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

BELLEVUE HAVEN AFH INC
BELLEVUE HAVEN AFH INC
2202 144TH AVE SE
BELLEVUE, WA 98007

RE: BELLEVUE HAVEN AFH INC License # 750002

Dear Provider:

This letter addresses Compliance Determination(s) 61086 (Completion Date 06/13/2025) and 58885 (Completion Date 05/01/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/13/2025 and found that you have corrected the violations listed in the Full report dated 05/01/2025. Your home is back in compliance as of 05/08/2025 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 388-76-10750-7, WAC 388-76-10165-1, WAC 388-76-101632-1, WAC 388-76-10430-2-d, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Claire Fleming, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit K
Residential Care Services

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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 04/30/2025 of:
BELLEVUE HAVEN AFH INC
2202 144TH AVE SE
BELLEVUE, WA 98007

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

The department staff that inspected the Adult Family Home:

Claire Fleming, Long Term Care Surveyor

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

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Statement of Deficiencies	License #: 750002	Compliance Determination # 58885
Plan of Correction	BELLEVUE HAVEN AFH INC	Completion Date
Page 2 of 7	Licensee: BELLEVUE HAVEN AFH INC	05/01/2025

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

Rhonda Brown
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.

Natividad O. Cruz, RN
Provider (or Representative)

5/14/2025
Date

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

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure toxic cleaning supplies were kept in a locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of accidental illness or injury.

Findings included...

Observation on 04/30/2025 at 10:02 AM, showed Resident 2 utilized a walker to ambulate independently from the hallway to their bedroom.

Observation at 04/30/2025 at 11:12 AM, showed a box of Clorox wipes with bleach (a disinfectant) and hydrogen peroxide wipes (used to help prevent infection from minor cuts and scratches) stored under the bathroom sink in Resident 5's bedroom (Bedroom [redacted]. Observation showed the area under the bathroom sink in Bedroom [redacted] had no lock and was unsecured.

Observation on 04/30/2025 at 11:28 AM, showed Clorox wipes with bleach stored under the bathroom sink in Resident 1's bedroom (Bedroom [redacted]. Observation showed the area under the bathroom sink in Bedroom [redacted] had no lock and was unsecured.

Observation on 04/30/2025 at 12:04 PM, showed a container of ReadyMeds medication disposal liquid (an all-purpose formula used to safely dispose medications) stored in a

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cabinet under the kitchen sink. Observation showed the cabinet under the kitchen sink contained an unsecured plastic lock.

During an interview on 04/20/2025 at 12:04 PM, Staff A, Provider stated that they were aware toxic substances needed to be store in a lock storage.

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, BELLEVUE HAVEN AFH INC is or will be in compliance with this law and / or regulation on (Date) 4/30/2025 .

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

Provider (or Representative) Natividad A. Argueza, RN Date 5/14/2025

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:

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 that 2 of 7 AFH caregivers (Staff C and Staff D) had a valid Washington state name and date of birth background check inquiry (WNDOB BGI). This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of receiving care and possibly being left exposed to someone who may have a disqualifying criminal background.

Findings included...

Record review of AFH personnel records showed that Staff C was hired on 06/01/2021 and Staff D was hired on 03/03/2023.

Record review showed Staff C's WNDOB BGI was completed on 03/22/2020 with no findings and expired on 03/22/2022.

Record review showed Staff D'S WNDOB BGI was completed on 05/24/2022 with no

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findings and expired on 05/24/2024.

During an interview on 04/30/2025 at 02:47 PM, Staff A, Provider stated that they did not know how often the AFH needed to renew a staff member's WNDOB.

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, BELLEVUE HAVEN AFH INC is or will be in compliance with this law and / or regulation on (Date) 5/1/25.

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

Provider (or Representative) [signature] RN | 5/14/2025 Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

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 that 2 of 7 AFH caregivers (Staff E and Staff F) had a completed national fingerprint background check. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of receiving care from and possibly being left exposed to someone who may have a disqualifying criminal background.

Findings included...

Review of AFH personnel records showed that Staff E was hired on 10/01/2023 and Staff F was hired on 01/04/2024.

Review of AFH personnel records showed a national fingerprint background check for Staff E and Staff was not available at the home.

During an interview on 04/30/2025 at 02:44 PM, Staff A, Provider stated that they were unaware of which AFH staff required a completed national fingerprint background

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check.

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, BELLEVUE HAVEN AFH INC is or will be in compliance with this law and / or regulation on (Date) 5/8/25.

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

Provider (or Representative) [signature] RN Date 5/14/2025

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:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Resident 1 and Resident 2) who required medication assistance had a medication system in place to provide unexpired medications. This failure placed Resident 1 and Resident 2 at risk of not receiving medications as prescribed and at risk of untreated medical needs.

Findings included....

Resident 1
Record review of AFH resident records showed Resident 1 was admitted on [redacted] 2023. Resident 1's assessment, dated 02/05/2025, showed assistance with medication management was needed.

Record review of Resident 1's April 2025 Medication Log (ML) showed a current physician order written on 04/15/2024 for Ferrous Sulfate (medication used to treat iron deficiency) 325 milligram tablet every other morning.

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Record review of Resident 1's April 2025 ML showed Ferrous Sulfate was marked to indicate the medication was administered fifteen times between 04/01/2025 and 04/29/2025 as listed on the physician's order. deficiency) 325 milligram tablet every other morning. Review of Resident 1's April 2025 ML showed physician orders written on 07/11/2024 for Senexon-S (a medication used to treat constipation) 50-8.6 milligram tablet as needed for constipation.

A joint observation with Staff A, Provider on 04/30/2025 at 4:04 PM, showed Resident 1's medication supply contained Ferrous Sulfate supply that expired on 12/01/2024. Observation also showed Resident 1's medication supply contained Senexon-S that expired on 01/12/2025.

Resident 2
Record review showed the AFH admitted Resident 2 on [redacted]/2023. Resident 2's assessment, dated 10/26/2024, showed that assistance with medication management was needed.

Record review of Resident 2's April 2025 ML showed a current physician order written on 02/16/2024 for an Enema (generic for Fleet Enema, a rectal medication to treat constipation) to use 1 Enema rectally as needed every 24 hours for constipation.

In a joint observation on 04/30/2025 at 4:04 PM, Staff A and Staff C, Caregiver observed the Enema medication expired on 02/11/2025.

During a joint interview on 04/30/2025 at 4:04 PM, Staff A stated that they had no additional supply of Ferrous Sulfate, Senexon-S, or Enemas was available at the AFH. Staff C stated that the month of March 2025 passed quickly. Staff C stated that the AFH must have forgotten to dispose the expired Ferrous Sulfate, Senexon-S, and Enemas medications and to order a replacement for them.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, BELLEVUE HAVEN AFH INC is or will be in compliance with this law and / or regulation on (Date) 5/1/2025 .

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

Adtiindad A. Cruz, RN
Provider (or Representative)

5/14/2025
Date

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

Bellevue Haven AFH License # 750002
PLAN OF CORRECTION

Licensee: BELLEVUE HAVEN ADULT FAMILY HOME **Date of on-site Inspection: 4/30/2025**
Date of POC Submission: 5/20/2025 **Submitted by: Natividad Corpuz, RN, Provider**

WAC 388-76-10750 Safety and Maintenance.

This deficiency was corrected on the date of on-site visit, 4/30/2025. Clorox with bleach wipes and hydrogen peroxide wipes under the resident's bathroom sink were immediately removed and placed in the cabinet in the Laundry room with locked door. Medication Disposal liquid under the kitchen sink cabinet was also immediately removed and placed in the cabinet in the Laundry room with a locked door. Staff did a sweep around the home to ensure substances are placed in locked storage.
Reviewed WAC and re-instructed and re-educated caregivers to place all toxic substances and hazardous materials in a locked storage.
Provider will ensure all toxic substances are placed in a locked storage. Provider will implement a daily system to monitor and ensure continued compliance with this requirement.

WAC 388-76-10165 Background checks. Washington State name and date of birth background check – valid for 2 years. National fingerprint background check –valid indefinitely.

This deficiency was corrected on 5/1/2025. New background checks were completed for staff. A new system is in place to regularly check all staff background checks are valid. Expiration dates for background checks are now listed in the new system. AFH currently has all staff background checks up to date.
Provider will implement a system to ensure all staff have up-to-date background checks and ensure continued compliance with this requirement.

WAC 388-76-101632 Background checks—National fingerprint background check.

This deficiency was corrected on 5/8/2025. Currently awaiting fingerprint background check results. Attached: Copy of the receipts from IdentoGo, 5/8/2025. A new system is in place to ensure all new hires/staff have a completed national fingerprint background check.
Provider will ensure AFH staff have a completed national fingerprint background check by implementing a process/ checklist during the hiring process.

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WAC 388-76-10430 Medication System.

This deficiency was corrected on 5/1/2025. AFH requested for the expired PRN/As Needed medication to be refilled by pharmacy on 4/30/2025 and new medication was received on 5/1/2025. (Senexon-S,PRN and Fleet Enema, PRN.) AFH requested for the expired Family Supply routine medication (Iron/Ferrous Sulfate) to be replaced by family. It was received the next day, 5/1/2025 and was administered as prescribed. AFH now has an emergency locked box of over-the-counter PRN medications such as Senna, Iron and extra Enema.
Provider will implement a system to routinely check for routine medication and PRN/As Needed medication availability and expiration. This will be done once a month. Provider will ensure all medications are not expired and are available.

Natividad C Corpuz RN 5/20/2025

Natividad Corpuz, RN **Date**

Provider

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