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 # 621301

Dear Provider:

This letter addresses Compliance Determination(s) 60098 (Completion Date 05/29/2025) and 56392 (Completion Date 03/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/29/2025 and found that you have corrected the violations listed in the Follow up report dated 03/25/2025. Your home is back in compliance as of 04/17/2025 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 388-76-10445-2, WAC 388-76-10135-4, WAC 388-112A-0050-1-a-iii, WAC 388-112A-0610-1-a-i, WAC 388-112A-0610-1-a-ii, WAC 388-112A-0720-1-c-i, WAC 388-112A-0720-1-c-ii, WAC 388-112A-0720-1-c, WAC 388-76-10135-9

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

This document was prepared by Residential Care Services for the Locator website.

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 #: 621301	Compliance Determination # 56392
Plan of Correction	APPLE CREEK	Completion Date
Page 1 of 5	Licensee: APPLE CREEK INC	03/25/2025

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 an unannounced on-site follow-up on 03/14/2025 of:
APPLE CREEK
517 West Washington Ave
Yakima, WA 98903

This document references the following SOD dated: 03/25/2025

The following sample was selected for review during the unannounced on-site visit: 5 of 5 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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 621301	Compliance Determination # 56392
Plan of Correction	APPLE CREEK	Completion Date
Page 2 of 5	Licensee: APPLE CREEK INC	03/25/2025

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

04/07/2025
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)

4/17/2025
Date

WAC 388-76-10445 Medication Independent Self-administration. The adult family home must ensure residents who have medication assistance assessed as independent self-administration:

(2) Are allowed to keep their prescribed and over-the-counter medications securely locked in either their room or another agreed upon area if documented in the resident negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to document in the negotiated care plan (NCP) that 1 of 6 residents (Resident 2) independently administered their medications. This failure placed the resident at risk for medication errors.

Findings included . . .

On 03/14/2025 at 3:05 PM, the medication Biofreeze (a topical medication for muscle pain) and Systane eye drops (medication to treat dry eyes) were seen at the bedside of Resident 2.

Review of Resident 2's records on 03/14/2025 showed the resident admitted to the AFH on [redacted]/2024. Review of the medication orders showed an Advanced Registered Nurse Practitioner (ARNP) had assessed Resident 2 for self-administration and ordered Biofreeze for Resident 2 as needed (PRN) for muscle pain relief.

Review of Resident 2's records on 03/17/2025 showed an ARNP had assessed Resident 2 for self-administration and ordered Systane eye drops for Resident 2 PRN.

This document was prepared by Residential Care Services for the Locator website.

Record review on 03/25/2025 showed no documentation in Resident 2's NCP dated 09/28/2024 for medication self-administration and storage.

In an interview on 03/25/2025 at 1:55 PM, Staff C, Resident Manager, stated that they had not been made aware that the assessment and orders for medication self-administration for Resident 2 needed to be included in the Resident 2's NCP.

This is an uncorrected deficiency previously cited on 02/06/2025.

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) 4/17/2025 .

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

Provider (or Representative) — Date: 4/17/2025

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(9) Meets the tuberculosis screening requirements of this chapter.

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

This document was prepared by Residential Care Services for the Locator website.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 3 of 4 caregiving staff (Staff C, D, & E) had completed the applicable caregiver training requirements. This failure resulted in residents receiving care from unqualified caregivers.

Findings included . . .

On 03/14/2025 from 3:05 PM to 3:55 PM, Staff C, Resident Manager, was observed providing care to residents in the AFH.

Record review on 03/14/2025 and 03/25/2025 showed the following:

This document was prepared by Residential Care Services for the Locator website.

- Staff C, Resident Manager, hired 05/12/2012, did not have the required 12 Continuing Education (CE) hours documented for the period 05/12/2023 through 05/12/2024. Staff C worked in the home on 03/05/2025, 03/06/2025, 03/07/2025, 03/12/2025, and 03/13/2025 based on AFH staff schedule provided by Staff A, Provider. Staff C was observed providing care in the home on 03/14/2025.

- Staff D, Caregiver, hired 07/05/2009, had First Aid/cardiopulmonary resuscitation (CPR) certification that expired on 01/03/2025. Staff D did not have the required 12 CE hours documented for the period 12/12/2023 through 12/12/2024. Staff D worked in the AFH on 03/05/2025, 03/06/2025, 03/07/2025, and 03/08/2025 based on March 2025 medication log documentation.

- Staff E, Caregiver, was hired 01/11/2023, Staff E had a First Aid/CPR certification that expired on 01/03/2025. Staff E worked in the AFH on 03/06/2025 and 03/07/2025 based on March 2025 medication log documentation.

On 03/14/2025 at 3:50 PM, Staff C stated that Staff C, Staff D, and Staff E had all worked in the AFH since attested back in compliance (BIC) date of 03/05/2025. Staff C stated that Staff D and Staff E had not finished CPR/First Aid training as of 03/14/2025. Staff C stated they had completed some though not all 12 hours of CE and no CE had been submitted to them by Staff D.
This is an uncorrected deficiency previously cited on 02/06/2025.

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) 4/17/2025 .

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

Sallya Dhn
Provider (or Representative)

4/17/2025
Date

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 01/09/2025 and 01/16/2025 of:

APPLE CREEK
517 West 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

This document was prepared by Residential Care Services for the Locator website.

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

02/12/2025 — 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)

02/24/2025 — Date

WAC 388-76-10445 Medication Independent Self-administration. The adult family home must ensure residents who have medication assistance assessed as independent self-administration:

(2) Are allowed to keep their prescribed and over-the-counter medications securely locked in either their room or another agreed upon area if documented in the resident negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to document in the negotiated care plan (NCP) when 1 of 6 residents (Resident 2) independently administered their medications. This failure placed resident at risk of medication errors.

Findings included . . .

On 01/09/2025 at 11:15 AM, an inspection tour of resident rooms was conducted at the AFH. The medication Biofreeze (a topical medication for muscle pain) was seen at the bedside of Resident 2. At 5:00 PM Resident 2 was observed to have Sucrets (lozenges/cough drops for cough relief) on their bedside table and in their shirt pocket.

Review of Resident 2's records on 01/09/2025 showed the resident admitted to the AFH on [redacted]/2024. Review of medication orders showed an Advanced Registered Nurse Practitioner (ARNP) had ordered Biofreeze for Resident 2 as needed (PRN) for muscle pain relief. No order was found for the Sucrets cough drops. No assessment for independent medication administration was found in the resident's record.

Record review on 01/16/2025 showed there was no documentation in Resident 2's NCP

This document was prepared by Residential Care Services for the Locator website.

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 388-76-10445 Medication Independent Self-administration. The adult family home must ensure residents who have medication assistance assessed as independent self-administration:

(2) Are allowed to keep their prescribed and over-the-counter medications securely locked in either their room or another agreed upon area if documented in the resident negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to document in the negotiated care plan (NCP) when 1 of 6 residents (Resident 2) independently administered their medications. This failure placed resident at risk of medication errors.

Findings included . . .

On 01/09/2025 at 11:15 AM, an inspection tour of resident rooms was conducted at the AFH. The medication Biofreeze (a topical medication for muscle pain) was seen at the bedside of Resident 2. At 5:00 PM Resident 2 was observed to have Sucrets (lozenges/cough drops for cough relief) on their bedside table and in their shirt pocket.

Review of Resident 2's records on 01/09/2025 showed the resident admitted to the AFH on [redacted]/2024. Review of medication orders showed an Advanced Registered Nurse Practitioner (ARNP) had ordered Biofreeze for Resident 2 as needed (PRN) for muscle pain relief. No order was found for the Sucrets cough drops. No assessment for independent medication administration was found in the resident's record.

Record review on 01/16/2025 showed there was no documentation in Resident 2's NCP

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for medication self-administration.

In an interview with Staff C, Resident Manager, on 01/09/2025 at 11:30 AM, Staff C stated that they would call the ARNP to get orders for Resident 2's medications to be kept at the bedside and self-administered.

In an interview with Staff B, Administrator, on 01/16/2025 at 2:45 PM, Staff B stated that they would send the updated NCP to the Department no later than 01/21/2025. No updated NCP was received.

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) 03/05/2025 .

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

Provider (or Representative) — Date: 02/24/2025

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

(3) Tuberculosis testing results.

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

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for medication self-administration.

In an interview with Staff C, Resident Manager, on 01/09/2025 at 11:30 AM, Staff C stated that they would call the ARNP to get orders for Resident 2's medications to be kept at the bedside and self-administered.

In an interview with Staff B, Administrator, on 01/16/2025 at 2:45 PM, Staff B stated that they would send the updated NCP to the Department no later than 01/21/2025. No updated NCP was received.

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)_____ .

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

_____ _____
Provider (or Representative) Date

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

(3) Tuberculosis testing results.

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

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that completed personnel records were available to the Department at the time of inspection for 12 of 16 current and former staff (Staff E, F, G, I, J, K, L, M, N, O, P & Q). This failure resulted in a delay in the Department's ability to determine if current and former staff members were qualified to work in the home.

Findings included . . .

Record review on 01/09/2025 at 2:21 PM showed an emailed copy of a date of birth background check for Staff H, Registered Nurse, to be hired 01/15/2025.

Record review on 01/09/2025 at 3:15 PM showed partial records for current staff and no records available for former staff other than background checks.

On 01/09/2025 at 3:15 PM review of personnel files showed the following:
- Staff E, Caregiver, was hired on 01/11/2023, dismissed, and was rehired on 12/15/2023. Tuberculosis (TB) testing records, Department of Health (DOH) credential, Home Care Aide (HCA) basic training, orientation and safety, mental health specialty training, dementia specialty training, nurse delegation, and food safety training records were not available for review.
- Staff F, Caregiver, was hired on 04/10/2023. There were no TB testing records or DOH credential available for review.
- Staff G, Staff person, did not have a date of hire listed in their personnel record. Background check, fingerprint, and a Character, Competency, and Suitability review, if needed, were not available for review.
- Dates of hire and departure were not available for Staff I, J, K, L, M, N, O, P, & Q, Former Caregivers.

In an interview on 01/09/2025 at 3:45 PM, Staff C, Resident Manager, stated that the records shown to the Department were the only records they had access to in the AFH. Staff C reported Staff B, Administrator, had access to the records and would not be coming to the AFH for the inspection.

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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) 03/052/2025 .

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

Provider (or Representative) — Date: 02/24/2025

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(9) Meets the tuberculosis screening requirements of this chapter.

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-066).

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

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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)_____ .

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

Provider (or Representative) Date

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(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

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(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

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(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

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(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 3 of 4 caregiving staff (Staff C, D & E) had completed the applicable caregiver training requirements prior to caring for residents. This failure resulted in residents receiving care from unqualified caregivers.

Findings included . . .

On 01/09/2025 from 10:30 AM to 5:00 PM, Staff D, Caregiver, was observed providing care to residents in the AFH.

On 01/16/2025 from 10:45 AM to 2:45 PM, Staff C, Resident Manager, was observed providing care to residents in the AFH.

Record review on 01/09/2025 and 01/16/2025 showed the following:

- Staff C, Resident Manager, hired 05/12/2012, did not have the required 12 Continuing Education (CE) hours documented for the period 05/12/2023 through 05/12/2024. Staff C had a lapse in Nursing Assistant Registered (WA State Department of Health) certification from 08/20/2024 until 11/05/2024, 81 days after expiration date.

- Staff D, Caregiver, hired 07/05/2009, had First Aid/cardiopulmonary resuscitation (CPR) certification that expired on 01/03/2025. Staff D did not have the required 12 CE hours documented for the period 12/12/2023 through 12/12/2024.

- Staff E, Caregiver, was hired 01/11/2023, dismissed, and then re-hired on 12/15/2023.

This document was prepared by Residential Care Services for the Locator website.

Staff E did not have a tuberculosis (TB) test completed until 02/02/2024 (more than three days after re-hire and more than one year after initial TB testing completed.) Staff E had a First Aid/CPR certification that expired on 01/03/2025. Staff E completed Basic Training on 07/05/2024 (203 days after re-hire date of 12/15/2023 and 93 days past the 120 days allowed time to complete Basic Training after hire.)

On 01/09/2025 at 4:00 PM, Staff C stated that no one had completed continuing education hours and they needed to get caught up.

On 01/09/2025 at 2:00 PM, Staff B, Administrator, stated they did not know Staff E had done their TB testing late.

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) 03/05/2025 .

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

Provider (or Representative) — Date: 02/24/2025

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(c) Be kept confidential so that only authorized persons see their contents;

(d) Are only released to the following persons:

(i) A health care institution;

(ii) When requested by the law;

(iii) To department representatives; and

(iv) To the resident;

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

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Staff E did not have a tuberculosis (TB) test completed until 02/02/2024 (more than three days after re-hire and more than one year after initial TB testing completed.) Staff E had a First Aid/CPR certification that expired on 01/03/2025. Staff E completed Basic Training on 07/05/2024 (203 days after re-hire date of 12/15/2023 and 99 days past the 120 days allowed time to complete Basic Training after hire.)

On 01/09/2025 at 4:00 PM, Staff C stated that no one had completed continuing education hours and they needed to get caught up.

On 01/09/2025 at 2:00 PM, Staff B, Administrator, stated they did not know Staff E had done their TB testing late.

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)_____ .

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

_____ _____

Provider (or Representative) Date

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(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(c) Be kept confidential so that only authorized persons see their contents;

(d) Are only released to the following persons:

(i) A health care institution;

(ii) When requested by the law;

(iii) To department representatives; and

(iv) To the resident;

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

This document was prepared by Residential Care Services for the Locator website.

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to protect confidential resident records from unauthorized persons for 6 of 6 residents (Resident 1, 2, 3, 4, 5, & 6). This failure placed residents at risk of having their confidential records viewed and used without their consent.

Findings included . . .

On 01/09/2025 at 11:25 AM, a large binder of resident records was seen on a desk in the foyer of the front entrance of the AFH. A review was done of the records in the binder which included resident assessments, negotiated care plans, face sheets with identifier information, physician orders and charting notes.

In an interview on 01/09/2025 at 11:25 AM with Staff D, Caregiver, they stated that the binder was most probably left out by the ARNP at their last visit which may have been 01/08/2025 and that the binder was usually left in an unlocked drawer of the desk.

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) 03/05/2025 .

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

Provider (or Representative) 02/24/20205 Date

This document was prepared by Residential Care Services for the Locator website.

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to protect confidential resident records from unauthorized persons for 6 of 6 residents (Resident 1, 2, 3, 4, 5, & 6). This failure placed residents at risk of having their confidential records viewed and used without their consent.

Findings included . . .

On 01/09/2025 at 11:25 AM, a large binder of resident records was seen on a desk in the foyer of the front entrance of the AFH. A review was done of the records in the binder which included resident assessments, negotiated care plans, face sheets with identifier information, physician orders and charting notes.

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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)_____ .

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

_____ _____

Provider (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.

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

This document was prepared by Residential Care Services for the Locator website.

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

RE: APPLE CREEK # 621301

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/06/2025 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:

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

eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
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 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

The Adult Family Home failed to conduct a partial evacuation drill every 60 days. The most recent partial evacuation drill had been conducted on 10/07/2024, 94 days from the inspection date of 01/09/2025. There was no negative outcome to the residents.

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

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home (AFH) failed to have a signed and dated inventory of personal belongings for Resident 2, admitted to the AFH on [redacted]/2024, and Resident 4, admitted to the AFH on [redacted]/2024. There was no negative outcome to the residents.

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

The Adult Family Home failed to ensure that Staff E, Caregiver, had a current Food Handler permit. The permit in Staff E's record had an expiration date of 12/26/2024. There was no negative outcome to the residents.

This document was prepared by Residential Care Services for the Locator website.

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)572-7394.

Sincerely,

Michelle Yarbrough, Adult Family Home 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:
Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov

This document was prepared by Residential Care Services for the Locator website.

Optional method:
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 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 request and supporting documents to:

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

This document was prepared by Residential Care Services for the Locator website.