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

WOODRIDGE HAVEN LLC
NEWPORT HILLS FAMILY CARE
4422 154TH PL SE
BELLEVUE, WA 98006

RE: NEWPORT HILLS FAMILY CARE License # 750121

Dear Provider:

This letter addresses Compliance Determination(s) 57487 (Completion Date 04/04/2025) and 53852 (Completion Date 02/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/04/2025 and found that you have corrected the violations listed in the Full report dated 02/06/2025. Your home is back in compliance as of 02/20/2025 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 388-112A-0610-1-f, WAC 388-76-10015-1, WAC 388-76-10146-3, WAC 388-76-10146-3-a, 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 388-76-10380-2, WAC 388-76-10420-7-b, WAC 388-76-10430-1, WAC 388-76-10485-1, WAC 388-76-10490-1, WAC 388-76-10530-2, WAC 388-76-10650-1, WAC 388-76-10650-2-d, WAC 388-76-10750-7

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

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 01/28/2025 of:
NEWPORT HILLS FAMILY CARE
4422 154TH PL SE
BELLEVUE, WA 98006

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
Raymond He, Long-Term Care Licensor

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 #: 750121	Compliance Determination #: 538552
Plan of Correction	NEWPORT HILLS FAMILY CARE	Completion Date
Page 2 of 16	Licensee: WOODRIDGE HAVEN LLC	02/06/2025

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

02/20/2025
Date

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

Provider (or Representative)

2/12/25
Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C) had completed the required yearly food safety training or maintained a valid Food Handler's permit. This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk for foodborne illness from having an unqualified caregiver preparing and serving meals.

Findings included...

Record review of the AFH personnel file for Staff C, Caregiver, showed a hire date of 08/01/2014 and was a Nursing Assistant-Registered. Staff C completed the Revised Fundamentals of Caregiving on 12/31/2011

Record review showed the Food Handler's permit for Staff C expired on 10/30/2024. There was no food safety certificate for continue education.

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.

Alfredo Brown
Residential Care Services

02/20/2025
Date

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

Provider (or Representative)

Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C) had completed the required yearly food safety training or maintained a valid Food Handler's permit. This failure placed 4 of 4 residents (Resident 1, 2, 3 and 4) at risk for foodborne illness from having an unqualified caregiver preparing and serving meals.

Findings included...

Record review of the AFH personnel file for Staff C, Caregiver, showed a hire date of 08/01/2014 and was a Nursing Assistant-Registered. Staff C completed the Revised Fundamentals of Caregiving on 12/31/2011.

Record review showed the Food Handler's permit for Staff C expired on 10/30/2024. There was no food safety certificate for continue education.

An observation on 01/28/2025 at 9:50 AM showed Staff C preparing breakfast for Resident 1.

During an interview on 01/28/2025 at 5:05 PM, Staff B, Caregiver, stated that one of Staff C's primary tasks included cooking.

During an interview, 01/28/2025 at 5:05 PM, Staff C stated they forgot to renew their Food Handler's card but will do so in the future.

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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/2025

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

Provider (or Representative) — Date: 2/4/25

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.129 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens and interpreted results when they conducted home testing.

Findings included...

Note: Review of Washington (WA) State Department of Social and Health Services, "Dear Provider" letter dated 11/15/2024, titled "Updated Medical Test Site Waiver Resource Information", showed certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is

An observation on 01/28/2025 at 9:58 AM showed Staff C preparing breakfast for Resident 1.

During an interview on 01/28/2025 at 5:05 PM, Staff B, Caregiver, stated that one of Staff C's primary tasks included cooking.

During an interview, 01/28/2025 at 5:05 PM, Staff C stated they forgot to renew their Food Handler's card but will do so in the future.

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, NEWPORT HILLS FAMILY CARE 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens and interpreted results when they conducted home testing.

Findings included...

Note: Review of Washington (WA) State Department of Social and Health Services, "Dear Provider" letter dated 11/15/2024, titled "Updated Medical Test Site Waiver Resource Information", showed certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is

testing residents for COVID-19 [an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death]. Other types of medical testing requiring a MTSW license include, but are not limited to, blood glucose tests and urine tests.

Record review, on 01/28/2025 at 10:24 AM, showed a Medical Test Site Waiver Certificate for Woodridge Haven, LLC, that expires 06/30/2025, posted on a wall in the dining room.

Observation on 01/28/2025 at 10:24 AM, with Staff B, Caregiver, showed four rapid antigen COVID test kits in the downstairs office, and several insulin pens in a locked box in the refrigerator belonging to Resident 2.

During an interview, on 01/29/2025 at 10:25 AM, Staff B stated that the AFH staff conducted rapid COVID tests for the residents. Staff A stated that the AFH staff conducted blood glucose tests for Resident 2, Resident 3, and Resident 4.

During an interview, on 02/05/2026 at 1:20 PM, Staff A, Provider, stated that they were unaware that they needed a MTSW Certificate for each AFH. They have one for the other AFH, but not a separate one for this 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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/2026.

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

Provider (or Representative) — Date: 2/10/23

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;

testing residents for COVID-19 [an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death]. Other types of medical testing requiring a MTSW license include, but are not limited to, blood glucose tests and urine tests.

Record review, on 01/28/2025 at 10:24 AM, showed a Medical Test Site Waiver Certificate for Woodridge Haven, LLC, that expires 06/30/2025, posted on a wall in the dining room.

Observation on 01/28/2025 at 10:24 AM, with Staff B, Caregiver, showed four rapid antigen COVID test kits in the downstairs office, and several insulin pens in a locked box in the refrigerator belonging to Resident 2.

During an interview, on 01/28/2025 at 10:25 AM, Staff B stated that the AFH staff conducted rapid COVID tests for the residents. Staff A stated that the AFH staff conducted blood glucose tests for Resident 2, Resident 3, and Resident 4.

During an interview, on 02/05/2025 at 1:20 PM, Staff A, Provider, stated that they were unaware that they needed a MTSW Certificate for each AFH. They have one for the other AFH, but not a separate one for this 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, NEWPORT HILLS FAMILY CARE 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, 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 members (Staff B, Caregiver and Staff C, Caregiver) providing care to residents met certification requirements, specifically, obtained the home care aide certification. This placed Residents 1, 2, 3, and 4 at risk for receiving care from unqualified caregivers.

Findings included...

Review of the AFH personnel records showed Staff B, Caregiver, had a Nursing Assistant Registration (NAR) first issued 09/08/2011. An Employee Documentation Checklist showed that Staff B's date of hire was 10/01/2015.

Review of the AFH personnel records showed Staff C, Caregiver, had a Nursing Assistant Registration (NAR) first issued 06/14/2012. An Employee Documentation Checklist showed that Staff C's date of hire was 08/01/2014.

During an interview on, 02/05/2025 at 1:30 PM, Staff A, Provider, stated that they thought that if their caregivers were registered, it was enough. Staff A stated that they do not have a Work History Attestation for Staff B or Staff C working prior to 01/07/2012.

Statement of Deficiencies	License #: 750121	Compliance Determination #53852
Plan of Correction	NEWPORT HILLS FAMILY CARE	Completion Date
Page 6 of 16	Licensee: WOODRIDGE HAVEN LLC	02/06/2025

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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/2025.

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

Provider (or Representative) 2/20/2025 Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences,

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 1 and Resident 2) to reflect the care that the resident needs. This failure placed Resident 1 and Resident 2 at risk of not receiving up-to-date care and services.

Findings included...

Resident 1
The review of the AFH records showed the AFH admitted Resident 1 on [redacted]2015.

Record review of Resident 1's assessment dated 10/22/2024, for "Walk in Room, Hallway, and Rest of Immediate Living Environment" showed that this Activity of Daily Living (ADL) did not occur, client not able. Resident 1's "Locomotion outside of Immediate Living Environment to include Outdoors" showed that Resident 1 required Total Dependence (full caregiver performance at all times). Resident 1's Bed Mobility showed that Resident 1 required Total Dependence for bed mobility, and that Resident 1 "Has, uses" [redacted] and a [redacted] for bed mobility. Resident 1's Transfer (how Resident moved between surfaces to/from bed, chair, wheelchair, and standing position) showed Resident 1 required Total Dependence.

Resident 1's NCP reviewed and signed by Staff A, Provider, and Resident 1 on 11/23/2024 showed Resident 1 as "Dependent" for Mobility in and outside immediate living environment, and Bed Mobility/Transfer. Resident 1's NCP did not include two-person assistance for bed mobility, transfer, toilet use, and dressing. Resident 1's NCP did not include specific instructions for positioning in bed/chair and skin care due to bowel/bladder. Resident 1's NCP showed that the resident had medical approval from PCP and DPOA for [redacted] for transfers and reposition.

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, NEWPORT HILLS FAMILY CARE 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Resident 1 and Resident 2) to reflect the care that the resident needs. This failure placed Resident 1 and Resident 2 at risk of not receiving up-to-date care and services.

Findings included...

Resident 1
The review of the AFH records showed the AFH admitted Resident 1 on [redacted] 2015.

Record review of Resident 1's assessment dated 10/22/2024, for "Walk in Room, Hallway, and Rest of Immediate Living Environment" showed that this Activity of Daily Living (ADL) did not occur, client not able. Resident 1's "Locomotion outside of Immediate Living Environment to include Outdoors" showed that Resident 1 required Total Dependence (full caregiver performance at all times). Resident 1's Bed Mobility showed that Resident 1 required Total Dependence for bed mobility, and that Resident 1 "Has, uses" [redacted] and a [redacted] for bed mobility. Resident 1's Transfer (how Resident moved between surfaces to/from bed, chair, wheelchair, and standing position) showed Resident 1 required Total Dependence.

Resident 1's NCP reviewed and signed by Staff A, Provider, and Resident 1 on 11/23/2024 showed Resident 1 as "Dependent" for Mobility in and outside immediate living environment, and Bed Mobility/Transfer. Resident 1's NCP did not include two-person assistance for bed mobility, transfer, toilet use, and dressing. Resident 1's NCP did not include specific instructions for positioning in bed/chair and skin care due to bowel/bladder. Resident 1's NCP showed that the resident had medical approval from PCP and DPOA for [redacted] for transfers and reposition.

A joint observation with Staff B, Caregiver, on 01/28/2025 at 9:15 AM showed Resident 1 ambulated (to walk or move about) by using a front wheeled walker from the bathroom to their [redacted] with standby assistance (when someone is nearby to help another person with daily tasks or prevent injury) from Staff C, Caregiver. Staff C assisted Resident 1 to transfer into their [redacted]

A joint observation with Staff B, on 01/28/2025 at 11:55 AM, showed Resident 1 independently exited the AFH in a [redacted]

In an interview on 01/28/2025 at 11:55 AM, Staff C stated that Resident 1 often went outside to smoke cigarettes, and Resident 1 rode their [redacted] without needing assistance.

In an interview on 01/28/2025 at 2:30 PM with the visiting Physical Therapist and Resident 1, Resident 1 stated that they had been ambulating with the front wheeled walker for several years. The Physical Therapist stated that Resident 1 had recently increased their distance with their ambulation.

In an interview on 01/28/2025 at 2:35 PM Staff B, Caregiver, stated that they don't know why the Assessment and NCP stated that the resident was totally dependent with bed mobility, transfers, and that Resident 1 did not ambulate. Staff B stated that Resident 1 has been stable for a few years. Staff B stated that Resident 1 uses the [redacted] and [redacted] to assist with bed mobility.

Resident 2
The review of the AFH records showed the AFH admitted Resident 2 on [redacted]/2012.

Record review showed a doctor's orders written 10/09/2024 for Resident 2 to receive passive range of motion (ROM) (exercises to arms and legs of resident performed by caregiver) routine due to mobility issues with physical therapy handouts that demonstrated the passive ROM exercises for caregivers to perform with Resident 2.

Review of the Assessment dated 10/22/2024 under Treatment showed Range of motion (passive) to be performed daily by the AFH staff.

Resident 2's NCP reviewed and signed by Staff A, Provider, on 11/25/2024, and Resident 2's Representative on 11/26/2024 showed no information about passive ROM and no instructions to caregivers regarding passive ROM.

In an interview on 01/28/2025 at 4:00 PM, Staff B, Caregiver, stated that the caregivers had not performed passive ROM to Resident 2 during the last three months because they didn't know they were supposed to.

In an interview on 02/05/2025 at 1:36 PM, Staff A stated that they have not had a chance to add passive ROM to the NCP.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/2025.

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

Provider (or Representative) — Date: 2/20/2025

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

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure food was stored under safe and sanitary conditions in 1 of 2 refrigerators. Failure to ensure food was labeled and dated while stored, and failure to ensure expiration dates were monitored placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk for food borne illnesses.

Findings included...

A joint observation and interview, on 01/28/2025 at 11:00 AM, with Staff B, Caregiver, showed the refrigerator located in the main kitchen had a gallon container of 2% milk, that was approximately one quarter full. The milk had an expiration date of 01/19/2025. Staff B stated that the milk was used for residents. Staff B removed the expired milk and disposed of it in the kitchen sink.

A joint observation and interview, on 01/28/2025 at 11:00 AM with Staff B showed the kitchen refrigerator had seven plastic storage containers with leftover food items in each container. The storage containers were not labeled or dated. Staff C, Caregiver, stated that one container held leftover resident food from about 7 days ago and should have been thrown out.

In an interview on 02/05/2025 at 1:36 PM, Staff A stated that they have not had a chance to add passive ROM to the NCP.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

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

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure food was stored under safe and sanitary conditions in 1 of 2 refrigerators. Failure to ensure food was labeled and dated while stored, and failure to ensure expiration dates were monitored placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk for food borne illnesses.

Findings included...

A joint observation and interview, on 01/28/2025 at 11:00 AM, with Staff B, Caregiver, showed the refrigerator located in the main kitchen had a gallon container of 2% milk, that was approximately one quarter full. The milk had an expiration date of 01/19/2025. Staff B stated that the milk was used for residents. Staff B removed the expired milk and disposed of it in the kitchen sink.

A joint observation and interview, on 01/28/2025 at 11:00 AM with Staff B showed the kitchen refrigerator had seven plastic storage containers with leftover food items in each container. The storage containers were not labeled or dated. Staff C, Caregiver, stated that one container held leftover resident food from about 7 days ago and should have been thrown out.

Interview, on 02/05/2025 at 12:45 PM, Staff A (Provider) stated that they needed to implement a system which includes providing more education for staff on labeling food and checking for expired foods.

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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/25.

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

Provider (or Representative) — Date: 2/2/25

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 1) medications were available in the facility. This failure placed Resident 1 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2015. Resident 1's assessment dated 10/22/2024 showed that assistance with medication management was needed.

Record review of Resident 1's January 2025 Medication Log showed physician orders written on 07/23/2024 for Acetaminophen 500 milligrams tablets (medication to treat pain or elevated temperature) three times daily as needed, and 11/27/2023 for Fleet Glycerin Adult Suppositories (medication to treat constipation) insert 1 suppository rectally once daily as needed.

Interview, on 02/05/2025 at 12:45 PM, Staff A (Provider) stated that they needed to implement a system which includes providing more education for staff on labeling food and checking for expired foods.

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, NEWPORT HILLS FAMILY CARE 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 1) medications were available in the facility. This failure placed Resident 1 at risk for not receiving medications as prescribed.

Findings included:

Record review showed the AFH admitted Resident 1 on [redacted]/2015. Resident 1's assessment dated 10/22/2024 showed that assistance with medication management was needed.

Record review of Resident 1's January 2025 Medication Log showed physician orders written on 07/23/2024 for Acetaminophen 500 milligrams tablets (medication to treat pain or elevated temperature) three times daily as needed, and 11/27/2023 for Fleet Glycerin Adult Suppositories (medication to treat constipation) insert 1 suppository rectally once daily as needed.

In a joint observation on 01/28/2025 at 4:35 PM, with Staff B, Caregiver, of Resident 1's medication supply showed the Acetaminophen and Fleet Glycerin Adult Suppositories were not available in the AFH.

During an interview, on 01/29/2025 at 4:35 PM, Staff B stated that they didn't reorder those medications after they ran out because they didn't think that they needed 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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/25.

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

Provider (or Representative) — Date: 1/29/25

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

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that medications were stored in a locked storage for 4 of 4 residents (Resident 1, 2, 3, and 4). This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk for accidental ingestion or improper use of medication.

Findings included...

A joint observation on 01/28/2025 at 10:49 AM with Staff B, Caregiver, showed a kitchen cabinet directly over the counter with the medications for Resident 1, 2, 3, and 4. The kitchen cabinet had a magnetic child lock on it, but Staff B was unable to get the cabinet to lock. The medication cabinet remained unlocked throughout the entire day of the inspection.

In an interview on 01/28/2025 at 10:50 AM, Staff B stated that sometimes the magnet worked, and sometimes it didn't. They have not been able to get the lock on the cabinet

In a joint observation on 01/28/2025 at 4:35 PM, with Staff B, Caregiver, of Resident 1's medication supply showed the Acetaminophen and Fleet Glycerin Adult Suppositories were not available in the AFH.

During an interview, on 01/28/2025 at 4:35 PM, Staff B stated that they didn't reorder those medications after they ran out because they didn't think that they needed 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, NEWPORT HILLS FAMILY CARE 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that medications were stored in a locked storage for 4 of 4 residents (Resident 1, 2, 3, and 4). This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk for accidental ingestion or improper use of medication.

Findings included...

A joint observation on 01/28/2025 at 10:49 AM with Staff B, Caregiver, showed a kitchen cabinet directly over the counter with the medications for Resident 1, 2, 3, and 4. The kitchen cabinet had a magnetic child lock on it, but Staff B was unable to get the cabinet to lock. The medication cabinet remained unlocked throughout the entire day of the inspection.

In an interview on 01/28/2025 at 10:50 AM, Staff B stated that sometimes the magnet worked, and sometimes it didn't. They have not been able to get the lock on the cabinet

to work.

In an interview on 02/05/2025 at 12:54 PM, Staff A, Provider, stated that they were not aware that the medication cabinet was not locking. They stated that the child lock broke, and they needed to replace it.

A joint observation on 01/28/2025 at 4:20 PM with Staff B, showed a supply of Nyamycin Powder (medication to treat skin infections) in an unlocked kitchen cabinet below the counter, and observed a supply of Bisacodyl suppositories (medication to treat constipation) in a paper bag inside the refrigerator drawer.

In an interview on 01/28/2025 at 4:21 PM, Staff B stated that they didn't think that the Nyamycin Powder and Bisacodyl suppositories needed to be kept in locked 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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/25.

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

Provider (or Representative) — Date: 1/29/25

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to develop a Medication Disposal Policy and failed to dispose of unused or expired medications for 2 of 2 sampled residents (Resident 1 and 2). This failure placed Resident 1 and Resident 2 at risk for medication errors.

Findings included...

to work.

In an interview on 02/05/2025 at 12:54 PM, Staff A, Provider, stated that they were not aware that the medication cabinet was not locking. They stated that the child lock broke, and they needed to replace it.

A joint observation on 01/28/2025 at 4:20 PM with Staff B, showed a supply of Nyamycin Powder (medication to treat skin infections) in an unlocked kitchen cabinet below the counter, and observed a supply of Bisacodyl suppositories (medication to treat constipation) in a paper bag inside the refrigerator drawer.

In an interview on 01/28/2025 at 4:21 PM, Staff B stated that they didn't think that the Nyamycin Powder and Bisacodyl suppositories needed to be kept in locked 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, NEWPORT HILLS FAMILY CARE 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. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to develop a Medication Disposal Policy and failed to dispose of unused or expired medications for 2 of 2 sampled residents (Resident 1 and 2). This failure placed Resident 1 and Resident 2 at risk for medication errors.

Findings included...

Resident 1
Record review of Resident 1's January 2025 Medication Log showed no doctor's order for Mupirocin Ointment 2% (used to treat skin infection caused by bacteria)

In a joint observation on 01/28/2025 at 4:19 PM, with Staff B, Caregiver, showed a tube of Mupirocin Ointment 2% in Resident 1's medication supply.

In an interview on 01/28/2025 at 4:20 PM, Staff B stated that doctor ordered the Mupirocin Ointment 2% in July 2024, and didn't renew the order after they used it in July 2024. Staff B stated that they forgot to dispose of it.

Resident 2
Record review of Resident 2's January 2025 Medication Log showed an order on 04/02/2024 for Sodium Fluoride Cream (medication used to prevent dental cavities) 5000 PI daily as needed.

In a joint observation, on 01/28/2025 at 4:43 PM, with Staff B, of Resident 2's medication supply showed the Sodium Fluoride Cream expired 09/27/2024.

During an interview, on 01/28/2025 at 3:20 PM, Staff B stated that they didn't know that the Sodium Fluoride Cream had expired

Record review of the undated Medication Disposal Policy showed that the AFH would return all expired and unneeded prescriptions to the pharmacy.

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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/25.

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

Provider (or Representative) — Date: 2/2/25

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 twenty-four 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

Resident 1
Record review of Resident 1's January 2025 Medication Log showed no doctor's order for Mupirocin Ointment 2% (used to treat skin infection caused by bacteria)

In a joint observation on 01/28/2025 at 4:19 PM, with Staff B, Caregiver, showed a tube of Mupirocin Ointment 2% in Resident 1's medication supply.

In an interview on 01/28/2025 at 4:20 PM, Staff B stated that doctor ordered the Mupirocin Ointment 2% in July 2024, and didn't renew the order after they used it in July 2024. Staff B stated that they forgot to dispose of it.

Resident 2
Record review of Resident 2's January 2025 Medication Log showed an order on 04/02/2024 for Sodium Fluoride Cream (medication used to prevent dental cavities) 5000 Pl daily as needed.

In a joint observation, on 01/28/2025 at 4:43 PM, with Staff B, of Resident 2's medication supply showed the Sodium Fluoride Cream expired [redacted]/27/2024.

During an interview, on 01/28/2025 at 3:20 PM, Staff B stated that they didn't know that the Sodium Fluoride Cream had expired.

Record review of the undated Medication Disposal Policy showed that the AFH would return all expired and unneeded prescriptions to the pharmacy.

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, NEWPORT HILLS FAMILY CARE 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four 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 the resident representative for 2 of 2 sampled residents (Resident 1 and Resident 2) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1 and Resident 2 and their representative at risk of not being aware of the rules of the home, resident rights, the care, and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]2015 with multiple disabling diagnoses. Resident 1's Admission Agreement was signed and dated by the resident on 10/22/2022. The Notice of Services was three months overdue to be signed.

Record review showed the AFH admitted Resident 2 on [redacted]2012 with multiple disabling diagnoses. Resident 2's Admission Agreement was signed and dated by their representative on 12/06/2022. The Notice of Services was one month overdue to be signed.

During an interview, on 02/05/2025 at 12:52 PM, Staff A, Provider, stated that they didn't know they were due to be signed again.

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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/25.

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

Provider (or Representative) — Date: 2/2/25

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a

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 the resident representative for 2 of 2 sampled residents (Resident 1 and Resident 2) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1 and Resident 2 and their representative at risk of not being aware of the rules of the home, resident rights, the care, and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2015 with multiple disabling diagnoses. Resident 1's Admission Agreement was signed and dated by the resident on 10/22/2022. The Notice of Services was three months overdue to be signed.

Record review showed the AFH admitted Resident 2 on [redacted]/2012 with multiple disabling diagnoses. Resident 2's Admission Agreement was signed and dated by their representative on 12/06/2022. The Notice of Services was one month overdue to be signed.

During an interview, on 02/05/2025 at 12:52 PM, Staff A, Provider, stated that they didn't know they were due to be signed again.

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, NEWPORT HILLS FAMILY CARE 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:

(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 instructions on how to properly install the [redacted] and documentation on the Negotiated Care Plan (NCP) to regularly check the [redacted] to ensure they are properly installed for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for injury from improper use of the medical device.

Findings included...

NOTE: Washington (WA) State Department of Social and Health Services "May 15, 2013 AFH 'Dear Provider' Letters," was issued to AFH providers related to the safety risks associated with the use of all medical devices, including [redacted]. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Note: Washington (WA) State Department of Social and Health Services "Dear Provider" letter dated 10/12/2016 titled "Medical Device Requirements" stated, "the resident's negotiated care plan must also include how the resident will use the device." The provider letter added, "in addition to the resident assessment identifying the resident's need for the medical device, the resident must also be assessed for the ability to safely use the device."

Review of Resident 1's Negotiated Care Plan (NCP) under Bed Mobility/Transfer; "how to keep client safe" stated that the [redacted] helped the client to not roll down the bed.

A joint observation with Staff B, Caregiver, on 01/28/2025 at 11:10 AM, showed Resident 1 in bed with [redacted] elevated.

Record review of Resident 1's Negotiated Care Plan (NCP) dated 11/22/2024 contained no information regarding instructions to caregivers on how they would ensure the [redacted] was properly installed. The NCP contained no information on how often the caregivers would check the [redacted] for safety issues to prevent Resident 1 from possible injury when rolling down the bed.

In an interview, on 01/05/2025 at 1:10 PM, Staff A, Provider, stated that they needed to

update the NCP to instruct the caregivers on when and how to check the [redacted] to ensure they are properly installed. Staff A stated that they have no documentation regarding safety checks for the [redacted]

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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/25.

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

Provider (or Representative) _____ Date 2/1/25

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 keep the cleaning supplies in a locked storage and in the original containers. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

A joint observation, on 01/28/2025 at 10:54 AM, with Staff B, Caregiver, showed an unlabeled plastic container half full of a green solution, on the kitchen sink. The cabinet below the kitchen sink showed a 102-ounce bottle of Palmolive and Ajax 21-ounce container. There was no lock on the cabinet.

A joint observation, on 01/28/2025 at 11:17 AM, with Staff B, showed a Kirkland laundry detergent bucket three-fourths filled with white powder, on the floor in the dining room, next to open bi-fold doors by the washer and dryer.

A joint observation, on 01/28/2025 at 11:40 AM, with Staff B showed a Lysol all purpose 32 oz spray bottle on the floor in the bathroom of Bedroom B.

update the NCP to instruct the caregivers on when and how to check the [redacted] to ensure they are properly installed. Staff A stated that they have no documentation regarding safety checks for the [redacted].

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, NEWPORT HILLS FAMILY CARE 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 388-76-10750 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 keep the cleaning supplies in a locked storage and in the original containers. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

A joint observation, on 01/28/2025 at 10:54 AM, with Staff B, Caregiver, showed an unlabeled plastic container half full of a green solution, on the kitchen sink. The cabinet below the kitchen sink showed a 102-ounce bottle of Palmolive and Ajax 21-ounce container. There was no lock on the cabinet.

A joint observation, on 01/28/2025 at 11:17 AM, with Staff B, showed a Kirkland laundry detergent bucket three-fourths filled with white powder, on the floor in the dining room, next to open bi-fold doors by the washer and dryer.

A joint observation, on 01/28/2025 at 11:40 AM, with Staff B showed a Lysol all purpose 32 oz spray bottle on the floor in the bathroom of Bedroom B.

During an interview, on 01/29/2025 at 10:54 AM, Staff B stated that the plastic container was filled with Palmolive dishwashing liquid, and it was used to clean the dishes. Staff B stated that they did not know that the container had to be labeled, and that the cleaning substances needed to be kept in locked 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, NEWPORT HILLS FAMILY CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/25.

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

Provider (or Representative) — Date: 2/1/25

During an interview, on 01/28/2025 at 10:54 AM, Staff B stated that the plastic container was filled with Palmolive dishwashing liquid, and it was used to clean the dishes. Staff B stated that they did not know that the container had to be labeled, and that the cleaning substances needed to be kept in locked 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, NEWPORT HILLS FAMILY CARE 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