STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

TND LLC
COUNTRY ESTATE AT UNION HILL
13110 NE 177 Pl #220
Woodinville, WA 98072

RE: COUNTRY ESTATE AT UNION HILL License # 683000

Dear Provider:

This letter addresses Compliance Determination(s) 76830 (Completion Date 05/04/2026) and 75003 (Completion Date 03/30/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/04/2026 and found that you have corrected the violations listed in the Follow up report dated 03/30/2026. Your home is back in compliance as of 04/02/2026 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 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10310-1, WAC 388-76-10310-2

The Department staff who did the off-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 03/23/2026 of:

COUNTRY ESTATE AT UNION HILL
8720 208TH AVE NE
REDMOND, WA 98053

This document references the following SOD dated: 03/30/2026

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 683000	Compliance Determination # 75003
Plan of Correction	COUNTRY ESTATE AT UNION HILL	Completion Date
Page 2 of 4	Licensee: TND LLC	03/30/2026

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 — 4-2-2026 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) — 4/10/26 Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain and maintain 1of 1 current liability insurance for their home. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of not being covered in the event of personal injury, property damage or loss.

Findings included...

Record review showed the AFH had no current liability insurance policy.

In an interview on 03/23/2026 at 1:07 PM, Staff A, Provider, stated that they don't have liability insurance, because they are in the process of getting it.

During a phone interview on 03/27/2026 at 11:37 AM, Staff A indicated they would finalize the insurance process with the company and provide a copy to the department. As of April 1, 2026, the department has not yet received this documentation.

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 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain and maintain 1of 1 current liability insurance for their home. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of not being covered in the event of personal injury, property damage or loss.

Findings included…

Record review showed the AFH had no current liability insurance policy.

In an interview on 03/23/2026 at 1:07 PM, Staff A, Provider, stated that they don't have liability insurance, because they are in the process of getting it.

During a phone interview on 03/27/2026 at 11:37 AM, Staff A indicated they would finalize the insurance process with the company and provide a copy to the department. As of April 1, 2026, the department has not yet received this documentation.

Statement of Deficiencies	License #: 683000	Compliance Determination # 75003
Plan of Correction	COUNTRY ESTATE AT UNION HILL	Completion Date
Page 3 of 4	Licensee: TND LLC	03/30/2026

This is an uncorrected deficiency previously cited on 01/08/2026.

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, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 4/2/26 before letter was mailed

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

Provider (or Representative) — Date: 4/10/26

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep the records of a positive tuberculin test result and health care provider recommendations in the personnel files of 1 of 4 staff, Staff D, Caregiver. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of contracting a communicable disease.

Findings included...

Record review of Staff D's personnel files showed a QuantiFERON TB blood test dated 03/19/2026 with positive results. There was no chest x-ray report within seven days of the positive QuantiFERON TB blood test and no recommendations from Staff D's health care provider could be located.

In an interview on 03/23/2026 at 1:41 PM, Staff A, Provider, stated that they would send the Department the chest-xray report for Staff D when they received it. Staff A stated that they could not locate the doctor's recommendations for Staff D.

As of April 1, 2026, no report has been received from Staff A regarding Staff D's doctor's recommendation for positive TB results.

This is an uncorrected deficiency previously cited on 01/08/2026.

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, COUNTRY ESTATE AT UNION HILL 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 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep the records of a positive tuberculin test result and health care provider recommendations in the personnel files of 1 of 4 staff, Staff D, Caregiver. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of contracting a communicable disease.

Findings included…

Record review of Staff D's personnel files showed a QuantiFERON TB blood test dated 03/19/2026 with positive results. There was no chest x-ray report within seven days of the positive QuantiFERON TB blood test and no recommendations from Staff D's health care provider could be located.

In an interview on 03/23/2026 at 1:41 PM, Staff A, Provider, stated that they would send the Department the chest-xray report for Staff D when they received it. Staff A stated that they could not locate the doctor's recommendations for Staff D.

As of April 1, 2026, no report has been received from Staff A regarding Staff D's doctor's recommendation for positive TB results.

Statement of Deficiencies	License #: 683000	Compliance Determination # 75003
Plan of Correction	COUNTRY ESTATE AT UNION HILL	Completion Date
Page 4 of 4	Licensee: TND LLC	03/30/2026

This is an uncorrected deficiency previously cited on 01/08/2026.

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, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 4/2/2026 .

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

Natasha [illegible] — Provider (or Representative)

4/10/2026 — Date

This is an uncorrected deficiency previously cited on 01/08/2026.

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, COUNTRY ESTATE AT UNION HILL 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

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 12/17/2025 of:
COUNTRY ESTATE AT UNION HILL
8720 208TH AVE NE
REDMOND, WA 98053

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 1-9-2026 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) — 3/09/26 Date

WAC 388-112A-0110 May a home employ a long-term care worker who has not completed the 70-hour home care aide training or certification requirements?

(1) If an individual previously worked as a long-term care worker, but did not complete the training or certification requirements under RCW 18.88B.041, 74.39A.074, 74.39A.076, and this chapter, an adult family home, enhanced services facility, or assisted living facility must not employ the individual to work as a long-term care worker until the individual has completed the required training or certification unless the date of hire has been reset as described under subsection (2) of this section.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 4 staff (Staff B, Caregiver and Staff D, Caregiver) who provided care to residents met certification requirements, specifically, obtaining the home care aide certification. This placed all residents (Residents 1, 2, 3, and 4) at risk for receiving care from unqualified caregivers.

Findings included...

Record review of the undated AFH's Employee Orientation Checklist showed that Staff B was hired by the AFH on 12/01/2023 as a caregiver. Review of Department's records showed that Staff B had a Nursing Assistant Registration (NAR) first issued 11/04/2024 with an expiration date of 02/18/2026. Record review showed that Staff B completed 70

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 388-112A-0110 May a home employ a long-term care worker who has not completed the 70-hour home care aide training or certification requirements?

(1) If an individual previously worked as a long-term care worker, but did not complete the training or certification requirements under RCW 18.88B.041 , 74.39A.074 , 74.39A.076 , and this chapter, an adult family home, enhanced services facility, or assisted living facility must not employ the individual to work as a long-term care worker until the individual has completed the required training or certification unless the date of hire has been reset as described under subsection (2) of this section.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 4 staff (Staff B, Caregiver and Staff D, Caregiver) who provided care to residents met certification requirements, specifically, obtaining the home care aide certification. This placed all residents (Residents 1, 2, 3, and 4) at risk for receiving care from unqualified caregivers.

Findings included…

Record review of the undated AFH's Employee Orientation Checklist showed that Staff B was hired by the AFH on 12/01/2023 as a caregiver. Review of Department's records showed that Staff B had a Nursing Assistant Registration (NAR) first issued 11/04/2024 with an expiration date of 02/18/2026. Record review showed that Staff B completed 70

hours of basic training on 09/27/2023.

Record review of the undated AFH's Employee Orientation Checklist showed that Staff D was hired by the AFH on 11/01/2019 as a caregiver. Review of Department's records showed that Staff D had a Nursing Assistant Registration (NAR) first issued 05/19/2022 with an expiration date of 01/16/2026.

During an interview, on 12/17/2025 at 4:08 PM, Staff A, Provider, stated that Staff B and Staff D both passed their certification exam, but they didn't know why they haven't received their home care aid certification.

During an interview, on 12/17/2025 at 4:40 PM, Staff B stated that they passed the skill testing on 09/25/2025, and passed the written test on 09/25/2025. Staff B stated that in November 2025, the Department notified them that they were waiting on background check results before issuing their HCAC credentials.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 3/09/26.

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

Provider (or Representative) — Date: 3/09/26

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain and maintain 1of 1 liability insurance for their home. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of not being covered in the event of personal injury, or property damage or loss.

hours of basic training on 09/27/2023.

Record review of the undated AFH's Employee Orientation Checklist showed that Staff D was hired by the AFH on 11/01/2019 as a caregiver. Review of Department's records showed that Staff D had a Nursing Assistant Registration (NAR) first issued 05/19/2022 with an expiration date of 01/16/2026.

During an interview, on 12/17/2025 at 4:08 PM, Staff A, Provider, stated that Staff B and Staff D both passed their certification exam, but they didn't know why they haven't received their home care aid certification.

During an interview, on 12/17/2025 at 4:40 PM, Staff B stated that they passed the skill testing on 09/25/2025, and passed the written test on 09/25/2025. Staff B stated that in November 2025, the Department notified them that they were waiting on background check results before issuing their HCAC credentials.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, COUNTRY ESTATE AT UNION HILL 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 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain and maintain 1of 1 liability insurance for their home. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of not being covered in the event of personal injury, or property damage or loss.

Findings included...

Record review showed the AFH had no current liability insurance policy.

In an interview on 12/17/2025 at 4:14 PM, Staff A, Provider, stated that they could not locate their certificate of liability insurance. Staff A stated that they would send them to the Department after they go through their emails.

As of 01/08/2026, no document has been received from the AFH.

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, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 3/9/26 .

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

Provider (or Representative) — Date: 3/9/26

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 record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure Tuberculosis (TB) screening tests were completed for 2 of 4 staff (Staff B, Caregiver and Staff C, caregiver), as required within three days of hire date. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of contracting a communicable disease.

Findings included...

Staff B
Record review of the AFH personnel files showed Staff B, was hired 12/01/2023. Staff B had a TB skin test given on 01/05/2024 and read on 01/08/2024 showing negative

Findings included…

Record review showed the AFH had no current liability insurance policy.

In an interview on 12/17/2025 at 4:14 PM, Staff A, Provider, stated that they could not locate their certificate of liability insurance. Staff A stated that they would send them to the Department after they go through their emails.

As of 01/08/2026, no document has been received from the AFH.

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, COUNTRY ESTATE AT UNION HILL 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 388-76-10265 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 record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure Tuberculosis (TB) screening tests were completed for 2 of 4 staff (Staff B, Caregiver and Staff C, caregiver), as required within three days of hire date. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of contracting a communicable disease.

Findings included…

Staff B
Record review of the AFH personnel files showed Staff B, was hired 12/01/2023. Staff B had a TB skin test given on 01/05/2024 and read on 01/08/2024 showing negative

results. Staff B had the second TB skin test given on 01/17/2024 and read on 01/19/2024 showing negative results.

Staff C
Record review showed Staff C, Caregiver, was hired 12/01/2023. No records of TB testing could be located in Staff C's personnel records.

In an interview on 12/17/2025 at 4:12 PM, Staff A, Provider, stated that they had no other records of TB testing for Staff B, and that they could not locate any TB testing records for Staff C.

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, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 3/9/26.

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

Natasha — Provider (or Representative)

3/9/26 — Date

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep the records of a positive tuberculin test result and health care provider recommendations in the personnel files of 1 of 4 staff, Staff D, Caregiver. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of contracting a communicable disease.

Record review of Staff D's personnel files showed a chest x-ray report dated 10/19/2019 that stated, "No plain film evidence of pulmonary tuberculosis" due to "Positive QuantiFERON blood test." No positive TB records and no recommendations from Staff D's health care provider could be located.

In an interview on 12/17/2025 at 4:12 PM, Staff A, Provider, stated that they could not

results. Staff B had the second TB skin test given on 01/17/2024 and read on 01/19/2024 showing negative results.

Staff C
Record review showed Staff C, Caregiver, was hired 12/01/2023. No records of TB testing could be located in Staff C's personnel records.

In an interview on 12/17/2025 at 4:12 PM, Staff A, Provider, stated that they had no other records of TB testing for Staff B, and that they could not locate any TB testing records for Staff C.

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, COUNTRY ESTATE AT UNION HILL 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 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep the records of a positive tuberculin test result and health care provider recommendations in the personnel files of 1 of 4 staff, Staff D, Caregiver. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of contracting a communicable disease.

Record review of Staff D's personnel files showed a chest x-ray report dated 10/19/2019 that stated, "No plain film evidence of pulmonary tuberculosis" due to "Positive QuantiFERON blood test." No positive TB records and no recommendations from Staff D's health care provider could be located.

In an interview on 12/17/2025 at 4:12 PM, Staff A, Provider, stated that they could not

locate the positive TB test records or doctor recommendations for Staff D. Staff A stated that they would send them to the Department when they located 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, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 3/9/26 .

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

Provider (or Representative) — Date: 3/9/26

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) in their Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Residents 1). This failure placed Resident 1 at risk of harm due to unmet mental health care needs.

Findings included...

Record review showed that Resident 1 had disabling diagnoses, namely [redacted] and [redacted]

Observation with Staff A, Provider, on 12/17/2025 at 3:10 PM, showed Resident 1's medication bin contained Citalopram HBR (medication for mood disorder), 10 milligrams (mg), one tablet by mouth every morning.

Review of Resident 1's NCP, dated 05/22/2025, showed that the box for "Taking psychotropic medications" was not checked. No information about Citalopram HBR was

locate the positive TB test records or doctor recommendations for Staff D. Staff A stated that they would send them to the Department when they located 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, COUNTRY ESTATE AT UNION HILL 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 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) in their Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Residents 1). This failure placed Resident 1 at risk of harm due to unmet mental health care needs.

Findings included…

Record review showed that Resident 1 had disabling diagnoses, namely [redacted], and [redacted].

Observation with Staff A, Provider, on 12/17/2025 at 3:10 PM, showed Resident 1's medication bin contained Citalopram HBR (medication for mood disorder), 10 milligrams (mg), one tablet by mouth every morning.

Review of Resident 1's NCP, dated 05/22/2025, showed that the box for "Taking psychotropic medications" was not checked. No information about Citalopram HBR was

found on the NCP. No information about the symptoms for Citalopram HBR could be found on the NCP

During an interview on 12/17/2025 at 3:15 PM, Staff A stated that they didn't address the psychopharmaceutical medication on Residents 1's NCP and that they needed to update their record.

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, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 3/9/26.

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

Provider (or Representative) _____ Date 3/9/26

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to dispose of a discontinued medication for 1 of 2 sampled residents (Resident 2) within 30 days of being discontinued by the resident's physician. This failure placed Resident 2 at risk of taking discontinued medications.

Findings included...

Observation on 12/17/2025 at 3:17 PM with Staff A, Provider, of Resident 2's medication supply showed 8 tablets in a bingo card labeled Hyoscyamine 0.125 mg tablet, dissolve

found on the NCP. No information about the symptoms for Citalopram HBR could be found on the NCP.

During an interview on 12/17/2025 at 3:15 PM, Staff A stated that they didn't address the psychopharmaceutical medication on Residents 1's NCP and that they needed to update their record.

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, COUNTRY ESTATE AT UNION HILL 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 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to dispose of a discontinued medication for 1 of 2 sampled residents (Resident 2) within 30 days of being discontinued by the resident's physician. This failure placed Resident 2 at risk of taking discontinued medications.

Findings included…

Observation on 12/17/2025 at 3:17 PM with Staff A, Provider, of Resident 2's medication supply showed 8 tablets in a bingo card labeled Hyoscyamine 0.125 mg tablet, dissolve

every six hours as needed for excessive secretions. The bingo card had an orange label that stated "Do not use after 08/08/2025."

Record Review of the AFH's "Medication Disposal – Disclosure" signed by Resident 2's representative on 02/08/2025 stated that for all unused medications, the AFH will dispose as follows: Returned to pharmacy or disposed by the AFH Provider. Put meds in sealed container, mix with hot water and add cat litter or coffee grinds Seal it and put it in a trash, or Sheriff's office. No information about medication disposal for expired, discontinued or refused medications could be found on the AFH Medication Disposal – Disclosure.

During an interview on 12/17/2025 at 3:17 PM, Staff A stated that the Hyoscyamine had been discontinued, and that hospice would pick it up. Staff A stated that they didn't know that they needed to update their Medication Disposal Policy.

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, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 3/9/26.

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

Provider (or Representative) _____ Date 3/9/26

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

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

(d) Ensure the medical device is properly installed.

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 for 1 of 2 sampled residents (Resident 1) to ensure an

every six hours as needed for excessive secretions. The bingo card had an orange label that stated "Do not use after 08/08/2025."

Record Review of the AFH's "Medication Disposal – Disclosure" signed by Resident 2's representative on 02/08/2025 stated that for all unused medications, the AFH will dispose as follows: Returned to pharmacy or disposed by the AFH Provider. Put meds in sealed container, mix with hot water and add cat litter or coffee grinds. Seal it and put it in a trash, or Sheriff's office. No information about medication disposal for expired, discontinued or refused medications could be found on the AFH Medication Disposal – Disclosure.

During an interview on 12/17/2025 at 3:17 PM, Staff A stated that the Hyoscyamine had been discontinued, and that hospice would pick it up. Staff A stated that they didn't know that they needed to update their Medication Disposal Policy.

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, COUNTRY ESTATE AT UNION HILL 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 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

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

(d) Ensure the medical device is properly installed.

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 for 1 of 2 sampled residents (Resident 1) to ensure an

assessment was completed; the Negotiated Care Plan (NCP) included instructions to the caregivers regarding the [redacted] and how Resident 1 would use the [redacted]; and the installation instructions for the [redacted] were available, before a medical device with a known safety risk was used. These failures placed Resident 1 at risk for injury from improper use of the medical device.

Findings included…

Observation on 12/17/2025 at 10:55 AM with Staff A, Provider, showed Resident 1's bed with upper half [redacted] elevated on one side of their bed.

Resident 1's records showed no assessment had been completed that identified Resident 1's need for and ability to use the medical devices with a known safety risk. Resident 1's records showed no installation instructions to ensure the [redacted] were properly installed.

Review of Resident 1's NCP dated 05/22/2025 showed no information on how the resident would use the [redacted], no instructions to the caregivers regarding when the [redacted] should be elevated or lowered, and no information about when the [redacted] would be checked regularly for potential safety issues. Resident 1's NCP for the section entitled "Risk Assessment for Medica Equipment Being Used for This Resident" showed the box for [redacted] was not checked, and it stated that Resident 1 "has a [redacted] with no [redacted]"

In an interview on 12/17/2025 at 1:08 PM, Staff A, Provider, stated that Resident 1's family wanted Resident 1 to have the [redacted], so they brought it in and installed it on Resident 1's bed when they were admitted. Staff A stated that they need to locate the [redacted] assessment and update the NCP.

In an interview on 12/17/2025 at 2:45 PM, CC1, Resident 1's family member, stated that they brought in and installed the [redacted] when Resident 1 moved into the AFH. They didn't remember if there were any installation instructions for the [redacted]. CC1 stated that Resident had used the [redacted] while living their home for about a year before they came to the AFH.

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, COUNTRY ESTATE AT UNION HILL is or will be in compliance with this law and / or regulation on (Date) 3/9/26.

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

Matadus — Provider (or Representative)

3/9/26 — Date

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, COUNTRY ESTATE AT UNION HILL 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