STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Henderson's Adult Family Home

Henderson's Adult Family Home
PO Box 541
Woodland, WA 98674

RE: Henderson's Adult Family Home License # 752346

Dear Provider:

This letter addresses Compliance Determination(s) 55815 (Completion Date 03/20/2025) and 51146 (Completion Date 12/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/20/2025 and found that you have corrected the violations listed in the Follow up report dated 12/19/2024. Your home is back in compliance as of 01/02/2025 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 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10191-3

The Department staff who did the off-site verification:
Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 752346	Compliance Determination # 51146
Plan of Correction	Henderson's Adult Family Home	Completion Date
Page 1 of 3	Licensee: Henderson's Adult Family Home	12/19/2024

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 12/03/2024 and 12/03/2024 of:

Henderson's Adult Family Home
122 Vista Dr
Woodland, WA 98674

This document references the following SOD dated: 12/19/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

12.20.2024
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 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to maintain both general and professional liability insurance. This placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk for harm due to the potential insurance noncoverage in the case of injury or property damage.

Findings included...

During an unannounced follow up visit on 12/03/2024 at 12:00 PM, record review of available AFH documentation on found no verification of active general or professional liability insurance.

During an interview with the Provider on 12/03/2024 at 12:30 PM, they said they had applied for new insurance but did not have anything documented. Provider stated they called the insurance company and spoke with a representative about getting documentation sent to them regarding pending insurance coverage. Provider said they would email a copy of the insurance documentation once they receive it.

On 12/11/2024 at 4:40 PM, the Department sent a follow up email to the Provider to confirm if they had received insurance documentation.

On 12/18/2024 at 8:57 AM, the Department sent an additional email to the Provider requesting insurance documentation. As of 12/19/2024 no documentation of active general or professional liability insurance has been provided to Department.

This is an uncorrected deficiency previously cited on 09/30/2024.

Statement of Deficiencies	License #: 752346	Compliance Determination # 51146
Plan of Correction	Henderson's Adult Family Home	Completion Date
Page 3 of 3	Licensee: Henderson's Adult Family Home	12/19/2024

Attestation Statement

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, Henderson's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 01.02.25.

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

Kimberly L Stenson — Provider (or Representative)

2.26.25 — Date

To Whom it may concern,
I was able to obtain liability ins on 1-2-25
I faxed a copy of the Ins certificate
at that time to Michael Burdick,
MSN, RN, CEN @ 360-992-7969.
I didn't hear back, so I then emailed
Mr. Burdick on 1.21.25 asking if he had
received the certificate. He emailed me
Promptly saying that he had received it
I received this fax pertaining to the
deficiency still being open on friday and
then again today. I was not aware
that this paper was needed. Please email
me confirmation that you recieved this
and let me know if there is any thing
else I need to do to close this.
Email: HendersonsAFH@gmail.com

Thank You,
Kimberly Stenson
360-608-1481

Attestation Statement

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, Henderson's 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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 09/30/2024 and 09/30/2024 of:

Henderson's Adult Family Home
122 Vista Dr
Woodland, WA 98674

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:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

10.22.2024
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.

Kimberly Stenson
Provider (or Representative)

11-01-24
Date

1)

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home (AFH) failed to keep an up-to-date medication log and correctly initial medication administration for 2 of 5 residents (Resident 1 and 3). This failure placed Resident 1 and 3 at risk of harm due to not receiving medications as prescribed.

Findings included..

Review of Resident 1's medication administration record (MAR) for September 2024 revealed all daily prescribed medications were not initialed as administered in morning and evening on September 28, 29th or morning of 30th.

Review of Resident 3's MAR for September 2024 revealed all daily prescribed medications were not initialed as administered in morning and evening on September 28, 29th or morning of 30th. There was a MAR entry for a daily multivitamin medication that was being signed of as being giving daily from September 1-27th.

Observations on 09/30/2024 at 12:10 PM of Resident 3's medication supply found prescribed multivitamin to be missing.

While speaking with Provider and Caregiver 1 on 09/30/2024 at 12:13 PM, Caregiver 1 said the multivitamin medication had not been in medication supply for about a month and half and signing off as being administered was a mistake. Provider and Caregiver 1 said they had forgotten to sign off on MAR on September 28,29 and morning of 30th but all residents have gotten medications as prescribed.

Attestation Statement

Provider (or Representative) Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home (AFH) failed to keep an up-to-date medication log and correctly initial medication administration for 2 of 5 residents (Resident 1 and 3). This failure placed Resident 1 and 3 at risk of harm due to not receiving medications as prescribed.

Findings included...

Review of Resident 1's medication administration record (MAR) for September 2024 revealed all daily prescribed medications were not initialed as administered in morning and evening on September 28, 29th or morning of 30th.

Review of Resident 3's MAR for September 2024 revealed all daily prescribed medications were not initialed as administered in morning and evening on September 28, 29th or morning of 30th. There was a MAR entry for a daily multivitamin medication that was being signed of as being giving daily from September 1-27th.

Observations on 09/30/2024 at 12:10 PM of Resident 3's medication supply found prescribed multivitamin to be missing.

While speaking with Provider and Caregiver 1 on 09/30/2024 at 12:13 PM, Caregiver 1 said the multivitamin medication had not been in medication supply for about a month and half and signing off as being administered was a mistake. Provider and Caregiver 1 said they had forgotten to sign off on MAR on September 28,29 and morning of 30th but all residents have gotten medications as prescribed.

Attestation Statement

Statement of Deficiencies	License #: 752346	Compliance Determination # 48009
Plan of Correction	Henderson's Adult Family Home	Completion Date
Page 3 of 5	Licensee: Henderson's Adult Family Home	10/21/2024

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, Henderson's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10-07-24 .

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

Kimberly Stenson — Provider (or Representative)

11-01-24 — Date

2)

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

This requirement was not met as evidenced by:

Based on record review, observation and interview the adult family home (AFH) failed to complete documentation for 1 of 2 caregiver's (Caregiver 1) character, competency, and suitability after background checks revealed a non-disqualifying criminal record. The failure placed all residents at risk of being cared for by caregiver with unknown suitability.

Findings included...

Review of Caregiver 1's personnel file found a Washington name and date of birth background check completed on 08/30/2023 and national fingerprint background check completed on 08/21/2019 that both required a review due to criminal history.

Observations of Caregiver 1's personnel file on 09/30/2024 found no documentation regarding Caregiver 1's character, competency and suitability regarding their criminal history.

While speaking with Provider on 09/30/2024 at 12:30 PM, they said they had forgotten to complete necessary documentation regarding Caregiver 1's criminal history.

Attestation Statement

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, Henderson's 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 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

This requirement was not met as evidenced by:

Based on record review, observation and interview the adult family home (AFH) failed to complete documentation for 1 of 2 caregiver's (Caregiver 1) character, competency, and suitability after background checks revealed a non-disqualifying criminal record. The failure placed all residents at risk of being cared for by caregiver with unknown suitability.

Findings included...

Review of Caregiver 1's personnel file found a Washington name and date of birth background check completed on 08/30/2023 and national fingerprint background check completed on 08/21/2019 that both required a review due to criminal history.

Observations of Caregiver 1's personnel file on 09/30/2024 found no documentation regarding Caregiver 1's character, competency and suitability regarding their criminal history.

While speaking with Provider on 09/30/2024 at 12:30 PM, they said they had forgotten to complete necessary documentation regarding Caregiver 1's criminal history.

Attestation Statement

Statement of Deficiencies	License #: 752346	Compliance Determination # 48009
Plan of Correction	Henderson's Adult Family Home	Completion Date
Page 4 of 5	Licensee: Henderson's Adult Family Home	10/21/2024

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, Henderson's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10-01-24 .

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

Kimberly Stenson — Provider (or Representative)

11-01-24 — Date

3)

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to maintain both general and professional liability insurance. This placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for harm due to the potential insurance noncoverage of injury or property damage.

Findings included...

Record review of available AFH documentation on 09/30/2024 found no verification of active general or professional liability insurance.

While speaking with Provider on 09/30/2024 at 12:40 PM they believed they had coverage but was not sure where the documentation was.

On 10/02/2024 at 04:21 PM, Provider emailed department confirming they did not have any active liability insurance and would get active insurance as soon as possible.

Attestation Statement

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, Henderson's 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 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to maintain both general and professional liability insurance. This placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for harm due to the potential insurance noncoverage of injury or property damage.

Findings included...

Record review of available AFH documentation on 09/30/2024 found no verification of active general or professional liability insurance.

While speaking with Provider on 09/30/2024 at 12:40 PM they believed they had coverage but was not sure where the documentation was.

On 10/02/2024 at 04:21 PM, Provider emailed department confirming they did not have any active liability insurance and would get active insurance as soon as possible.

Attestation Statement

Statement of Deficiencies	License #: 752346	Compliance Determination # 48009
Plan of Correction	Henderson's Adult Family Home	Completion Date
Page 5 of 5	Licensee: Henderson's Adult Family Home	10/21/2024

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, Henderson's Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 12-05-24.

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

Kimberly Stanson
Provider (or Representative)

11-01-24
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, Henderson's 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Henderson's Adult Family Home
Henderson's Adult Family Home
PO Box 541
Woodland, WA 98674

RE: Henderson's Adult Family Home # 752346

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/21/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The adult family home (AFH) failed to have a written succession plan completed at time of inspection on 09/30/2024. Provider was able to verbalize their succession plan with co-provider but was not aware plan had to be written down. Provider completed written succession plan and provided copy to Department; consultation provided.

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

The adult family home (AFH) failed to visibly post emergency evacuation floor plan illustrating evacuation route of home. Provider said one of the residents tore it down recently and they had not put floor plan back up yet. Provider posted emergency evacuation floor plan in AFH prior to inspection exit, consultation provided.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600