STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

02/27/2025

CARING SOLUTIONS LLC
THE GREAT SHEPHERDS AFH
1658 N 145TH ST
SHORELINE, WA 98133

RE: THE GREAT SHEPHERDS AFH # 652300

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55568 (Completion Date 02/27/2025) and 53177 (Completion Date 01/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/27/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

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.

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

The Department staff who did the On Site verification:

Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 01/16/2025 of:
THE GREAT SHEPHERDS AFH
1658 N 145TH ST
SHORELINE, WA 98133

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourgua
Residential Care Services

02/06/2025
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)

02/07/2025
Date

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 2 of 5 ambulatory residents (Residents 2 and 4) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Residents 1 was bedbound, Resident 2 operated their wheelchair independently, Residents 3 and 5 ambulated with staff assistance, and Resident 4 ambulated with assistive device in the AFH.

Observation on 01/16/2025 at 11:40 AM, of bathroom 1 (located in the hallway next to bedrooms D and E) showed a two-door cabinet underneath the bathroom sink. Observation showed the bathroom cabinet had a child safety pin latch. Observation showed the pin latch on the left side door was not working and the bathroom cabinet was unlocked. The cabinet contained Ajax bleach powder cleaner. Observation further showed an unlocked Lysol disinfectant spray under the office desk in the kitchen.

In an interview, on 01/16/2025 at 11:50 AM, Staff B, Resident Manager, stated that they kept the bathroom cabinet locked all the time. Staff B stated that they needed to fix the bathroom lock. Staff B stated that they used the spray to clean the area, and they were

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.

Renee' Bourgue
Residential Care Services

02/06/2025
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)

Date

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 2 of 5 ambulatory residents (Residents 2 and 4) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Residents 1 was bedbound, Resident 2 operated their wheelchair independently, Residents 3 and 5 ambulated with staff assistance, and Resident 4 ambulated with assistive device in the AFH.

Observation on 01/16/2025 at 11:40 AM, of bathroom 1 (located in the hallway next to bedrooms D and E) showed a two-door cabinet underneath the bathroom sink. Observation showed the bathroom cabinet had a child safety pin latch. Observation showed the pin latch on the left side door was not working and the bathroom cabinet was unlocked. The cabinet contained Ajax bleach powder cleaner. Observation further showed an unlocked Lysol disinfectant spray under the office desk in the kitchen.

In an interview, on 01/16/2025 at 11:50 AM, Staff B, Resident Manager, stated that they kept the bathroom cabinet locked all the time. Staff B stated that they needed to fix the bathroom lock. Staff B stated that they used the spray to clean the area, and they were

Statement of Deficiencies	License #: 652300	Compliance Determination # 53177
Plan of Correction	THE GREAT SHEPHERDS AFH	Completion Date
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unaware to lock the disinfectant spray.

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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and / or regulation on (Date) 1/31/2025.

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

Provider (or Representative) — Date: 02/07/2025

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the medications in the fridge was kept in locked storage. Additionally, the AFH failed to ensure medications in Resident's 1 and 5 bedrooms (Bedrooms [redacted] and [redacted]) were kept in locked storage. This failure placed Residents 1, 2, 3, 4 and 5 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 1 was bedbound, Resident 2 operated their wheelchair independently, Residents 3 and 5 ambulated with staff assistance and Resident 4 ambulated with assistive device in the AFH.

Observation, on 01/16/2025 at 11:30 AM, showed two unlocked Ziploc bags with medications in the fridge. Observation of the Ziploc bags showed Bisacodyl suppositories (used for constipation). Observation of the pharmacy generated labels on the Ziploc bags showed the medications were for Residents 1 and 3.

unaware to lock the disinfectant spray.

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, THE GREAT SHEPHERDS AFH 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) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the medications in the fridge was kept in locked storage. Additionally, the AFH failed to ensure medications in Resident's 1 and 5 bedrooms (Bedrooms [redacted] and [redacted]) were kept in locked storage. This failure placed Residents 1, 2, 3, 4 and 5 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 1 was bedbound, Resident 2 operated their wheelchair independently, Residents 3 and 5 ambulated with staff assistance and Resident 4 ambulated with assistive device in the AFH.

Observation, on 01/16/2025 at 11:30 AM, showed two unlocked Ziploc bags with medications in the fridge. Observation of the Ziploc bags showed Bisacodyl suppositories (used for constipation). Observation of the pharmacy generated labels on the Ziploc bags showed the medications were for Residents 1 and 3.

In an interview, on 01/16/2025 at 11:35 AM, Staff B, Resident Manager, stated that they had a lock box for the refrigerated medications. Staff B stated that they were not aware that staff kept the medications unlocked in the fridge. Further Staff B stated that they did not need to refrigerate the suppositories. Staff B moved unlocked medications to the locked storage cabinet in the kitchen.

Bedroom [redacted]
Observation of bedroom [redacted], on 01/16/2025 at 12:00 PM, showed Residents 2 and 5 resided in bedroom [redacted]. Observation showed Resident 2 was in their bedroom, ambulated with the wheelchair in the room and Resident 5 was sleeping. Observation showed there was a curtain between two beds. Observation showed a storage bin next to Resident 5's nightstand. Observation showed a pink plastic basket on the top of a storage bin. Observation of the pink basket showed following medications unlocked in the basket: A container of Antifungal 2 % powder (used for yeast and fungal infection). Observation of pharmacy generated label showed the medication was for Resident 3, A tube of Ketoconazole Cream (used for fungal infection), and two tubes of opened Remedy Protect (used for diaper rash).

In an interview, on 01/16/2025 at 12:05 PM, Staff B stated that staff used the medications for Resident 5 and forgot to lock them. Staff B stated that they were not aware Resident 3's medication was in Resident 5 storage bin. Staff B moved unlocked medications from bedroom [redacted] to the locked storage in the kitchen.

Bedroom [redacted]
Observation, on 01/16/2025 at 12:15 PM, showed Resident 1 resided in bedroom [redacted]. Observation showed Resident 1 was in the bed (bedbound). Observation of bedroom [redacted] showed two open tubes of Remedy Protectant (used for diaper rashes), a tube of unlabeled Nystatin Cream (used for skin infection), and a pack of Chlorhexidine Gluconate 2% cloth (used to prevent bacteria growth), in a gray hospital caddy on top of the nightstand.

In an interview, on 01/16/2025 at 12:20 PM, Staff B stated that Resident 1 was admitted recently, and they brought the medications from the hospital. Staff B stated that they were unaware Resident 1 had medications in their room. Staff B moved the unlocked medications from bedroom [redacted] to the locked storage in the kitchen.

Statement of Deficiencies	License #: 652300	Compliance Determination # 53177
Plan of Correction	THE GREAT SHEPHERDS AFH	Completion 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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and/or regulation on (Date) 2/7/2025 – corrected on 1/31/2025

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

Provider (or Representative) 2/7/2025 Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement (Premier Protein) to 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk for dietary problems and possible health complications.

Findings included..

Review of Resident 4's record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple medical diagnoses. Review of Resident 4's Negotiated Care Plan (NCP), dated 06/30/2024, showed the AFH would manage meals and snacks. Review of Resident 4's record showed there was no written order, approval, or documentation from Resident 4's physician for the use of the Premier Protein supplement.

Observation, on 01/16/2025 at 12:25 PM, showed a bottle of chocolate Premier Protein shake in the lower shelf of the nightstand in Resident 4's bedroom (Bedroom [redacted]).

In an interview, on 01/16/2025 at 12:30 PM, Staff B, Resident Manager, stated that Resident 4's family provided the nutritional supplements, and they were unaware Resident 4's family brought the protein shake.

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, THE GREAT SHEPHERDS AFH 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 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement (Premier Protein) to 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk for dietary problems and possible health complications.

Findings included...

Review of Resident 4's record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple medical diagnoses. Review of Resident 4's Negotiated Care Plan (NCP), dated 06/30/2024, showed the AFH would manage meals and snacks. Review of Resident 4's record showed there was no written order, approval, or documentation from Resident 4's physician for the use of the Premier Protein supplement.

Observation, on 01/16/2025 at 12:25 PM, showed a bottle of chocolate Premier Protein shake in the lower shelf of the nightstand in Resident 4's bedroom (Bedroom [redacted]).

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Statement of Deficiencies	License #: 652300	Compliance Determination # 53177
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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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and / or regulation on (Date) 2/7/2025.

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

Provider (or Representative) — Date: 2/7/2025

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure Medication Logs (ML) were up-to-date and accurate for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of medication errors and potentially not receiving their prescribed medication.

Findings included...

Review of Resident 1's record showed Resident 1 was admitted by the AFH, on [redacted]/2025, with multiple disabling diagnoses. Resident 1's assessment and preliminary service plan, dated 12/12/2024, showed medication management was needed.

Records review of Resident 1's Medication Log (ML), showed the AFH was using an electronic system for the medications called "Synkwise." Review of Resident 1's January 2025 ML showed physician orders, written [redacted]/2025, for Probiotic (use for multiple purposes including digestion function health), one tablet by mouth twice a day. Review of pharmacy generated label on the two blister packs showed morning (orange label) and bedtime (blue label). Review of Resident 1's January 2025 ML showed the frequency instruction for Probiotic documented, "take one capsule one time daily" did not match with the doctor's order.

In an interview, on 01/16/2025 at 2:00 PM, Staff B, Resident Manager, stated that they

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, THE GREAT SHEPHERDS AFH 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) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure Medication Logs (ML) were up-to-date and accurate for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of medication errors and potentially not receiving their prescribed medication.

Findings included...

Review of Resident 1's record showed Resident 1 was admitted by the AFH, on [redacted]/2025, with multiple disabling diagnoses. Resident 1's assessment and preliminary service plan, dated 12/12/2024, showed medication management was needed.

Records review of Resident 1's Medication Log (ML), showed the AFH was using an electronic system for the medications called "Synkwise." Review of Resident 1's January 2025 ML showed physician orders, written [redacted]/2025, for Probiotic (use for multiple purposes including digestion function health), one tablet by mouth twice a day. Review of pharmacy generated label on the two blister packs showed morning (orange label) and bedtime (blue label). Review of Resident 1's January 2025 ML showed the frequency instruction for Probiotic documented, "take one capsule one time daily" did not match with the doctor's order.

In an interview, on 01/16/2025 at 2:00 PM, Staff B, Resident Manager, stated that they

mistakenly typed the Probiotic instruction incorrect in the January 2025 ML. Staff B stated that staff gave the Probiotic twice a day to Resident 1 and it was a typo error in the ML. Staff B corrected Resident 1's January 2025 ML during the visit with the correct frequencies to take the Probiotic.

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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and / or regulation on (Date) 2/7/2025 corrected on 1/31/2025

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

Provider (or Representative) 2/7/2025 Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure who provided the medication (inhaler) to 1 of 2 sampled residents (Resident 4) was nurse delegated (ND) (certain tasks are taught and overseen by a Registered Delegation Nurse) for medication administration. This failure placed Resident 4 at risk of unmet needs in the event the task that needed nurse delegation was done incorrectly.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed Resident 1 lived in and received care from the AFH. Observation showed Staff C, Caregiver, was working full-time and provided care for Residents 1, 2, 3, 4 and 5 in the AFH. Observation further showed Resident 1 requested their inhaler before lunch. Observation showed Staff C handed Resident 1's the Albuterol inhaler (used for shortness of breath).

Review of Resident 1's record showed Resident 1 was admitted by the AFH, on [redacted]/2025, with multiple disabling diagnoses. Resident 1's assessment and preliminary service plan, dated 12/12/2024, showed medication management was needed. Review

mistakenly typed the Probiotic instruction incorrect in the January 2025 ML. Staff B stated that staff gave the Probiotic twice a day to Resident 1 and it was a typo error in the ML. Staff B corrected Resident 1's January 2025 ML during the visit with the correct frequencies to take the Probiotic.

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

Provider (or Representative) _____ Date _____

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure who provided the medication (inhaler) to 1 of 2 sampled residents (Resident 4) was nurse delegated (ND) (certain tasks are taught and overseen by a Registered Delegation Nurse) for medication administration. This failure placed Resident 4 at risk of unmet needs in the event the task that needed nurse delegation was done incorrectly.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed Resident 1 lived in and received care from the AFH. Observation showed Staff C, Caregiver, was working full-time and provided care for Residents 1, 2, 3, 4 and 5 in the AFH. Observation further showed Resident 1 requested their inhaler before lunch. Observation showed Staff C handed Resident 1's the Albuterol inhaler (used for shortness of breath).

Review of Resident 1's record showed Resident 1 was admitted by the AFH, on [redacted]/2025, with multiple disabling diagnoses. Resident 1's assessment and preliminary service plan, dated 12/12/2024, showed medication management was needed. Review

of Resident 1's records showed Resident 1 had a ND for as needed (prn) medications, apply topical medications, inhaler and suppository. Review of Resident 1's ND record showed Staff C was not delegated to give the medications to Resident 1.

In an interview, on 01/16/2025 at 1:15 PM, Staff B, Resident Manager, stated that Staff C was not nurse delegated, and they were not allowed to give resident's medications. Staff B stated that Staff C had to notify delegated staff to assist residents with their medications.

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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and / or regulation on (Date) 2/7/2025 corrected on 1/31/2025

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

Provider (or Representative) 2/7/2025 Date

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 observation, record review and interview, the Adult Family Home (AFH) failed to review and sign the Negotiated Care Plan (NCP) with 1 of 2 sampled residents (Resident 4) and their representative. This failure placed Resident 4 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed Resident 4 lived in and received care from the AFH.

Review of Resident 4's Negotiated Care Plan (NCP), dated 06/30/2024, showed the AFH

of Resident 1's records showed Resident 1 had a ND for as needed (prn) medications, apply topical medications, inhaler and suppository. Review of Resident 1's ND record showed Staff C was not delegated to give the medications to Resident 1.

In an interview, on 01/16/2025 at 1:15 PM, Staff B, Resident Manager, stated that Staff C was not nurse delegated, and they were not allowed to give resident's medications. Staff B stated that Staff C had to notify delegated staff to assist residents with their medications.

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, THE GREAT SHEPHERDS AFH 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 388-76-10375 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 observation, record review and interview, the Adult Family Home (AFH) failed to review and sign the Negotiated Care Plan (NCP) with 1 of 2 sampled residents (Resident 4) and their representative. This failure placed Resident 4 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed Resident 4 lived in and received care from the AFH.

Review of Resident 4's Negotiated Care Plan (NCP), dated 06/30/2024, showed the AFH

admitted Resident 4 on [redacted]/2024 with multiple medical diagnoses. Record review showed Resident 4's NCP was not signed by Resident 4's representative and the AFH In 2024. Review of Resident 4's admission agreements and records showed Resident 4's representative signed records electronically.

In an interview, on 01/16/2025 at 1:25 PM, Staff B, Resident Manager, stated that Resident 4's representative signed records electronically and their name indicated their signature. Department Regulator review with Staff B of Resident 4's admission agreement records showed Resident 4's representative signed their signature electronically. Staff B stated that they (Staff B) forgot to sign the NCP, and Resident 4's representative might have forgotten to sign the NCP.

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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and / or regulation on (Date) 2/7/2025.

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

Provider (or Representative) — Date 2/7/2025

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 4) received care and services as identified on their assessment and the Negotiated Care Plan (NCP). This failure placed Resident 4 at risk for injury and decreased quality of life.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed five residents lived in the AFH and were receiving care and various services from the AFH staff. Observation showed that Resident 4 was sleeping. Observation showed Resident 4 used assistive device (cane) to ambulate.

admitted Resident 4 on [redacted]/2024 with multiple medical diagnoses. Record review showed Resident 4's NCP was not signed by Resident 4's representative and the AFH in 2024. Review of Resident 4's admission agreements and records showed Resident 4's representative signed records electronically.

In an interview, on 01/16/2025 at 1:25 PM, Staff B, Resident Manager, stated that Resident 4's representative signed records electronically and their name indicated their signature. Department Regulator review with Staff B of Resident 4's admission agreement records showed Resident 4's representative signed their signature electronically. Staff B stated that they (Staff B) forgot to sign the NCP, and Resident 4's representative might have forgotten to sign the NCP.

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, THE GREAT SHEPHERDS AFH 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 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 4) received care and services as identified on their assessment and the Negotiated Care Plan (NCP). This failure placed Resident 4 at risk for injury and decreased quality of life.

Findings included...

Observation, on 01/16/2025 at 9:35 AM, showed five residents lived in the AFH and were receiving care and various services from the AFH staff. Observation showed that Resident 4 was sleeping. Observation showed Resident 4 used assistive device (cane) to ambulate.

Record review showed that the AFH admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted]. Resident 4's Department of Social & Health Services' (DSHS) Assessment, dated 03/21/2024, under "Walk in Room, Hallway, and rest of Immediate Living Environment" documented the resident needed one-person physical assistance. The Assessment instructed caregivers to provide physically assist with walking, provide oversight with mobility. Resident 4's Negotiated Care Plan dated 06/30/2024, showed the AFH would provide one person assistance with mobilities.

Observation, on 01/16/2025 at 1:05 PM, showed Resident 4 walked unsupervised with the cane from their bedroom to bathroom 1. Observation further showed Resident 4 walked from the bathroom to the chair in the hallway (next to the bathroom 1). Observation showed Resident 4 walked to their bedroom and sat on the bed. Observation showed Resident 4 walked from bedroom to the hallway and sat on the chair next to the bathroom again.

In an interview, on 01/16/2024 at 1:20 PM, when asked Staff B, Resident Manager, what staff do to support Resident 4 with ambulation and transfer. Staff B stated that they had staff stand by to assist Resident 4 as needed.

Observation, on 01/16/2025 at 1:25 PM, showed Staff B asked Staff C, Caregiver, to walk Resident 4 from the hallway to their bedroom. Observation showed Staff C supervised Resident 4 walking from the hallway to the bedroom, and they set up a motion sensor on the floor.

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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and / or regulation on (Date) 2/7/2025 corrected on 1/31/2025.

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

Provider (or Representative) — Date 2/7/2025

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any

Record review showed that the AFH admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted]). Resident 4's Department of Social & Health Services' (DSHS) Assessment, dated 03/21/2024, under "Walk in Room, Hallway, and rest of Immediate Living Environment" documented the resident needed one-person physical assistance. The Assessment instructed caregivers to provide physically assist with walking, provide oversight with mobility. Resident 4's Negotiated Care Plan dated 06/30/2024, showed the AFH would provide one person assistance with mobilities.

Observation, on 01/16/2025 at 1:05 PM, showed Resident 4 walked unsupervised with the cane from their bedroom to bathroom 1. Observation further showed Resident 4 walked from the bathroom to the chair in the hallway (next to the bathroom 1). Observation showed Resident 4 walked to their bedroom and sat on the bed. Observation showed Resident 4 walked from bedroom to the hallway and sat on the chair next to the bathroom again.

In an interview, on 01/16/2024 at 1:20 PM, when asked Staff B, Resident Manager, what staff do to support Resident 4 with ambulation and transfer. Staff B stated that they had staff stand by to assist Resident 4 as needed.

Observation, on 01/16/2025 at 1:25 PM, showed Staff B asked Staff C, Caregiver, to walk Resident 4 from the hallway to their bedroom. Observation showed Staff C supervised Resident 4 walking from the hallway to the bedroom, and they set up a motion sensor on the floor.

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, THE GREAT SHEPHERDS AFH 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 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any

other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to update and complete the Disclosure of Charges (DOC) after changes in rates for 1 of 2 sampled residents (Resident 1). This failure placed Residents 1 at risk for not being aware of the charges for their care and services.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2025 with multiple medical diagnoses. Review of Resident 1's record showed DOC signed by Resident 1 and the typed date was 12/18/2024. The listed home charges showed the following monthly rate, $3,000.00 (low) to $7,000.00 (high). There was no updated DOC located in Resident 1's record after resident admitted on [redacted]/2025.

In an interview, on 01/16/2025 at 3:10 PM, Staff B, Resident Manager, stated that Resident 1 was planned to admit to the AFH in December 2024. Staff B stated that Resident 1 admission delayed because they had not received resident's equipment. Staff B stated that they were not aware of charges and rates, and they needed to check with the provider about updated the DOC after admitted Resident 1 in [redacted] 2025.

Review of an email received by the department on 01/17/2025 from Staff B showed updated DOC with following monthly rate, $6,000.00 (low) to 12,000.00 (high). Review of DOC showed Resident 1 signed the DOC, dated 01/17/2025, a day after inspection.

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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and / or regulation on (Date) 2/2/2025.

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

Provider (or Representative) 2/7/2025 Date

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure designated resident manager (RM) managed only one adult family home at a time, as required. This failure resulted in the AFH being out of compliance with regulations.

Findings included...

Observation, on 01/16/2025 at 10:00 AM, showed Staff B, Resident Manager, worked at the AFH.

Records review showed the department licensed the AFH on 11/25/2003 with the capacity of six residents. Records review showed Staff A, Entity Representative, listed as a provider for the following AFHs, The Great Shepherds 1 AFH (750117) and The Great Shepherds 2 AFH (750923). Review of records showed no information on records for Staff B as a designated RM.

Review of AFH personnel records showed Staff B was hired on 10/28/2011.

In an interview, on 01/16/2025 at 10:10 AM, Staff B stated that they were the

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, THE GREAT SHEPHERDS AFH 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 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure designated resident manager (RM) managed only one adult family home at a time, as required. This failure resulted in the AFH being out of compliance with regulations.

Findings included...

Observation, on 01/16/2025 at 10:00 AM, showed Staff B, Resident Manager, worked at the AFH.

Records review showed the department licensed the AFH on 11/25/2003 with the capacity of six residents. Records review showed Staff A, Entity Representative, listed as a provider for the following AFHs, The Great Shepherds 1 AFH (750117) and The Great Shepherds 2 AFH (750923). Review of records showed no information on records for Staff B as a designated RM.

Review of AFH personnel records showed Staff B was hired on 10/28/2011.

In an interview, on 01/16/2025 at 10:10 AM, Staff B stated that they were the

Statement of Deficiencies	License #: 652300	Compliance Determination # 53177
Plan of Correction	THE GREAT SHEPHERDS AFH	Completion Date
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manager/caregiver for all three AFHs. Staff B stated that they were mostly managing homes and worked as a caregiver as needed. Staff B stated that Staff A "was retired" and "they were not available." When asked if the AFH updated and changed their information in the department, Staff B stated they could not change the information. Staff B stated that they were listed as the provider and RM at another AFH, the Country Meadows (755077). Staff B stated when their AFHs had inspection they were present, and they had no issues. Staff B stated that they did not need to fill out a change of information form or to update their information.

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, THE GREAT SHEPHERDS AFH is or will be in compliance with this law and / or regulation on (Date) 01/31/2025.

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

Provider (or Representative) 2/7/2025 Date

manager/caregiver for all three AFHs. Staff B stated that they were mostly managing homes and worked as a caregiver as needed. Staff B stated that Staff A "was retired" and "they were not available." When asked if the AFH updated and changed their information in the department. Staff B stated they could not change the information. Staff B stated that they were listed as the provider and RM at another AFH, the Country Meadows (755077). Staff B stated when their AFHs had inspection they were present, and they had no issues. Staff B stated that they did not need to fill out a change of information form or to update their information.

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, THE GREAT SHEPHERDS AFH 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 _____

THE GREAT SHEPHERDS AFH

CITATION CORRECTIONS

02/07/2025

- WAC 388-76-10750 Safety and Maintenance
  Keep all toxic substances and hazardous materials in locked storage and in their original containers

  This citation was fixed the day of the audit. This AFH will ensure that all toxic substances will always be locked.

- WAC 388-76-104-85 Medication storage
  The adult family home must ensure that all prescribed and over the counter medications are stored in locked storage and if needed in fridge in a lock container.

  This was corrected the day of the audit. This AFH will ensure that all medications, prescribed or over the counter will be in lock storage either in cabinet or fridge.

- WAC 388-76-10420 Meals and Snacks
  The adult family home must serve nutrients, supplement and modified diets only with written approval of the residents physician.

  This is now corrected. Family brought the supplement without AFH knowledge and now we are asking MD for order.

- WAC 388-76-10475 Medication Log

  The adult family home must keep an up-to-date daily medication log for each resident except for resident's assessed as medication independent with self administration. Include in each medication log the dosage of the medication.

  This was corrected the day of the audit. This AFH will ensure that all medications will be in the medication log with the right dosage.

- WAC 388-76-10400 Care and Services

  The adult family home must ensure that each resident receives services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

  This was corrected the day of the audit and caregiver is in the process of getting an NAR and will be delegated once receive. AFH management also had a staff meeting to remind caregivers that are not delegated not to touch any medications unless they are delegated.

Initial

THE GREAT SHEPHERDS AFH

CITATION CORRECTIONS

02/07/2025

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

  The care plan was signed and dated by both resident representative and AFH provider electronically but licensor said that it is not acceptable as an electronic signature. It is now signed with signature that is acceptable by the licensor. Though the WAC does not stipulate that it cannot be signed electronically.

- WAC 388-76-10510 Residents rights. Basic rights. The adult family home must ensure that each resident receives appropriate necessary services, as identified in the assessment and negotiated care plan.

  This was corrected during the audit. Resident was walking by herself and not needed an assistant before but declined. Sensor monitor was put in place for caregiver to know when resident start to get up from bed.

- WAC 388-76-10540 Residents rights. Disclosure of charges. Notice of requirements. Deposits.
  (1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.
  (2) The disclosure must include:
  (a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home
  8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128, 70.129, and 74.34 RCW, and other applicable state and federal laws.

  This was corrected. The AFH forgot to update the disclosure of charges. This AFH will ensure that disclosure of charges and/or admission agreement will be updated.

- WAC 388-76-10036 License requirements. Multiple AFH home management. When there is more than one home licensed to provider, the afh must ensure that (1) Each home has one person responsible for managing the overall delivery of care to all residents in the home; (2) The designated responsible person is the provider, entity representative or a resident manager; and

Initial

THE GREAT SHEPHERDS AFH

CITATION CORRECTIONS

02/07/2025

(3) Each responsible person is designated to manage only one adult family home at a given time.

This has been corrected. Just to clarify each of the home has it's own manager, but this AFH has a lead supervisor that handles things for all homes and each manager for each home oversee her work. The WAC does not say that when there are investigations or licensor, either provider and/or manager has to be present. Someone who is able to answer questions and knows the residents can be present and if need be manager can be called. So this one should have not been a citation because there was no WAC rule that was broken.

Provider Signature

02/07/2025
Date

Initial