days).

05/12/2025 at 5:02 PM – Department Regulator called Staff A, no answer, and the Department Regulator left voicemail requesting documentation.

05/13/2025 at 10:20 AM – Department Regulator received an email from Staff B with partial answer to required documentation and additional information on Staff F that was not requested.

05/14/2025 at 9:27 AM – Department Regulator sent an email to Staff B to clarify information on Staff G & I regarding background checks and tuberculosis testing.

05/14/2025 at 1:22 PM Staff B responded by email to questions and offered to set up a telephone appointment with Staff A that Staff B would be present to discuss administration questions and credentials.

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, APPLE CREEK is or will be in compliance with this law and / or regulation on (Date) 5-27-25 .

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

Provider (or Representative) 5-27-25 Date

**WAC 388-76-10265 Tuberculosis Testing Required.**

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a tuberculosis test (TB) test was completed for 2 of 8 staff (Staff G & I) within three days of hire. This failure placed residents at risk for exposure to a contagious air borne respiratory illness.

Findings included...

Administrative record review on 04/15/2025 for Staff G, Caregiver, and Staff I, Caregiver, showed the following:

- Staff G, Caregiver, was hired on 07/14/2011 and left employment with the AFH on 12/31/2024. Staff G was re-hired on 03/06/2025. TB test records for Staff G showed 1st step TB skin testing was completed on 07/14/2011 and 2nd step TB skin testing was completed on 07/25/2011. No additional TB testing was provided for Staff G.

- Staff I, Caregiver, was hired on 03/09/2025. TB test records for Staff I showed a 1st step TB skin test initiated on 03/26/2025, 17 days after hire.

In an interview on 05/14/2025 at 1:22 PM, Staff B, Administrator, stated that Staff I had been hired though Staff I was primarily orienting.

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, APPLE CREEK is or will be in compliance with this law and / or regulation on (Date) 5/27/25 .

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

Provider (or Representative) — Date: 5/27/25

**WAC 388-76-10750 Safety and maintenance. The adult family home must:**

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to ensure water temperatures were maintained between 105 to 120 degrees Fahrenheit (F) measured at 1 sink for 1 of 1 water heaters. This failure placed residents at risk of burns.

Findings included ...

Observation on 04/08/2025 at 11:05 AM the water temperature registered at 123.7 in the sink of the main resident shower room accessible and used by all residents.

In an interview with Staff D, Caregiver, at 11:05 on 04/08/2025, Staff D stated they would have maintenance turn down the thermostat on the hot water heater then re-test.

Observation on 04/09/2025 at 2:30 PM, with Staff D in attendance, showed the water temperature in the main resident shower room sink at 120.3 degrees Fahrenheit when tested.

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, APPLE CREEK is or will be in compliance with this law and / or regulation on (Date) 5/27/25 .

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

Provider (or Representative) Date 5-2 5