



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

12/30/2025

From The Heart AFH Inc
From The Heart AFH Inc
4408 Artesia Dr
Pasco, WA 99301

RE: From The Heart AFH Inc # 752493

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70738 (Completion Date 12/30/2025) and 67347 (Completion Date 11/26/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/30/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

The Department staff who did the On Site verification:

Sarah Clark, Community Complaint Investigator

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

Sincerely,

Michelle Ann Garbrough

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

This document was prepared by Residential Care Services for the Locator website.



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

Statement of Deficiencies	License #: 752493	Compliance Determination # 67347
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 1 of 5	Licensee: From The Heart AFH Inc	11/26/2025

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 an unannounced on-site complaint investigation on 10/17/2025 and 10/30/2025 of:

From The Heart AFH Inc
4412 Artesia Dr
Pasco, WA 99301

This document references the following complaint number(s): 195893

The following sample was selected for review during the unannounced on-site visit: 3 of 7 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Sarah Clark, Community Complaint Investigator

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

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Statement of Deficiencies	License # 752393	Compliance Determination # 57347
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 2 of 5	Licensee: From The Heart AFH Inc	11/26/2025

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

12/09/2025

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.

Phay Uher
Provider (or Representative)

12/10/25
Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 248-040-810 through 248-040-870; unless

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation (ND) was in place for 2 of 6 residents (Resident 1, 2, and 3) who required staff to administer their medications. This failure resulted in administration of medication by undelegated staff and placed the residents at risk for medication errors.

Findings included:

Review of the AFH's updated admission contract showed the AFH had an agreement with the Department to perform ND to their staff and by law they are required to have a Registered Nurse who was contracted through the Department to perform ND. The AFH had a contracted Registered Nurse who did all the ND. The assessment indicated certain nursing tasks can be delegated to the caregivers. Caregivers are required to take a delegation class, obtain consent from the residents and demonstrate competency to the RN. The tasks include, but are not limited to: blood glucose monitoring, administration of oral and topical medications and administration of nose, ear and eye drops or ointments.

Review of AFH nurse delegation documents on 10/17/2025, showed that the AFH had no current ND paperwork available for Residents 1, 2, and 3.

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 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation (ND) was in place for 3 of 6 residents (Resident 1, 2, and 3) who required staff to administer their medications. This failure resulted in administration of medication by undelegated staff and placed the residents at risk for medication errors.

Findings included...

Review of the AFH's undated admissions contract showed the AFH had an agreement with the Department to perform ND to their staff and by law they are required to have a Registered Nurse who was contracted through the Department to perform ND. The AFH had a contracted Registered Nurse who did all the ND. The assessment indicated certain nursing tasks can be delegated to the caregivers. Caregivers are required to take a delegation class, obtain consent from the residents and demonstrate competency to the RN. The tasks include, but are not limited to, blood glucose monitoring, administration of oral and topical medications and administration of nose, ear and eye drops or ointments.

Review of AFH nurse delegation documents on 10/17/2025, showed that the AFH had no current ND paperwork available for Residents 1, 2, and 3.

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During an interview on 10/17/2025 at 11:34 AM, Staff A, Director of Clinical Operation/Nurse Delegator, stated the ND for Residents 1, 2, and 3 was not current.

Review of an email sent from Staff A to Staff B, Administrator, on 05/13/2025 at 11:17 AM, showed Staff A attached the ND consent form for residents to sign.

On 11/05/2025 at 12:17 PM, Staff B stated the AFH had no ND in place for Residents 1, 2, and 3 from 06/06/2025 until 10/27/2025 [142 days].

Resident 1

Review of Resident 1's Negotiated Care Plan (NCP), dated 05/17/2025, showed Resident 1 admitted into the AFH on [REDACTED]/2024. Resident 1's NCP listed medical diagnosis that included [REDACTED], and [REDACTED]. The NCP indicated Resident 1 needed ND assistance for eye drops. The NCP instructed AFH staff to give eye drops while Resident 1 opened their eyes.

Review of Resident 1's Department assessment dated 06/29/2025, indicated Resident 1 required ND for eye drops that need to be administered every day, and the AFH had their own non-contracted nurse delegator.

Review of Resident 1's Electronic Medical Record (eMAR) from 10/01/2025 through 10/31/2025 showed the following medications were given, as ordered, without ND:
-Ketorolac Tromethamine (a medication used for dry eye or inflammation of the eye), prescribed on 04/25/2025, to have one drop instilled into each eye every day.

Resident 1's AFH record on 10/17/2025, did not show any ND records for Resident 1.

Review of document titled Nurse Delegation Assumption of Delegation dated and signed by Resident 1 on 05/14/2025, was dated and signed by Staff A on 10/27/2025, 142 days after the previous nurse delegator ceased delegation.

Resident 2

Review of Resident 2's NCP, dated 10/10/2025, showed Resident 2 admitted into the AFH on [REDACTED]/2025. Resident 2's NCP listed medical diagnosis that included [REDACTED] and [REDACTED]. The NCP indicated Resident 2 needed ND for eye drops.

Review of Resident 2's assessment dated 09/12/2025, showed caregivers were to administer eye drops and all nurse delegated tasks would be provided by a non-contracted ND.

Review of Resident 2's eMAR from 10/01/2025 through 10/31/2025 showed the following medications were given, as ordered, without ND:

- Latanoprost (a medication used for glaucoma), prescribed 10/06/2025, to be instilled one drop to each eye at bedtime.
- Timolol Maleate (a medication used for glaucoma), prescribed 10/06/2025, to be instilled one drop into each eye twice a day.

Review of Resident 2's AFH record on 10/17/2025, did not show any ND records for Resident 2.

Review of document named Nurse Delegation Assumption of Delegation dated [REDACTED]/2025 showed the new nurse delegation paperwork was not completed, for Resident 2, until this date, 48 days after Resident 2 was admitted to the AFH.

Resident 3

Review of Resident 3's NCP, dated 05/22/2024, showed Resident 3 admitted into the AFH on [REDACTED]/2024. Resident 3's NCP listed medical diagnosis that included [REDACTED] and [REDACTED]. NCP indicated Resident 3 needed ND for insulin (a medication used to treat diabetes) administration because Resident 3 was blind. The NCP instructed AFH staff to help administer insulin when needed per the eMAR.

Review of Resident 3's assessment dated 09/10/2025, showed Resident 3 required ND.

Review of 3's from 10/01/2025 through 10/31/2025 showed the following medications were given, as ordered, without ND:

- Insulin Aspart flexpen (a medication used to treat diabetes) prescribed 05/06/2025, to inject two units three times a day with meals and per sliding scale.
- Insulin Glargine (a medication used to treat diabetes), prescribed 05/23/2025 and discontinued on 10/24/2025. Inject 20 units subcutaneously (SUBQ) (under skin) every morning.
- Insulin Glargine, prescribed 10/23/2025. Inject 12 units SUBQ every morning.
- Glucagon (a medication used for diabetes), prescribed 01/30/2025, to inject 0.2 milliliters into skin, as needed, for low blood sugar.
- Novolog flexpen (a medication used for diabetes), prescribed 09/29/2025, inject one to 10 units SUBQ, as needed, per sliding scale.

Statement of Deficiencies	License # 752433	Compliance Determination # 87347
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 5 of 5	Licenses: From The Heart AFH Inc	11/26/2025

Review of Resident 3's AFH record on 10/17/2025, did not show any ND records for Resident 3.

Records indicated ND rescinding paperwork, on 11/10/2025, showed the previous company ended ND services in the AFH on 06/08/2025.

Review of document titled Nurse Delegation Assumption of Delegation dated 10/27/2025, showed the new nurse delegation paperwork was not completed for Resident 3, until 10/27/2025, 142 days after the previous nurse delegator ceased delegation.

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 12/16/25.

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

Wony Uhee
(Provider or Representative)

12/16/25
Date

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Review of Resident 3's AFH record on 10/17/2025, did not show any ND records for Resident 3.

Records indicated ND rescinding paperwork, on 11/10/2025, showed the previous company ended ND services in the AFH on 06/06/2025.

Review of document titled Nurse Delegation Assumption of Delegation dated 10/27/2025, showed the new nurse delegation paperwork was not completed, for Resident 3, until 10/27/2025, 142 days after the previous nurse delegator ceased delegation.

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, From The Heart AFH Inc 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