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

PINEHURST SERVICES INC
PINEHURST HOME
11534 7TH AVE NE
SEATTLE, WA 98125

RE: PINEHURST HOME License # 732800

Dear Provider:

This letter addresses Compliance Determination(s) 62061 (Completion Date 07/08/2025) and 57176 (Completion Date 05/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/08/2025 and found that you have corrected the violations listed in the Full report dated 05/09/2025. Your home is back in compliance as of 06/23/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10530-2, WAC 388-76-10530, WAC 388-76-10895-2-a, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10265-1-c, WAC 388-76-10265-2, WAC 388-76-10135-4, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10455-2, WAC 388-76-10146-2, WAC 388-76-10146-2-a, WAC 388-76-10146-2-b, WAC 388-76-10146-2-c, WAC 388-76-10146-2-d, WAC 388-76-10146-2-e, WAC 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Rivi Stella Perez

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

Sincerely,
Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
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 03/31/2025 of:

PINEHURST HOME
13516 23RD PL NE
SEATTLE, WA 98125

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

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

Statement of Deficiencies	License #: 732600	Compliance Determination #: 57176
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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 05/12/2025 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Evelyn Anduvate — Provider (or Representative) — 5/20/25 Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) had their notice of rights and services (Admission Agreement) signed and dated by the resident and/or their representative at least every twenty-four months. This failure placed Resident 1 and their representative at risk of not being aware of house rules, rights, costs, and services provided by the AFH.

Findings included...

Review of Resident's undated face sheet showed Resident 1 was admitted to the AFH on [redacted]2019 with multiple diagnoses.

Review of Resident 1's notice of rights and services, initially signed and dated for [redacted]/2019, showed that it was updated and reviewed with Resident 1's Representative on 01/06/2022. There was no record to show Resident 1's notice of rights and services was reviewed at least every twenty-four months after 01/06/2022.

During an interview on 03/31/2025 at 1:56 PM, Staff A, Representative, stated that they had reviewed the notice of services with Resident 1's Representative on the phone in

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

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) had their notice of rights and services (Admission Agreement) signed and dated by the resident and/or their representative at least every twenty-four months. This failure placed Resident 1 and their representative at risk of not being aware of house rules, rights, costs, and services provided by the AFH.

Findings included…

Review of Resident's undated face sheet showed Resident 1 was admitted to the AFH on [redacted]/2019 with multiple diagnoses.

Review of Resident 1's notice of rights and services, initially signed and dated for [redacted]/2019, showed that it was updated and reviewed with Resident 1's Representative on 01/06/2022. There was no record to show Resident 1's notice of rights and services was reviewed at least every twenty-four months after 01/06/2022.

During an interview on 03/31/2025 at 1:55 PM, Staff A, Representative, stated that they had reviewed the notice of services with Resident 1's Representative on the phone in

January 2025. Staff A stated that they still needed Resident 1's Representative to sign the notice of services. Staff A stated the notice of services should have been reviewed and signed in 2024.

During a follow-up interview on 04/29/2026 at 4:35 Pm, Staff A stated that they would review the notice of services every 2 years. Staff A stated that they thought they had reviewed the notice of services with Resident 1's Representative in 2024 but "apparently not".

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, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date) 6/30/25 6/23/25

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

Evelyn Anduvate — Provider (or Representative)

5/20/25 — Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

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

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 evacuation drills were completed at least every sixty days. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm in case of an emergency.

Findings included...

Record review of the AFH Emergency Evacuation Drill forms, from June 2023 to February 2025, showed that evacuation drills had been done at least every sixty days except for 04/05/2024, 07/02/2024 and 10/03/2024. Records showed the gap between the partial evacuation drills for 04/05/2024 and 07/02/2024 consisted of 88 days. Records showed the gap between evacuation drills for 07/02/2024 and 10/03/2024

January 2025. Staff A stated that they still needed Resident 1's Representative to sign the notice of services. Staff A stated the notice of services should have been reviewed and signed in 2024.

During a follow-up interview on 04/29/2025 at 4:35 Pm, Staff A stated that they would review the notice of services every 2 years. Staff A stated that they thought they had reviewed the notice of services with Resident 1's Representative in 2024 but "apparently not".

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

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Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure evacuation drills were completed at least every sixty days. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm in case of an emergency.

Findings included…

Record review of the AFH Emergency Evacuation Drill forms, from June 2023 to February 2025, showed that evacuation drills had been done at least every sixty days except for 04/05/2024, 07/02/2024 and 10/03/2024. Records showed the gap between the partial evacuation drills for 04/05/2024 and 07/02/2024 consisted of 88 days. Records showed the gap between evacuation drills for 07/02/2024 and 10/03/2024

consisted of 93 days.

During an interview on 03/31/2025 at 3:18 PM, Staff C, Caregiver stated that they completed their emergency evacuation drills every 3 months.

During an interview on 04/23/2025 at 4:27 PM, Staff B, Resident Manager, stated that they conducted the home's partial emergency evacuation drills every 3 months. Staff B stated that they were not aware the AFH had to complete the partial evacuation drill at least every sixty days

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, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date) ~~6/30/25~~ 6/23/25

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

Evelyn Anduvate — Provider (or Representative)

5/20/25 — Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Washington Name and Date of Birth (WNDOB) Background Check Inquiry (BGI) was renewed at least every 2 years for 1 of 3 staff (Staff A, Representative). This failure placed Residents 1, Resident 2, and Resident 3 at risk of receiving care from individuals who may have disqualifying backgrounds.

Findings included...

consisted of 93 days.

During an interview on 03/31/2025 at 3:18 PM, Staff C, Caregiver stated that they completed their emergency evacuation drills every 3 months.

During an interview on 04/23/2025 at 4:27 PM, Staff B, Resident Manager, stated that they conducted the home's partial emergency evacuation drills every 3 months. Staff B stated that they were not aware the AFH had to complete the partial evacuation drill at least every sixty days.

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, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Washington Name and Date of Birth (WNDOB) Background Check Inquiry (BGI) was renewed at least every 2 years for 1 of 3 staff (Staff A, Representative). This failure placed Residents 1, Resident 2, and Resident 3 at risk of receiving care from individuals who may have disqualifying backgrounds.

Findings included…

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Review of Staff A's WNDOB BGI, submitted on 04/01/2025, showed a report date of 03/31/2025 and no record. Staff A's interim (temporary) Fingerprint Background Check report showed a date of 04/01/2025. Both reports showed the background checks were done the day or after the inspection visit on 03/31/2025.

Review of Staff A's prior WNDOB BGI report, received on 04/25/2025, showed a report date of 03/15/2022 with an expiration date of 03/15/2024. Staff A had no valid WNDOB BGI report from 03/15/2024 to 03/30/2025.

During an interview on 04/29/2025 at 4:56 PM, Staff A confirmed that they were aware their WNDOB BGI dated 03/15/2022 would have expired on 03/15/2024. Staff A stated that they were unaware their WNOB had expired, until it was requested by the department on 03/31/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date) 6/30/25 6/23/25

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

Evelyn Anduvate — Provider (or Representative)

5/20/25 — Date

WAC 388-76-10265 Tuberculosis Testing Required.

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

(c) Resident manager;

(2) For the purposes of the tuberculosis sections "person" means the people listed in this section as required to have tuberculosis testing.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a Tuberculosis (TB) screening was done within 3 days of employment for 1 of 3 current staff (Staff B, Resident Manager). This failure placed all 3 residents (Residents 1, 2, and 3) at risk of exposure to TB

Review of Staff A's WNDOB BGI, submitted on 04/01/2025, showed a report date of 03/31/2025 and no record. Staff A's interim (temporary) Fingerprint Background Check report showed a date of 04/01/2025. Both reports showed the background checks were done the day or after the inspection visit on 03/31/2025.

Review of Staff A's prior WNDOB BGI report, received on 04/25/2025, showed a report date of 03/15/2022 with an expiration date of 03/15/2024. Staff A had no valid WNDOB BGI report from 03/15/2024 to 03/30/2025.

During an interview on 04/29/2025 at 4:56 PM, Staff A confirmed that they were aware their WNDOB BGI dated 03/15/2022 would have expired on 03/15/2024. Staff A stated that they were unaware their WNOB had expired, until it was requested by the department on 03/31/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, PINEHURST HOME 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.

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Provider (or Representative) Date

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(c) Resident manager;

(2) For the purposes of the tuberculosis sections "person" means the people listed in this section as required to have tuberculosis testing.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a Tuberculosis (TB) screening was done within 3 days of employment for 1 of 3 current staff (Staff B, Resident Manager). This failure placed all 3 residents (Residents 1, 2, and 3) at risk of exposure to TB.

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Findings included...

Review of Staff B's personnel records submitted by the AFH showed a hire date of 10/21/2015. Review of Staff B's TB records showed a copy of the payment receipt for a TB skin test dated 06/01/2015 but no record of a TB skin test result. Staff B's records showed a negative chest x-ray (photographic image) result dated 09/14/2015.

During an interview on 04/29/2025 at 4:46 PM, Staff A, Representative, stated that the AFH did their TB screening by requesting TB records during the hiring process. Staff A stated that if the newly hired staff had no records related to TB screening, the AFH would send the new staff for TB testing. Staff A stated that if the newly hired staff had prior TB records, the AFH would look at the prior TB records. Staff A stated they did not do their own TB screening if the newly hired employee had shown prior TB records.

During an interview on 04/30/2025 at 9:11 AM, Staff B stated that they had not completed a skin test. Staff B stated that they were told they could get a reaction from the TB skin test due to prior TB vaccination. Staff B stated that they had done a chest x-ray and submitted a copy of the chest x-ray result to the AFH. Staff B stated they had 2 TB blood tests done at their other workplace but had not submitted a copy of the TB blood test results 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, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date) 6/30/25 6/23/25

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

Evelyn Anduvate — Provider (or Representative)

5/20/25 — Date

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

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

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

Findings included…

Review of Staff B's personnel records submitted by the AFH showed a hire date of 10/21/2015. Review of Staff B's TB records showed a copy of the payment receipt for a TB skin test dated 06/01/2015 but no record of a TB skin test result. Staff B's records showed a negative chest x-ray (photographic image) result dated 09/14/2015.

During an interview on 04/29/2025 at 4:46 PM, Staff A, Representative, stated that the AFH did their TB screening by requesting TB records during the hiring process. Staff A stated that if the newly hired staff had no records related to TB screening, the AFH would send the new staff for TB testing. Staff A stated that if the newly hired staff had prior TB records, the AFH would look at the prior TB records. Staff A stated they did not do their own TB screening if the newly hired employee had shown prior TB records.

During an interview on 04/30/2025 at 9:11 AM, Staff B stated that they had not completed a skin test. Staff B stated that they were told they could get a reaction from the TB skin test due to prior TB vaccination. Staff B stated that they had done a chest x-ray and submitted a copy of the chest x-ray result to the AFH. Staff B stated they had 2 TB blood tests done at their other workplace but had not submitted a copy of the TB blood test results to the AFH.

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

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Provider (or Representative) Date

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

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

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(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC, and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure training cards for food handling, Cardiopulmonary Resuscitation (or CPR, an emergency lifesaving procedure performed when the heart stops beating) and First-Aid cards were current and valid for 1 of 3 staff (Staff C, Caregiver). These failures placed Residents 1, Resident 2, and Resident 3 at risk of for food borne illnesses related to food handling issues and at risk of not receiving the needed care during an emergency that required CPR or first aid.

Findings included...

Food Handler's Card
Observation on 03/31/2025 at 8:25 AM, showed Staff C as the sole caregiver or staff in the AFH.

Observation for 03/31/2025 at 12:50 PM showed Staff C prepared lunch for all the 3 residents living in the home.

Review of Staff C's personnel records, received on 04/02/2025, showed a hire date of 05/09/2024. Review of the food handler's card showed a date of 04/01/2025, a day after the inspection on 03/31/2025.

During an interview on 04/29/2025 at 4:53 PM, Staff A, Representative, stated that the AFH reviewed the food handler's card during the hiring process and then yearly thereafter. Staff A stated that the AFH staff can continue with meal preparation and cooking if they had an expired food handler's card but would be reminded to renew their expired food handler's card.

During an interview on 04/29/2025 at 4:55 PM, Staff A stated that Staff C had informed them of their expired food handler's card.

During an interview on 04/30/2025 at 11:14 AM, Staff C stated that the date on their prior food handler's card was completed in June 2022 and had expired June 2024.

CPR/First Aid
Review of the CPR/First-aid training certificate received on 04/02/2025, showed a completion date of 04/02/2025, 2 days after the inspection on 03/31/2025.

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure training cards for food handling, Cardiopulmonary Resuscitation (or CPR, an emergency lifesaving procedure performed when the heart stops beating) and First-Aid cards were current and valid for 1 of 3 staff (Staff C, Caregiver). These failures placed Residents 1, Resident 2, and Resident 3 at risk of for food borne illnesses related to food handling issues and at risk of not receiving the needed care during an emergency that required CPR or first aid.

Findings included…

Food Handler's Card
Observation on 03/31/2025 at 9:25 AM, showed Staff C as the sole caregiver or staff in the AFH.

Observation for 03/31/2025 at 12:50 PM showed Staff C prepared lunch for all the 3 residents living in the home.

Review of Staff C's personnel records, received on 04/02/2025, showed a hire date of 05/09/2024. Review of the food handler's card showed a date of 04/01/2025, a day after the inspection on 03/31/2025.

During an interview on 04/29/2025 at 4:53 PM, Staff A, Representative, stated that the AFH reviewed the food handler's card during the hiring process and then yearly thereafter. Staff A stated that the AFH staff can continue with meal preparation and cooking if they had an expired food handler's card but would be reminded to renew their expired food handler's card.

During an interview on 04/29/2025 at 4:55 PM, Staff A stated that Staff C had informed them of their expired food handler's card.

During an interview on 04/30/2025 at 11:14 AM, Staff C stated that the date on their prior food handler's card was completed in June 2022 and had expired June 2024.

CPR/First Aid
Review of the CPR/First-aid training certificate received on 04/02/2025, showed a completion date of 04/02/2025, 2 days after the inspection on 03/31/2025.

During an interview on 04/29/2025 at 4:58 PM, Staff A stated that they checked the CPR/ First-Aid card during the hiring process, and then yearly thereafter. Staff A stated that if the staff had no CPR/ First-Aid card, they were not allowed to work. Staff A stated that if they have an expired CPR/ First-Aid card, the staff would be allowed to continue working at the AFH but would be reminded to renew their CPR/First-Aid card. Staff A stated that Staff C had not renewed their CPR/ First-Aid card.

During an interview on 04/29/2025 at 4:57 PM, Staff A stated that Staff C completed their CPR/ First-Aid certificate online. Staff A stated that Staff C's expired CPR/First-Aid training had initially been completed with hands-on training (involving direct involvement), but the CPR/ First-Aid training completed on 04/02/2026 was online only training.

During an interview on 04/30/2025 at 10:22 AM, Staff C stated that they completed their hands-on CPR/First-Aid training in June 2022. Staff C stated that their June 2022 CPR/First-Aid training expired in May 2024. Staff C stated their 04/02/2025 CPR/ First-Aid certificate was completed as an online class.

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, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date) ~~6/30/25~~ 6/23/25

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

Evelyn Anduvate
Provider (or Representative)

5/20/25
Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970; unless

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure there was a valid credential before continuing nurse delegation for medication

During an interview on 04/29/2025 at 4:53 PM, Staff A stated that they checked the CPR/ First-Aid card during the hiring process, and then yearly thereafter. Staff A stated that if the staff had no CPR/ First-Aid card, they were not allowed to work. Staff A stated that if they have an expired CPR/ First-Aid card, the staff would be allowed to continue working at the AFH but would be reminded to renew their CPR/First-Aid card. Staff A stated that Staff C had not renewed their CPR/ First-Aid card.

During an interview on 04/29/2025 at 4:57 PM, Staff A stated that Staff C completed their CPR/ First-Aid certificate online. Staff A stated that Staff C's expired CPR/First-Aid training had initially been completed with hands-on training (involving direct involvement), but the CPR/ First-Aid training completed on 04/02/2025 was online only training.

During an interview on 04/30/2025 at 10:22 AM, Staff C stated that they completed their hands-on CPR/First-Aid training in June 2022. Staff C stated that their June 2022 CPR/First-Aid training expired in May 2024. Staff C stated their 04/02/2025 CPR/ First-Aid certificate was completed as an online class.

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, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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administration for 1 of 3 staff (Staff C, Caregiver) reviewed for Department of Health (DOH)Credentials. This failure placed Residents 1, Resident 2 and Resident 3 at risk of receiving medications and care from a caregiver without a valid DOH credential.

Findings included...

Review of each of the AFH residents' medical records showed the following:

- Resident 1 was admitted on [redacted]2019. Resident 1's Negotiated Care Plan (NCP), dated 06/20/2024, showed Resident 1 required administration of medication from the caregivers. The medications had to be crushed and given to R3.
- Resident 2 was admitted on [redacted]2025. Resident 2's NCP, developed on 03/17/2025, showed Resident 2 was able to put the medications on their mouth after the caregivers had placed the medications in a cup.
- Resident 3 was admitted on [redacted]2026. Resident 3's NCP, dated 03/28/2026, showed R9 required administration of medication from the caregivers. The medications had to be crushed and given to R3.

Review of Staff C's personnel records, received on 04/02/2025, showed a hire date of 06/09/2024. Review of Staff C's DOH credential showed Staff C was a Nurse Assistant Registered (NAR). The NAR form showed an expired date of 12/16/2024.

Review of the DOH website credentials check showed Staff C had renewed their NAR form on 04/01/2025, the day after the inspection on 03/31/2025.

During an interview on 04/29/2025 at 4:59 PM, Staff A stated that they had reminded Staff C to renew their credential and to provide a copy to the AFH. Staff A stated that they were not aware the NAR credential had expired until it was requested by the department during the inspection on 03/31/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date) 6/30/25 6/23/25

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

Evelyn Anduvate — Provider (or Representative)

5/20/25 — Date

administration for 1 of 3 staff (Staff C, Caregiver) reviewed for Department of Health (DOH)Credentials. This failure placed Residents 1, Resident 2 and Resident 3 at risk of receiving medications and care from a caregiver without a valid DOH credential.

Findings included…

Review of each of the AFH residents' medical records showed the following:

- Resident 1 was admitted on [redacted]/2019. Resident 1's Negotiated Care Plan (NCP), dated 06/20/2024, showed Resident 1 required administration of medication from the caregivers. The medications had to be crushed and given to R3.
- Resident 2 was admitted on [redacted]/2025. Resident 2's NCP, developed on 03/17/2025, showed Resident 2 was able to put the medications on their mouth after the caregivers had placed the medications in a cup.
- Resident 3 was admitted on [redacted]/2026. Resident 3's NCP, dated 03/26/2025, showed R3 required administration of medication from the caregivers. The medications had to be crushed and given to R3.

Review of Staff C's personnel records, received on 04/02/2025, showed a hire date of 05/09/2024. Review of Staff C's DOH credential showed Staff C was a Nurse Assistant Registered (NAR). The NAR form showed an expired date of 12/16/2024.

Review of the DOH website credentials check showed Staff C had renewed their NAR form on 04/01/2025, the day after the inspection on 03/31/2025.

During an interview on 04/29/2025 at 4:59 PM, Staff A stated that they had reminded Staff C to renew their credential and to provide a copy to the AFH. Staff A stated that they were not aware the NAR credential had expired until it was requested by the department during the inspection on 03/31/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, PINEHURST HOME 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 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(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, 2018, 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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff C, Caregiver) who was providing care to the AFH residents met certification requirements by obtaining their Home Care Aide Certification (HCAC). This placed Residents 1, Resident 2, and Resident 3 at risk for receiving care from an unqualified caregiver.

Findings included...

Review of Staff C's Department of Health credential showed Staff C had a Nursing Assistant Registration (NAR) first issued on 05/23/2022. Review of Staff C's personnel records, received on 04/02/2025, showed a hire date of 05/09/2024, which made the deadline to get certified within 200 days of hire to be 11/26/2024.

During an interview on 04/29/2025 at 5:00 PM, Staff A, Representative, stated that Staff C was in the process of getting certification as HCAC. Staff A stated that they were not sure when Staff C was scheduled to take their HCAC certification test. Staff A stated that they were aware Staff C had to be certified as a home care aide within 200 days from their date of hire. Staff A stated that they were not aware that it had been more than 200 days since Staff C was hired.

During an interview on 04/30/2025 at 10:24 AM, Staff C stated that they had applied to get the HCAC. Staff C stated that they were not able to get a scheduled date for the certification test because their HCAC application had been returned and was

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

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(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 record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff C, Caregiver) who was providing care to the AFH residents met certification requirements by obtaining their Home Care Aide Certification (HCAC). This placed Residents 1, Resident 2, and Resident 3 at risk for receiving care from an unqualified caregiver.

Findings included…

Review of Staff C's Department of Health credential showed Staff C had a Nursing Assistant Registration (NAR) first issued on 05/23/2022. Review of Staff C's personnel records, received on 04/02/2025, showed a hire date of 05/09/2024, which made the deadline to get certified within 200 days of hire to be 11/25/2024.

During an interview on 04/29/2025 at 5:00 PM, Staff A, Representative, stated that Staff C was in the process of getting certification as HCAC. Staff A stated that they were not sure when Staff C was scheduled to take their HCAC certification test. Staff A stated that they were aware Staff C had to be certified as a home care aide within 200 days from their date of hire. Staff A stated that they were not aware that it had been more than 200 days since Staff C was hired.

During an interview on 04/30/2025 at 10:24 AM, Staff C stated that they had applied to get the HCAC. Staff C stated that they were not able to get a scheduled date for the certification test because their HCAC application had been returned and was

incomplete.

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, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date) ~~6/30/25~~ 6/23/25

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

Evelyn Anduvato
Provider (or Representative)

5/20/25
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 sampled residents (Residents 1, 2 and 3) had their Medication Log (ML) signed or initialed and had received their medications as prescribed. These failures placed Residents 1, Resident 2 and Resident 3 at risk of not getting their medications and placed them at risk for possible medication errors.

Findings included...

RESIDENT 1
Review of the AFH resident records showed Resident 1 was admitted on [redacted] 2019. Resident 1's Negotiated Care Plan (NCP), dated 06/20/2024, showed Resident 1 required administration of medication from the caregivers. The medications had to be crushed and given to R3.

incomplete.

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, PINEHURST HOME 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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 3 sampled residents (Residents 1, 2 and 3) had their Medication Log (ML) signed or initialed and had received their medications as prescribed. These failures placed Residents 1, Resident 2 and Resident 3 at risk of not getting their medications and placed them at risk for possible medication errors.

Findings included…

RESIDENT 1
Review of the AFH resident records showed Resident 1 was admitted on [redacted]/2019. Resident 1's Negotiated Care Plan (NCP), dated 06/20/2024, showed Resident 1 required administration of medication from the caregivers. The medications had to be crushed and given to R3.

Review of Resident 1's March 2025 ML, provided by the facility at 8:55 AM on 3/31/2025, showed no initials to indicate the following medications had been administered during their scheduled dates and times:
* Amlodipine Besylate (medicine to lower blood pressure or BP) 10 mg (milligram) daily: blank (no initial) for 8:00 AM of 3/30/2025 and 3/31/2025
* Eucerin Cream (skin moisturizing cream) twice daily: blank for 8:00 AM of 03/30/2025 and 03/31/2025, and blank for 8:00 PM of 03/30/2025
* Lisinopril (medicine to lower BP) 20 mg daily: blank for 8:00 AM of 3/30/2025 and 3/31/2025.
* Metoprolol Tartrate (medicine to lower BP) 50 mg twice daily: blank for 8:00 AM of 03/30/2025 and 03/31/2025, and blank for 8:00 PM of 03/30/2025.
* Polyethylene Glycol (stool softener) daily: blank for 8:00 AM of 3/30/2025 and 3/31/2025.
* Secura Protective cream (skin barrier cream) twice daily: blank for 8:00 AM from 03/20/2025 to 03/31/2025 and blank for 8:00 PM from 03/20/2025 to 03/30/2025.
* Therapeutic-M (vitamin supplement) daily: blank for 8:00 AM from 03/20/2025 to 03/31/2025.
* Vitamin D3 (vitamin supplement) daily: blank for 8:00 AM from 03/20/2025 to 03/31/2025.

During an interview on 03/31/2025 at 10:45 AM, Staff A, Representative, stated that the staff were expected to sign the ML daily after they had given the medication.

During an interview on 03/31/2025 at 11:25 AM, Staff C, Caregiver, stated that they had gotten their dates mixed up. Staff C stated that they had not signed the ML for 03/30/2025 and 03/31/2025 because they thought the day of the inspection (03/31/2025) was 03/30/2025. Staff C stated that it was an oversight on their part. Staff C stated that they did not know why the March 2025 ML was missing their initials from 03/20/2025 to 03/31/2025. Staff C stated that they thought the March 2025 ML pages with the missed initials from 03/20/2025 – 03/31/2025 were PRN (as needed) pages [no need to be signed daily, only when medication was needed and administered].

Further review of Resident 1's March 2025 ML showed an order for Aquaphor Ointment (skin moisturizing ointment), twice daily as needed. Staff C had signed the medication daily as given. The back part of March 2025 ML was blank and contained no notes to indicate the time, the reason why the PRN Aquaphor was used daily, where the Aquaphor was applied and if the Aquaphor was effective.

During an interview on 03/31/2025 at 11:34 AM, Staff C stated that Resident 1 did not need the Aquaphor ointment "too often" and only when Resident 1 felt their skin was too dry or itchy. Staff A stated the order was twice a day but they were applying the Aquaphor on the feet daily at night.

During an interview on 03/31/2025 at 11:38 AM, Staff C stated that for giving PRN medication, they were trained to initial on the front page of the ML and not on the back.

Review of Resident 1's March 2025 ML, provided by the facility at 9:55 AM on 3/31/2025, showed no initials to indicate the following medications had been administered during their scheduled dates and times:
• Amlodipine Besylate (medicine to lower blood pressure or BP) 10 mg (milligram) daily: blank (no initial) for 8:00 AM of 3/30/2025 and 3/31/2025.
• Eucerin Cream (skin moisturizing cream) twice daily: blank for 8:00 AM of 03/30/2025 and 03/31/2025, and blank for 8:00 PM of 03/30/2025.
• Lisinopril (medicine to lower BP) 20 mg daily: blank for 8:00 AM of 3/30/2025 and 3/31/2025.
• Metoprolol Tartrate (medicine to lower BP) 50 mg twice daily: blank for 8:00 AM of 03/30/2025 and 03/31/2025, and blank for 8:00 PM of 03/30/2025.
• Polyethylene Glycol (stool softener) daily: blank for 8:00 AM of 3/30/2025 and 3/31/2025.
• Secura Protective cream (skin barrier cream) twice daily: blank for 8:00 AM from 03/20/2025 to 03/31/2025 and blank for 8:00 PM from 03/20/2025 to 03/30/2025.
• Therapeutic-M (vitamin supplement) daily: blank for 8:00 AM from 03/20/2025 to 03/31/2025.
• Vitamin D3 (vitamin supplement) daily: blank for 8:00 AM from 03/20/2025 to 03/31/2025.

During an interview on 03/31/2025 at 10;45 AM, Staff A, Representative, stated that the staff were expected to sign the ML daily after they had given the medication.

During an interview on 03/31/2025 at 11:25 AM, Staff C, Caregiver, stated that they had gotten their dates mixed up. Staff C stated that they had not signed the ML for 03/30/2025 and 03/31/2025 because they thought the day of the inspection (03/31/2025) was 03/30/2025. Staff C stated that it was an oversight on their part. Staff C stated that they did not know why the March 2025 ML was missing their initials from 03/20/2025 to 03/31/2025. Staff C stated that they thought the March 2025 ML pages with the missed initials from 03/20/2025 – 03/31/2025 were PRN (as needed) pages [no need to be signed daily, only when medication was needed and administered].

Further review of Resident 1's March 2025 ML showed an order for Aquaphor Ointment (skin moisturizing ointment), twice daily as needed. Staff C had signed the medication daily as given. The back part of March 2025 ML was blank and contained no notes to indicate the time, the reason why the PRN Aquaphor was used daily, where the Aquaphor was applied and if the Aquaphor was effective.

During an interview on 03/31/2025 at 11:34 AM, Staff C stated that Resident 1 did not need the Aquaphor ointment "too often" and only when Resident 1 felt their skin was too dry or itchy. Staff A stated the order was twice a day but they were applying the Aquaphor on the feet daily at night.

During an interview on 03/31/2025 at 11:38 AM, Staff C stated that for giving PRN medication, they were trained to initial on the front page of the ML and not on the back.

During an interview on 03/31/2025 at 11:38 AM, Staff A stated that for giving PRN medication, the staff should sign the front of the ML and then log in the back: the time, initial, reason for the PRN was and if it was effective.

RESIDENT 2
Review of the AFH record showed Resident 2 was admitted on [redacted] 2025. Resident 2's NCP, developed on 03/17/2025, showed Resident 2 was able to put the medications on their mouth after the caregivers had placed the medications in a cup.

Review of Resident 2's March 2025 ML, provided by the facility at 9:56 AM on 3/31/2025, showed no initials to indicate the following medications had been administered during their scheduled dates and times:
- Losartan 25 mg (medication to lower BP), daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Diltiazem 180 mg (medication lower BP), daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- AREDS (name of eye vitamin and mineral supplement) softgel, twice daily: blank for 8:00 AM of 03/30/2025 and 03/31/2025, and blank for 9:00 PM of 03/30/2025
- Vitamin D3, daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Vitamin C (vitamin supplement) 500 mg, daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Melatonin (sleep aid supplement) 5mg at bedtime: blank for 8:00 PM of 03/30/2025.
- Iron (supplement) 65mg daily: blank for 9:00 PM of 03/30/2025.

During an interview on 03/31/2025 at 11:21 AM, Staff C stated that they stated that they had gotten their dates mixed up. Staff C stated that they had not signed the ML for 03/30/2025 and 03/31/2025 because they thought the day of the inspection (03/31/2025) was 03/30/2025.

RESIDENT 3
Review of the AFH records showed Resident 3 was admitted on [redacted] 2026. Resident 3's NCP, dated 03/26/2025, showed R3 required administration of medication from the caregivers. The medications had to be crushed and given to R3.

Review of Resident 3's March 2025 ML, provided by the facility at 9:55 AM on 3/31/2025, showed no initials to indicate the following medications had been administered during their scheduled dates and times:
- Vitamin D3, daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- B-complex (vitamin) daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Centrum Silver (vitamin supplement), daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Sertraline (medication to treat mood disorder) 25 mg daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025

During an interview on 03/31/2025 at 11:39 AM, Staff A stated that for giving PRN medication, the staff should sign the front of the ML and then log in the back: the time, initial, reason for the PRN use and if it was effective.

RESIDENT 2
Review of the AFH record showed Resident 2 was admitted on [redacted]/2025. Resident 2's NCP, developed on 03/17/2025, showed Resident 2 was able to put the medications on their mouth after the caregivers had placed the medications in a cup.

Review of Resident 2's March 2025 ML, provided by the facility at 9:55 AM on 3/31/2025, showed no initials to indicate the following medications had been administered during their scheduled dates and times:
- Losartan 25 mg (medication to lower BP), daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Diltiazem 180 mg (medication lower BP), daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- AREDS (name of eye vitamin and mineral supplement) softgel, twice daily: blank for 8:00 AM of 03/30/2025 and 03/31/2025, and blank for 8:00 PM of 03/30/2025.
- Vitamin D3, daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Vitamin C (vitamin supplement) 500 mg, daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Melatonin (sleep aid supplement) 5mg at bedtime: blank for 8:00 PM of 03/30/2025.
- Iron (supplement) 65mg daily: blank for 8:00 PM of 03/30/2025.

During an interview on 03/31/2025 at 11:21 AM, Staff C stated that they stated that they had gotten their dates mixed up. Staff C stated that they had not signed the ML for 03/30/2025 and 03/31/2025 because they thought the day of the inspection (03/31/2025) was 03/30/2025.

RESIDENT 3
Review of the AFH records showed Resident 3 was admitted on [redacted]/2026. Resident 3's NCP, dated 03/26/2025, showed R3 required administration of medication from the caregivers. The medications had to be crushed and given to R3.

Review of Resident 3's March 2025 ML, provided by the facility at 9:55 AM on 3/31/2025, showed no initials to indicate the following medications had been administered during their scheduled dates and times:
- Vitamin D3, daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- B-complex (vitamin) daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Centrum Silver (vitamin supplement), daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025
- Sertraline (medication to treat mood disorder) 25 mg daily: blank for 8:00 AM of 03/20/2025 and 03/31/2025

Statement of Deficiencies Plan of Correction Page 14 of 14	License #: 732800 PINEHURST HOME Licensee: PINEHURST SERVICES INC	Compliance Determination #57176 Completion Date 05/09/2025

During an interview on 03/31/2026 at 11:28 AM, Staff C stated that they thought the day was 03/30/2025 not 03/31/2026.

During an interview 03/31/2025 at 11:27 AM, Staff C stated that their process for giving the medication included popping out the medication from the medication card, giving the medication to the resident and signing the ML after.

During an interview on 04/29/2025 at 4:36 PM, Staff A stated that Staff C may have been distracted by either a call from the resident or an urgent need in the AFH and forgot to go back and sign the ML.

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, PINEHURST HOME is or will be in compliance with this law and / or regulation on (Date) 6/23/25.

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

Evelyn Anduvate
Provider (or Representative)

5/20/2025
Date

During an interview on 03/31/2025 at 11:26 AM, Staff C stated that they thought the day was 03/30/2025 not 03/31/2025.

During an interview 03/31/2025 at 11:27 AM, Staff C stated that their process for giving the medication included popping out the medication from the medication card, giving the medication to the resident and signing the ML after.

During an interview on 04/29/2025 at 4:36 PM, Staff A stated that Staff C may have been distracted by either a call from the resident or an urgent need in the AFH and forgot to go back and sign the ML.

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, PINEHURST HOME 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