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

HERITAGE ADULT CARE SERVICES LLC

HERITAGE ADULT CARE SERVICES LLC
13606 6TH AVE SW
BURIEN, WA 98166

RE: HERITAGE ADULT CARE SERVICES LLC License # 751564

Dear Provider:

This letter addresses Compliance Determination(s) 76149 (Completion Date 04/24/2026) and 74909 (Completion Date 03/30/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/24/2026 and found that you have corrected the violations listed in the Follow up report dated 03/30/2026. Your home is back in compliance as of 03/27/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10355-1, WAC 388-76-10355-6-a, WAC 388-76-10355-6-d

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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

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

The department completed data collection for an unannounced on-site follow-up on 03/26/2026 of:

HERITAGE ADULT CARE SERVICES LLC
13606 6TH AVE SW
BURIEN, WA 98166

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

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

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

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

Residential Care Services — 04/07/2026 Date

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

Provider (or Representative) — 04/16/2026 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,

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(d) How the home will accommodate the preferences and choices.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included all care needs for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of unmet care needs.

Findings included:

Observation on 03/26/2026 at 1:45 PM, showed Resident 3 lived in and received care from the AFH. Further observation showed Resident 3 was receiving care from a visiting Hospice nurse (medical care for people who are terminally ill or nearing the end of their life).

Review of Resident 3's current NCP dated 03/06/2026, showed no information that Resident 3's was on Hospice. Further review of Resident 3's files showed no information on the Hospice care services Resident 3 received.

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

Residential Care Services | Date

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

Provider (or Representative) | Date

WAC 388-76-10355 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;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(d) How the home will accommodate the preferences and choices.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included all care needs for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of unmet care needs.

Findings included…

Observation on 03/26/2026 at 1:45 PM, showed Resident 3 lived in and received care from the AFH. Further observation showed Resident 3 was receiving care from a visiting Hospice nurse (medical care for people who are terminally ill or nearing the end of their life).

Review of Resident 3's current NCP dated 03/05/2026, showed no information that Resident 3's was on Hospice. Further review of Resident 3's files showed no information on the Hospice care services Resident 3 received.

During an interview on 03/26/2026 at 2:05 PM, Collateral Contact 1 (CC1) stated that Resident 3 was admitted to a Hospice program on 02/26/2026. CC1 further stated that they would fax information to the AFH regarding the Hospice care Resident 3 received.

During an interview on 03/26/2026 at 2:12 PM, Staff B, Resident Manager, stated that they thought they included Resident 3's Hospice information in their care plan. Staff B stated that they did not have a Hospice plan and they did not have information available for Resident 3's Hospice program.

This is an uncorrected deficiency previously cited on 02/17/2026.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, HERITAGE ADULT CARE SERVICES LLC is or will be in compliance with this law and / or regulation on (Date) 03/27/2026.

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

Provider (or Representative) 04/16/2026 Date

During an interview on 03/26/2026 at 2:05 PM, Collateral Contact 1 (CC1) stated that Resident 3 was admitted to a Hospice program on 02/28/2026. CC1 further stated that they would fax information to the AFH regarding the Hospice care Resident 3 received.

During an interview on 03/26/2026 at 2:12 PM, Staff B, Resident Manager, stated that they thought they included Resident 3's Hospice information in their care plan. Staff B stated that they did not have a Hospice plan and they did not have information available for Resident 3's Hospice program.

This is an uncorrected deficiency previously cited on 02/17/2026.

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

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

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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

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

The department completed data collection for the unannounced on-site full inspection on 02/05/2026 of:

HERITAGE ADULT CARE SERVICES LLC
13606 6TH AVE SW
BURIEN, WA 98166

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

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

Statement of Deficiencies	License #: 751554	Compliance Determination #: 72416
Plan of Correction	HERITAGE ADULT CARE SERVICES LLC	Completion Date
Page 2 of 12	Licensee: HERITAGE ADULT CARE SERVICES LLC	02/17/2026

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

Residential Care Services — 2-20-2026 Date

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

Provider (or Representative) — 2/28/26 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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a valid background check for 2 of 6 staff (Staff A, Entity Representative, and Staff B, Resident Manager). This failure resulted in Staff A and Staff B providing care to vulnerable adults with an unknown criminal background

Findings included...

Observation on 02/05/2026 at 11:30 AM, showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH. Further observation showed Staff B provided care to all residents.

Review of Staff A's personnel records showed a name and date of birth background check that expired on 01/07/2026. Further review of Staff A's records showed no valid name and date of birth background check.

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

Residential Care Services | Date

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

Provider (or Representative) | Date

WAC 388-76-10165 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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a valid background check for 2 of 5 staff (Staff A, Entity Representative, and Staff B, Resident Manager). This failure resulted in Staff A and Staff B providing care to vulnerable adults with an unknown criminal background.

Findings included…

Observation on 02/05/2026 at 11:30 AM, showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH. Further observation showed Staff B provided care to all residents.

Review of Staff A’s personnel records showed a name and date of birth background check that expired on 01/07/2026. Further review of Staff A’s records showed no valid name and date of birth background check.

Review of Staff B's personnel records showed a name and date of birth background check that expired 01/09/2026. Further review of Staff B's records showed no valid name and date of birth background check.

During an interview on 02/05/2026 at 1:10 PM, Staff B stated that they thought they had completed background checks more recently. Staff B stated that they would complete a background check for themselves and Staff A as soon as possible.

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, HERITAGE ADULT CARE SERVICES LLC is or will be in compliance with this law and / or regulation on (Date) 03/08/2026

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

Provider (or Representative) 02/28/2026 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;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(d) How the home will accommodate the preferences and choices.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 3), included all of their care needs. This failure placed Resident 3 at risk of unmet care needs.

Findings included...

Observation on 02/05/2026 at 11:30 AM, showed Resident 3 lived in and received care

Review of Staff B's personnel records showed a name and date of birth background check that expired 01/09/2026. Further review of Staff B's records showed no valid name and date of birth background check.

During an interview on 02/05/2026 at 1:10 PM, Staff B stated that they thought they had completed background checks more recently. Staff B stated that they would complete a background check for themselves and Staff A as soon as possible.

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, HERITAGE ADULT CARE SERVICES LLC 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 388-76-10355 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;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(d) How the home will accommodate the preferences and choices.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 3), included all of their care needs. This failure placed Resident 3 at risk of unmet care needs.

Findings included…

Observation on 02/05/2026 at 11:30 AM, showed Resident 3 lived in and received care

Statement of Deficiencies	License #: 751564	Compliance Determination #72416
Plan of Correction	HERITAGE ADULT CARE SERVICES LLC	Completion Date
Page 4 of 12	Licensee: HERITAGE ADULT CARE SERVICES LLC	02/17/2026

from the AFH.

Review of Resident 3's most recent annual assessment dated 03/18/2025, showed that Resident 3 was allergic to Ranitidine (a medication used to treat heartburn and ulcers). Further review showed that Resident 3 needed their oxygen levels checked daily and needed to avoid beverages and food with caffeine. Additionally Resident 3's assessment showed that Resident 3 needed to be repositioned every 2 to 3 hours.

Review of Resident 3's current NCP dated 09/19/2025, showed no information regarding Resident 3's allergy to Ranitidine or their need to avoid caffeinated food and beverages. Review of Resident 3's NCP showed no information on Resident 3's needs to be repositioned.

During an interview on 02/05/2026 at 3:10 PM, Staff B, Resident Manager, stated that Resident 3 did require repositioning at night. Staff B further stated they would update Resident 3's NCP to include all their current care needs.

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, HERITAGE ADULT CARE SERVICES LLC is or will be in compliance with this law and / or regulation on (Date) 03 | 16 | 2026

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

Provider (or Representative) — Date: 02 | 28 | 2026

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

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

This requirement was not met as evidenced by:

from the AFH.

Review of Resident 3's most recent annual assessment dated 03/19/2025, showed that Resident 3 was allergic to Ranitidine (a medication used to treat heartburn and ulcers). Further review showed that Resident 3 needed their oxygen levels checked daily and needed to avoid beverages and food with caffeine. Additionally Resident 3's assessment showed that Resident 3 needed to be repositioned every 2 to 3 hours.

Review of Resident 3's current NCP dated 03/19/2025, showed no information regarding Resident 3's allergy to Ranitidine or their need to avoid caffeinated food and beverages. Review of Resident 3's NCP showed no information on Resident 3's needs to be repositioned.

During an interview on 02/05/2026 at 3:10 PM, Staff B, Resident Manager, stated that Resident 3 did require repositioning at night. Staff B further stated they would update Resident 3's NCP to include all their current care needs.

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, HERITAGE ADULT CARE SERVICES LLC 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 751564	Compliance Determination # 72415
Plan of Correction	HERITAGE ADULT CARE SERVICES LLC	Completion Date
Page 5 of 12	Licensee: HERITAGE ADULT CARE SERVICES LLC	02/17/2026

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct a full evacuation drill that included 1 of 6 residents (Resident 3) and failed to document Resident 3's refusal to participate in evacuation drills with estimated evacuation time, in their Negotiated Care Plan (NCP). This failure placed Resident 3 at risk of harm in the event of an emergency that required evacuation of the home.

Findings included...

Observation on 02/05/2026 at 11:30 AM, showed Resident 3 lived in and received care from the AFH.

Review of the AFH's evacuation drill records showed the last full evacuation drill was conducted on 07/31/2025. Further review of the drill logs showed Resident 3 refused to participate in the full evacuation and all partial evacuation drills.

Review of Resident 3's most recent NCP dated 03/29/2024 showed that Resident 3 was wheelchair dependent. Further review showed no information regarding the time it would take to evacuate Resident 3 from the AFH. Additional review showed no information regarding Resident 3's refusal to participate in evacuation drills.

During an interview on 02/05/2026 at 2:40 PM, Staff B, Resident Manager, stated that Resident 3 did not participate in evacuation drills. Staff B stated that they were not aware that Resident 3's request to refuse evacuation drills needed to be documented in their NCP. Staff B further stated that they would ensure the estimated time to evacuate Resident 3 was added to their 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, HERITAGE ADULT CARE SERVICES LLC is or will be in compliance with this law and / or regulation on (Date) 03/05/2026

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

Provider (or Representative) — Date 02/28/2026

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct a full evacuation drill that included 1 of 6 residents (Resident 3) and failed to document Resident 3's refusal to participate in evacuation drills with estimated evacuation time, in their Negotiated Care Plan (NCP). This failure placed Resident 3 at risk of harm in the event of an emergency that required evacuation of the home.

Findings included…

Observation on 02/05/2026 at 11:30 AM, showed Resident 3 lived in and received care from the AFH.

Review of the AFH's evacuation drill records showed the last full evacuation drill was conducted on 07/31/2025. Further review of the drill logs showed Resident 3 refused to participate in the full evacuation and all partial evacuation drills.

Review of Resident 3's most recent NCP dated 03/28/2024 showed that Resident 3 was wheelchair dependent. Further review showed no information regarding the time it would take to evacuate Resident 3 from the AFH. Additional review showed no information regarding Resident 3's refusal to participate in evacuation drills.

During an interview on 02/05/2026 at 2:40 PM, Staff B, Resident Manager, stated that Resident 3 did not participate in evacuation drills. Staff B stated that they were not aware that Resident 3's request to refuse evacuation drills needed to be documented in their NCP. Staff B further stated that they would ensure the estimated time to evacuate Resident 3 was added to their 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, HERITAGE ADULT CARE SERVICES LLC 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 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is

within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 3 of 6 residents (Residents 3, 4 and 5) had a call bell. This failure placed Resident 3, Resident 4 and Resident 5 at risk of receiving prompt attention to their care needs and safety in case of an emergency.

Findings included…

During a visit on 02/05/2026 at 11:30 AM, observation showed Resident 3, Resident 4 and Resident 5 lived in and received care from the AFH.

Observation on 02/05/2026 at 12:30 PM, showed that Residents 4 and 5 shared Bedroom [redacted]. Further observation showed one call bell on a shelf above Resident 4's bed. Observation showed no other call bell was available.

Observation on 02/05/2026 at 12:35 PM, showed Resident 3 did not have a call bell in their bedroom.

During an interview on 02/05/2026 at 4:00 PM, Resident 5 stated that they did not have a call bell. Resident 5 stated that if they needed a caregiver, they would yell out for them.

During an interview on 02/05/2026 at 12:45 PM, Staff B, Resident Manager, stated that Resident 4 and Resident 5 shared a call bell. Staff B further stated they did not realize every resident had to have their own call bell. Additionally, Staff B stated that they did not realize Resident 3 was missing their call bell. Staff B stated they would ensure each resident had their own working call bell.

Statement of Deficiencies	License #: 751564	Compliance Determination #72416
Plan of Correction	HERITAGE ADULT CARE SERVICES LLC	Completion Date
Page 7 of 12	Licensee: HERITAGE ADULT CARE SERVICES LLC	02/17/2026

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, HERITAGE ADULT CARE SERVICES LLC is or will be in compliance with this law and / or regulation on (Date) 02/21/2026

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

Provider (or Representative) 02/28/2026 Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

(7) Is cared for in an environment that is safe, clean, comfortable, and homelike; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure residents were cared for in a clean and homelike environment that enhanced their quality of life for 2 of 6 residents (Residents 4 and 5). This failure placed Resident 4 and Resident 5 at risk of a decreased quality of life.

Findings included...

During a visit on 02/05/2026 at 11:30 AM, observation showed that Resident 4 and Resident 5 lived in and received care from the AFH. Further observation showed that Resident 4 and Resident 5 shared a bedroom.

Observation on 02/05/2026 at 12:45 PM, showed a portable plastic urinal on the floor next to Resident 4's bed. Further observation showed the urinal was dirty and had mold growth.

During an interview on 02/05/2026 at 4:00 PM, Resident 4 stated that they used their portable urinal often. Resident 4 stated that they needed assistance emptying and cleaning the urinal. Resident 4 stated that Resident 5 sometimes emptied their urinal for them so that it was not sitting in their room full of urine.

During an interview on 02/05/2026 at 12:46 PM, Staff B, Resident Manager, stated that they needed to clean Resident 4's urinal more often. Staff B further stated that they

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, HERITAGE ADULT CARE SERVICES LLC 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 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

(7) Is cared for in an environment that is safe, clean, comfortable, and homelike; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure residents were cared for in a clean and homelike environment that enhanced their quality of life for 2 of 6 residents (Residents 4 and 5). This failure placed Resident 4 and Resident 5 at risk of a decreased quality of life.

Findings included…

During a visit on 02/05/2026 at 11:30 AM, observation showed that Resident 4 and Resident 5 lived in and received care from the AFH. Further observation showed that Resident 4 and Resident 5 shared a bedroom.

Observation on 02/05/2026 at 12:45 PM, showed a portable plastic urinal on the floor next to Resident 4's bed. Further observation showed the urinal was dirty and had mold growth.

During an interview on 02/05/2026 at 4:00 PM, Resident 4 stated that they used their portable urinal often. Resident 4 stated that they needed assistance emptying and cleaning the urinal. Resident 4 stated that Resident 5 sometimes emptied their urinal for them so that it was not sitting in their room full of urine.

During an interview on 02/05/2026 at 12:46 PM, Staff B, Resident Manager, stated that they needed to clean Resident 4's urinal more often. Staff B further stated that they

would ensure Resident 4 had a clean urinal available in their room

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, HERITAGE ADULT CARE SERVICES LLC is or will be in compliance with this law and / or regulation on (Date) 02/20/2026

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

Provider (or Representative) 02/28/2026 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:

(4) At least every twelve months.

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 4) had their Negotiated Care Plan (NCP) updated annually. This failure placed Resident 4 at risk of unmet care needs.

Findings included...

During a visit on 02/05/2026 at 11:30 AM, observation showed that Resident 4 lived in and received care from the AFH.

Review of Resident 4's records showed a signed NCP dated 06/29/2024. Further review showed Resident 4's records did not have their NCP reviewed and signed in 2025.

During an interview on 02/05/2026 at 2:46 PM, Staff B, Resident Manager, stated that they did not realize Resident 4's NCP had not been updated since 2024. Staff B further stated that they would ensure Resident 4's NCP was reviewed and signed as soon as possible.

would ensure Resident 4 had a clean urinal available in their room.

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, HERITAGE ADULT CARE SERVICES LLC 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:

(4) At least every twelve months.

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 4) had their Negotiated Care Plan (NCP) updated annually. This failure placed Resident 4 at risk of unmet care needs.

Findings included…

During a visit on 02/05/2026 at 11:30 AM, observation showed that Resident 4 lived in and received care from the AFH.

Review of Resident 4’s records showed a signed NCP dated 06/29/2024. Further review showed Resident 4’s records did not have their NCP reviewed and signed in 2025.

During an interview on 02/05/2026 at 2:45 PM, Staff B, Resident Manager, stated that they did not realize Resident 4’s NCP had not been updated since 2024. Staff B further stated that they would ensure Resident 4’s NCP was reviewed and signed as soon as possible.

Statement of Deficiencies	License #: 751564	Compliance Determination # 72416
Plan of Correction	HERITAGE ADULT CARE SERVICES LLC	Completion Date
Page 9 of 12	Licensee: HERITAGE ADULT CARE SERVICES LLC	02/17/2026

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, HERITAGE ADULT CARE SERVICES LLC is or will be in compliance with this law and / or regulation on (Date) 03/16/2026

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

Provider (or Representative) 02/28/2026 Date

WAC 388-76-10760 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 all toxic substances were kept in a locked storage. This failure placed 3 of 3 ambulatory residents (Residents 1, 4 and 5) at risk of harm if they accidentally ingested toxic substances.

Findings included...

During a visit on 02/05/2026 at 11:30 AM, observation showed that Residents 1, 4 and 5, lived in and received care from the AFH. Further observation showed that Residents 1,4, and 5 could ambulate independently.

During an interview on 12:35 PM, Staff B, Resident Manager, stated that residents sometimes used the bathroom located in their living quarters. Staff B stated they made the bathroom accessible for residents to use if the main resident bathroom was unavailable.

Observation on 02/05/2026 at 12:40 PM, showed a bottle of Ajax bleach cleaner and a bottle of Clorox disinfecting cleaner in the shower area of the bathroom in Staff B's living quarters. Further observation showed a bottle of Hydrogen peroxide on the bathroom shelf

Observation on 02/05/2026 at 12:30 PM showed the shared resident bathroom had an unlocked vanity cabinet that contained a bottle of wound cleanser. Further observation showed that storage cabinet under the sink was unlocked and contained several bottles

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Provider (or Representative) Date

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

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Observation on 02/05/2026 at 12:40 PM, showed a bottle of Ajax bleach cleaner and a bottle of Clorox disinfecting cleaner in the shower area of the bathroom in Staff B's living quarters. Further observation showed a bottle of Hydrogen peroxide on the bathroom shelf.

Observation on 02/05/2026 at 12:30 PM showed the shared resident bathroom had an unlocked vanity cabinet that contained a bottle of wound cleanser. Further observation showed that storage cabinet under the sink was unlocked and contained several bottles

of cleaning supplies including Clorox bleach cleaners.

During an interview on 02/05/2026 at 12:48 PM, Staff B stated that they did not realize the cleaning supplies cabinet in the resident bathroom was left unlocked and the wound cleaner was left in the bathroom. Staff B further stated that that they were unaware that toxic substances had to be in locked storage in all areas that residents had access to including the caregiver rooms.

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, HERITAGE ADULT CARE SERVICES LLC 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 02/28/2026

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 all medications were kept in a locked storage. This failure placed 3 of 3 ambulatory residents (Residents 1, 4 and 5) at risk of harm if they accidentally ingested medication that was not prescribed to them.

Findings included...

During a visit on 02/05/2026 at 11:30 AM, observation showed that Residents 1, 4 and 5, lived in and received care from the AFH. Further observation showed that Residents 1, 4, and 5 could ambulate independently.

Observation on 02/05/2026 at 12:40 PM, showed the caregiver's bedroom door wide open. Further observation showed two prescription medications for Resident 3 on top of the bedroom desk. Observations of the medication labels showed Resident 3 was prescribed Polyethylene Glycol, mix 17 grams in one cup of water and drink by mouth every day for constipation, hold for loose stool and Ondansetron HCL 4 milligrams, take

of cleaning supplies including Clorox bleach cleaners.

During an interview on 02/05/2026 at 12:46 PM, Staff B stated that they did not realize the cleaning supplies cabinet in the resident bathroom was left unlocked and the wound cleaner was left in the bathroom. Staff B further stated that that they were unaware that toxic substances had to be in locked storage in all areas that residents had access to including the caregiver rooms.

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1 tablet by mouth every 6 hours as needed for nausea and vomiting.

Observation on 02/05/2026 at 12:45 PM, showed a bottle of Fluticasone 50 Micrograms Nasal Spray, administer 1 spray into each nostril daily for chronic cough, on the bedroom floor in front of Resident 4's bed. Review of the medication label showed this was prescribed for Resident 4.

During an interview on 02/05/2026 at 12:46 PM, Staff B, Resident Manager, stated that resident medications should not have been left in the bedrooms. Staff B further stated that they would ensure all the medications were kept in the locked medication closet.

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Provider (or Representative) 02/28/2026 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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Medication Administration Record (MAR) was kept current for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of medication errors and not receiving medication as prescribed.

Findings included...

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Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Medication Administration Record (MAR) was kept current for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk of medication errors and not receiving medication as prescribed.

Findings included…

During a visit on 02/05/2026 at 11:30 AM, observation showed Resident 3 lived in and received medication assistance from the AFH.

Review of Resident 3's records showed that Resident 3 was discharged from the hospital on [redacted]/2026 with new medications. Further review showed Resident 3 was prescribed:
-Bisacodyl 5 Milligrams (mg), take two tablets by mouth every day for constipation.
-Naloxegol 25 mg, take one tablet by mouth every day for constipation.
-Polyethylene Glycol Oral Powder, mix 17 grams in one cup of water and drink by mouth twice a day for constipation.

Review of Resident 3's February 2026 MAR showed that the Bisacodyl, Naloxegol and Polyethylene Glycol medications were not listed.

During an interview on 02/05/2026 at 3:20 PM, Staff C, Caregiver, stated that they had not yet added Resident 3's new medications to their MAR since they arrived back to the AFH from the hospital on [redacted]/2026. Staff C further stated that they had been providing all prescribed medications to Resident 3 as required. Staff C stated that they had not logged the new medication dosages that were provided on 02/04/2026 and 02/05/2026. Staff C further stated they would ensure all medication given to Resident 3 was logged in their MAR.

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