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

REDWOOD HAVEN LLC
REDWOOD HAVEN ADULT FAMILY HOME
4617 S 272ND ST
KENT, WA 98032

RE: REDWOOD HAVEN ADULT FAMILY HOME License # 752538

Dear Provider:

This letter addresses Compliance Determination(s) 60464 (Completion Date 06/11/2025) and 57972 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/11/2025 and found that you have corrected the violations listed in the Full report dated 04/17/2025. Your home is back in compliance as of 05/30/2025 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 388-76-10165-1-a, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-4, WAC 388-76-10290-1, WAC 388-76-10455-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Marites Gatan, NCI

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
AGING AND LONG-TERM SUPPORT 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 04/14/2025 of:
REDWOOD HAVEN ADULT FAMILY HOME
4617 S 272ND ST
KENT, WA 98032

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

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support 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 | 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 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a current Washington state name and date of Birth Background Inquiry (BGI) for 1 of 3 current staff (Staff C, Caregiver). This failure placed all residents at risk for harm from staff with unknown criminal history.

Findings included…

In an interview on 04/14/2025 at 8:56 AM, Staff A, Entity Representative/Resident Manager, stated they had two residents (Resident 1 and Resident 2) who received care and services from the AFH staff.

In an interview on 04/14/2025 at 9:29 AM, Staff A stated Staff C worked as needed and lived at the AFH.

Review of Staff C's personnel records showed they were hired on 08/01/2016. Staff C had a BGI that expired on 03/03/2025.

In an interview on 04/14/2025 at 2:43 PM, Staff A stated they did not realize that Staff C's BGI was expired.

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, REDWOOD HAVEN 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results 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 that 1 of 2 sampled staff (Staff B, Caregiver) had a complete set of personnel records in the home as required. This failure delayed the Department from finding out if Staff B was qualified to care for the residents.

Findings included…

In an interview on 04/14/2025 at 8:56 AM, Staff A, Entity Representative/Resident Manager, stated they had two residents (Residents 1 and Resident 2) who received care from the AFH staff. Staff A stated Staff B worked full time and lived at the AFH.

Observation on 04/14/2025 at 9:00 AM, showed Staff B provided care to Resident 1 in resident's bedroom.

Review of Staff B's personnel records showed they were hired on 10/23/2024. Staff B had an Interim Fingerprint completed on 10/23/2024. Staff B had no final fingerprint document.

In an interview on 04/14/2025 at 2:44 PM, Staff B stated that they had completed their fingerprint background check.

Further review of Staff B's personnel records showed they did not have Developmental Disabilities Administration (DDA) specialty training.

In an interview on 04/14/2025 at 3:35 PM, Staff B stated they had completed the DDA specialty training and left their certificate with a friend.

In an exit interview on 04/14/2025 at 4:34 PM, Staff A stated they would send Staff B's personnel records to the department within 24 hours as requested.

In a telephone conversation on 04/16/2025 at 1:35 PM, Staff A acknowledged that they did not send Staff B's final fingerprint and DDA specialty training certificate.

In an email received from the Background Check Central Unit on 04/17/2025, Staff B completed final fingerprint on 10/24/2024.

In an interview on 04/17/2025 at 1:44 PM, Staff B stated they had completed the DDA training in January or February of this year. Staff B stated the certificate was in their laptop computer that they left with their friend. Staff B stated the laptop was broken and they were not able to access their files.

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, REDWOOD HAVEN 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 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) with a positive Tuberculosis ([TB] a communicable disease affecting lungs) test, had a TB signs and symptoms evaluation completed when they were hired. This failure placed all the residents at the AFH at risk of exposure to TB.

Findings included…

Observation on 04/14/2025 at 9:00 AM showed Staff A, Entity Representative/Resident Manager and Staff B in the AFH with two residents (Residents 1 and Resident 2).

In an interview on 04/14/2025 at 9:05 AM, Staff A stated Staff B worked full time and lived at the AFH.

Review of Staff B personnel records showed they were hired on 10/23/2024. Staff B had a TB skin test on 08/19/2024 that was read on 08/22/2024 with a positive result. Staff B had a chest x-ray on 09/28/2024. There was no record of a TB sign and symptoms evaluation for Staff B when they were hired on 10/23/2024.

In an interview on 04/14/2025 at 2:46 PM, Staff A stated they thought Staff B's TB tests were adequate

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, REDWOOD HAVEN 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 388-76-10455 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 review, the Adult Family Home (AFH) failed to ensure that nurse delegation (ND [a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses]) supervision occurred every 90 days for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk of harm from unmet medication needs and medication errors.

Findings included…

Per “WAC 246-840-930 (18)-The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment.”

In an interview on 04/14/2025 at 8:56 AM, Staff A, Entity Representative/Resident Manager, stated they had two residents (Residents 1 and Resident 2) who received medication administration from the AFH staff. Staff A stated they had ND for Residents 1 and 2.

Resident 1

Observation on 04/14/2025 at 9:53 AM showed Staff B, Caregiver, administered oral

medications to Resident 1.

Review of Resident 1's 03/15/2025 Negotiated Care Plan (NCP) showed the AFH admitted them on [redacted]/2024. Resident 1 had ND supervisory visit completed on 07/29/2024, 10/04/2024 and 02/10/2025. Last two supervisory visits were 129 days apart.

Resident 2

Review of Resident 2's 11/16/2024 NCP showed the AFH admitted them on [redacted]/2024. Resident 2 had ND visits completed on 10/21/2024 and 02/10/2025.

Records review revealed that ND supervisory visit was not completed every 90 days from 10/04/2025 to 02/10/2025.

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, REDWOOD HAVEN 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 388-76-10650 Medical devices.

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

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

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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 an assessment for the need and safe use of [redacted] for 1 of 2

sampled residents (Resident 2). In addition, the AFH did not address how to use the [redacted] in Resident 2's Negotiated Care Plan (NCP). These failures placed Resident 2 at risk of harm from using medical device with safety risks.

Findings included…

Observation on 04/14/2025 at 10:15 AM, showed Resident 2's [redacted] had two [redacted] on the head part of the bed. The [redacted] were bolted to the to the bed frame.

In an interview on 04/14/2025 at 10:16 AM, Staff A stated Resident 2 brought the bed with them when they were admitted. Staff A stated they used the [redacted] when turning Resident 2 to their sides during care.

Record review of Resident 2's 03/21/2025 DDA Assessment showed for bed mobility they used [redacted].

In an interview on 04/14/2025 at 12:45 PM, Staff A stated they had requested an assessment for Resident 2's use of the [redacted] and the physician had given an order for its use. Staff A stated they thought that physician order was adequate.

Review of Resident 2's records showed a fax communication sheet dated 11/19/2024, that Staff A requested physician or physical therapist evaluation and approval. Fax communication sheet dated 02/24/2025 with nurse practitioner order " Okay to use [redacted] for safety."

Review of Resident 2's 11/16/2024 NCP showed the resident had [redacted] for safety. NCP indicated that [redacted] were up at night when Resident 2 was in bed. The NCP did not address how Resident 2 was using the [redacted].

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, REDWOOD HAVEN 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