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

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

RE: APPLE CREEK License # 621402

Dear Provider:

This letter addresses Compliance Determination(s) 71464 (Completion Date 02/06/2026) and 67215 (Completion Date 11/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/06/2026 and found that you have corrected the violations listed in the Full report dated 11/10/2025. Your home is back in compliance as of 12/25/2025 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 388-76-10135-4, WAC 388-76-10192-2-a, WAC 388-76-10192-2-b, WAC 388-76-10192-2, WAC 388-76-10265-1-d, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

The Department staff who did the off-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 #: 621402	Compliance Determination #67215
Plan of Correction	APPLE CREEK	Completion Date
Page 1 of 6	Licensee: APPLE CREEK INC	11/10/2025

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 10/14/2025 of:
APPLE CREEK
521 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

Statement of Deficiencies	License #: 621402	Compliance Determination #: 67215
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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 Yarbrough — Residential Care Services

11/13/2025 — 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)

11/23/2025 — Date

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home failed to ensure that Home Care Aide certification requirements were completed within 120 days of hire for 1 of 8 caregiving staff (Staff E). This failure placed residents at risk of receiving care from an unqualified caregiver.

Findings Included . . .

Observation on 10/14/2025 showed Staff E, Caregiver, providing care to residents in the home from 8:45 AM to 4:00 PM.

Review of administrative records on 10/14/2025 showed Staff E was hired on 03/27/2025. As of 10/14/2025, Staff E had not completed skills testing and application as a home care aide (HCA) with the WA State Department of Health (DOH), 201 days after hire.

In an interview on 10/17/2025 at 9:52 AM, Staff B, Resident Manager, stated that they were not aware that Staff E had not completed their credential requirements and application.

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

11/13/2025
Date

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Provider (or Representative)

Date

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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) 12/25/25 SD

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

Provider (or Representative) — Date 11/23/25

WAC 388-76-10192 Liability insurance required Coverage requirements.

(2) Each of the required liability insurance policies must cover a minimum limit of:

(a) Each occurrence at $500,000; and

(b) General aggregate at $1,000,000.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 insurance policies for the home had required coverage. This failure placed the AFH, residents, staff, and additional insured parties at risk of insufficient coverage should a claim occur.

Findings included . . .

Record review on 10/17/2025 showed an insurance policy for General Liability and Professional Liability that had limits/exclusions for professional liability of $100,000 per occurrence and $300,000 aggregate, falling below the $500,000 per occurrence and $1,000,000 aggregate requirement.

In an interview on 11/03/2025 at 10:04 AM, Staff B, Resident Manager, stated that they had attempted to collect information from the insurance company and had received no reply.

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10192 Liability insurance required Coverage requirements.

(2) Each of the required liability insurance policies must cover a minimum limit of:

(a) Each occurrence at $500,000; and

(b) General aggregate at $1,000,000.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 insurance policies for the home had required coverage. This failure placed the AFH, residents, staff, and additional insured parties at risk of insufficient coverage should a claim occur.

Findings included . . .

Record review on 10/17/2025 showed an insurance policy for General Liability and Professional Liability that had limits/exclusions for professional liability of $100,000 per occurrence and $300,000 aggregate, falling below the $500,000 per occurrence and $1,000,000 aggregate requirement.

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

Provider (or Representative) 11/23/25 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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (infectious disease affecting primarily the lungs) (TB) testing was completed within three days of hire for 1 of 8 caregiving staff (Staff E). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Observation on 10/14/2025 showed Staff E, Caregiver, providing care to residents in the home from 9:45 AM to 4:00 PM.

Review of administrative records on 10/14/2025 showed Staff E was hired on 09/27/2025. Staff E completed a TB blood test on 01/14/2025, 72 days before date of hire.

In an interview on 10/17/2025 at 9:52 AM, Staff B, Resident Manager, stated that they did not understand that TB testing could not be completed more than three days prior to date of hire.

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Statement of Deficiencies	License #: 521402	Compliance Determination #: 67215
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 11/23/25

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) had been reviewed and signed by 1 of 6 residents (Resident 2) or their representative. This failure placed the resident at risk of not agreeing to or understanding the care they would be receiving at the AFH.

Findings included . . .

Record review on 10/14/2025 showed the NCP for Resident 2 dated 07/21/2026 was not signed by Resident 2, their representative, or the AFH representative 85 days after required review and signatures were required.

In an interview on 10/14/2025 at 2:15 PM, Staff C, Caregiver, stated that Resident 2 had not wanted to sign the NCP without their representative going over it with them.

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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Provider (or Representative) — Date: 11/23/25

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Provider (or Representative) Date