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

CASCADES AFH INC
CASCADES ADULT FAMILY HOME INC
16512 SE NEWPORT WAY
BELLEVUE, WA 98006

RE: CASCADES ADULT FAMILY HOME INC License # 750720

Dear Provider:

This letter addresses Compliance Determination(s) 62405 (Completion Date 08/06/2025) and 59236 (Completion Date 05/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/06/2025 and found that you have corrected the violations listed in the Full report dated 05/12/2025. Your home is back in compliance as of 05/07/2025 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 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10650-2-a

The Department staff who did the off-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano

Cecile Leano, Field Manager
Region 2, Unit E
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

Statement of Deficiencies	License #: 750720	Compliance Determination # 59236
Plan of Correction	CASCADES ADULT FAMILY HOME INC	Completion Date
Page 1 of 5	Licensee: CASCADES AFH INC	05/12/2025

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 05/07/2025 of:
CASCADES ADULT FAMILY HOME INC
16512 SE NEWPORT WAY
BELLEVUE, WA 98006

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:

Jimmie Jordan, NCI

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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Page 2 of 5	Licensee: CASCADES AFH INC	05/12/2025

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.

Nicole Brown
Residential Care Services

05/16/2025
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)

07/25/2025
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on record review, observations and interviews, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included instructions to the caregivers regarding bed mobility and [redacted]. This failure placed 2 of 2 sampled residents (Resident 1 and 2) at risk for unmet care needs.

Findings included...

Resident 1
Record review showed the AFH admitted Resident 1 on [redacted]/2023. Review of Resident 1's Assessment dated 09/07/2024 showed that Resident 1 required total assistance with positioning, needed to be repositioned every 2-3 hours, and used [redacted] for repositioning. Review of Resident 1's NCP dated 09/07/2024 showed no instructions to caregivers when the [redacted] should be elevated or lowered, how often the caregivers should reposition the resident, or when and how to check the [redacted] for safety concerns.

Observation on 05/07/2025 at 2:00 PM showed Staff A, Provider, changed Resident 1's adult brief, repositioned Resident 1 while Resident 1 held on to the elevated [redacted] for assistance when turned on each their left and right side. Staff A left the [redacted]

elevated after providing care, then exited Resident 1's bedroom.

In an interview on 05/07/2025 at 12:43 PM, Staff A stated that they have the [redacted] installation instructions on their phone, and that they keep the [redacted] elevated when Resident 1 is in bed.

Resident 2
Review of Resident 2's Assessment dated 06/24/2024 showed Resident 1 required standby for safety, cueing monitoring, or encouragement for resident's ability to move about in bed or a chair, turn side to side, and position body for comfort in bed or chair. Resident 2's Assessment dated 06/24/2024 stated that the resident had [redacted] to help with repositioning. Review of Resident 2's NCP dated 06/24/2024 showed no instructions to caregivers when the [redacted] should be elevated or lowered, how often the caregivers should provide cueing monitoring or encouragement to Resident 2 for repositioning, or when and how to check the [redacted] for safety concerns.

In an interview on 05/07/2025 at 1:55 PM, Staff A stated that they understood the safety concerns regarding [redacted]. They stated that they had used [redacted] for residents for several years and had not had any issues.

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, CASCADES ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 5/07/2025

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

Provider (or Representative) — Date: 07/25/2025

WAC 388-76-10650 Medical devices.

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

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

This requirement was not met as evidenced by:

Based upon record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place for 2 of 2 sampled residents (Resident 1 and 2) to ensure an assessment was completed that identified the need and ability of a resident to safely use a medical device with a known safety risk was used. This failure placed

Resident 1 and Resident 2 at risk for unmet safety needs.

Resident 1
Record review of Resident 1's Assessment dated 09/07/2024 did not contain an evaluation to identify Resident 1's ability to safely use [redacted]. The Assessment stated, "[redacted] for reposition, using [redacted] for reposition."

A joint observation with Staff A, Provider, on 05/07/2025 at 9:40 AM showed Resident 1 in bed with bilateral (pertaining to, involving, or affecting two or both sides) half [redacted] elevated.

In an interview on 05/07/2025 at 4:55 PM, Staff A stated that Residents 1 was not receiving physical therapy services, so a physical therapist did not complete an assessment for [redacted].

Resident 2
Record review of Resident 2's Assessment dated 06/24/2024 did not contain an evaluation to identify Resident 2's ability to safely use the [redacted]. The Assessment stated, "has [redacted] to help with repositioning."

A joint observation with Staff A on 05/07/2025 at 9:42 AM showed Resident 2's bed with bilateral half [redacted], covered with protective padding, in a lowered position.

In an interview on 05/07/2025 at 4:55 PM, Staff A stated that Residents 2 had padding on the [redacted] because they bruise easily.

In an interview on 05/12/2025 at 3:20 PM, Collateral Contact 1 (CC1) stated that Staff A told them that the AFH decided to place [redacted] on Resident 2's bed after Resident 2 fractured their pelvis, to prevent Resident 2 from rolling out of bed due to increased behaviors in the evening.

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

Provider (or Representative) — Date: 07/25/2025