STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

ARGONNE INC
ARGONNE ADULT FAMILY HOME
1572 GRANT ROAD
EAST WENATCHEE, WA 98802

RE: ARGONNE ADULT FAMILY HOME License # 752273

Dear Provider:

This letter addresses Compliance Determination(s) 70340 (Completion Date 12/17/2025) and 68107 (Completion Date 11/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/17/2025 and found that you have corrected the violations listed in the Follow up report dated 11/06/2025. Your home is back in compliance as of 11/13/2025 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 388-76-10485, WAC 388-76-10485-3

The Department staff who did the on-site verification:
Lisa Beason, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 10/31/2025 of:
ARGONNE ADULT FAMILY HOME
1572 GRANT ROAD
EAST WENATCHEE, WA 98802

This document references the following SOD dated: 11/06/2025

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

License #: 752273
ARGONNE ADULT FAMILY HOME
Licensee: ARGONNE INC

Compliance Determination #68107
Completion Date
11/06/2025

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.

Michelle Ann Garbrough
Residential Care Services

11/13/2025
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.

Carlee
Provider (or Representative)

11/13/25
Date

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to secure medication in a locked storage that was secure and inaccessible to 6 of 6 residents (Resident 1, 2, 4, 5 & 6). This failure placed residents at risk for accessing medications not for their use.

Findings included . . .

On 10/31/2025 at 2:38 PM, the following medications were in an unlocked, lockable bag in the refrigerator located in the kitchen of the AFH:

- Insulin Glargine (injectable medication used to treat high blood sugar).
- Zegalogue (injectable medication used to treat low blood sugar)

In an interview with Staff A, Provider, on 11/06/2025 at 8:30 AM, they stated that they were not sure why the lockable medication bag with medications was in the refrigerator had not been locked.

This is a repeated deficiency previously cited on 09/04/2025.

Statement of Deficiencies
Plan of Correction

License #: 752273
ARGONNE ADULT FAMILY HOME
Licensee: ARGONNE INC

Compliance Determination #68107
Completion Date
11/06/2025

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this acbon, ARGONNE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 11-13-25

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

Carco

Provider (or Representative)

11/13/25
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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 08/27/2025 of:
ARGONNE ADULT FAMILY HOME
1572 GRANT ROAD
EAST WENATCHEE, WA 98802

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

The department staff that inspected the Adult Family Home:

Lisa Beason, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Ann Garbrough
Residential Care Services

09/05/2025
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 388-76-10750 Safety and maintenance. The adult family home must:

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family home (AFH) failed to ensure toxic substances were in their original container and kept secured from access to 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6). This failure placed residents at risk of accessing toxic chemicals.

Findings included. . .

Observation on 08/27/2025 at 12:25 PM found an unlabeled spray bottle 1/2 full of a liquid substance in a restroom accessible to residents.

During an interview on 08/27/2025 at 12:25 PM, Staff A, Provider, stated that the substance was Lysol (a disinfectant) and was unsure why it was left in the bathroom

Statement of Deficiencies	License #: 752273	Compliance Determination #:54845
Plan of Correction	ARGONNE ADULT FAMILY HOME	Completion Date
Page 3 of 5	Licensee: ARGONNE INC	09/04/2025

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, ARGONNE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) Aug. 27, 2025

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

Carceo
Provider (or Representative)

09/12/25
Date

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medications requiring refrigeration were kept in locked storage and inaccessible to 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6). This failure placed residents at risk for accessing medications not for their use.

Findings included. . .

Observation on 08/27/2025 at 12:42 PM found the following medications unsecured in a refrigerator located in the kitchen of the AFH.

- Insulin Glargine (injectable medication used to treat high blood sugar).
- Zegalogue (injectable medication used to treat low blood sugar).

During an interview on 08/27/2025 at 12:43 PM, Staff A, Provider, stated that they were unsure why the medicaton was not secured because they had a locking bag for refrigerated medications.

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

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

Provider (or Representative) Date

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medications requiring refrigeration were kept in locked storage and inaccessible to 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6). This failure placed residents at risk for accessing medications not for their use.

Findings included. . .

Observation on 08/27/2025 at 12:42 PM found the following medications unsecured in a refrigerator located in the kitchen of the AFH.

- Insulin Glargine (injectable medication used to treat high blood sugar).
- Zegalogue (injectable medication used to treat low blood sugar).

During an interview on 08/27/2025 at 12:43 PM, Staff A, Provider, stated that they were unsure why the medication was not secured because they had a locking bag for refrigerated medications.

Statement of Deficiencies	License #: 752273	Compliance Determination #:64845
Plan of Correction	ARGONNE ADULT FAMILY HOME	Completion Date
Page 4 of 5	Licensee: ARGONNE INC	09/04/2025

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, ARGONNE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/27/25.

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

Carey — Provider (or Representative)

09-12-25 — 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:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B) completed 12 hours of continuing education. This failure placed residents at risk of receiving care from an unqualified caregiver.

Findings included. . .

Review of employee records for Staff B, hired on 05/01/2022 showed Staff B held a Nursing Assistant Certified (NAC) credential. Based on their birthday, Staff B was required to complete 12 hours of DSHS approved continuing education between 11/19/2023 and 11/19/2024. Review of employee records found no documentation of continuing education between 11/19/2023 and 11/19/2024.

During an interview on 08/27/2025 at 2:30 PM, Staff A, Provider, stated that Staff B had been registered to take a continuing education course but was unable to attend. Staff A stated Staff B took the course January 13, 14 and 15th 2025. Staff A stated that they had no documentation Staff B completed continuing education between 11/19/2023 and 11/19/2024.

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

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

_____ _____
Provider (or Representative) Date

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

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

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B) completed 12 hours of continuing education. This failure placed residents at risk of receiving care from an unqualified caregiver.

Findings included. . .

Review of employee records for Staff B, hired on 05/01/2022 showed Staff B held a Nursing Assistant Certified (NAC) credential. Based on their birthday, Staff B was required to complete 12 hours of DSHS approved continuing education between 11/19/2023 and 11/19/2024. Review of employee records found no documentation of continuing education between 11/19/2023 and 11/19/2024.

During an interview on 08/27/2025 at 2:30 PM, Staff A, Provider, stated that Staff B had been registered to take a continuing education course but was unable to attend. Staff A stated Staff B took the course January 13, 14 and 15th 2025. Staff A stated that they had no documentation Staff B completed continuing education between 11/19/2023 and 11/19/2024.

Statement of Deficiencies	License # 752273	Compliance Determination # 648645
Plan of Correction	ARGONNE ADULT FAMILY HOME	Completion Date
Page 5 of 5	Licensee: ARGONNE INC	09/04/2025

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, ARGONNE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/27/25.

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

CAMD — Provider (or Representative)

09/12/25 — Date

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

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

_____ _____

Provider (or Representative) Date