



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

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

RE: From The Heart AFH Inc License # 752695

Dear Provider:

This letter addresses Compliance Determination(s) 71488 (Completion Date 01/15/2026) and 67505 (Completion Date 12/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/15/2026 and found that you have corrected the violations listed in the Complaint report dated 12/08/2025. Your home is back in compliance as of 12/30/2025 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 388-76-10455-2

The Department staff who did the on-site verification:
Tamera Lapierre, Community Complaint Investigator

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

Statement of Deficiencies	License #: 752695	Compliance Determination # 67505
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 1 of 4	Licensee: From The Heart AFH Inc	12/08/2025

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 of:

From The Heart AFH Inc
4407 Segovia Dr
Pasco, WA 99301

This document references the following complaint number(s): 196261, 195898

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 investigated the Adult Family Home:

Tamera Lapierre, 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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Page 2 of 4	Licensee: From The Heart AFH Inc	12/08/2025

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

12/17/2025
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 Usher
Provider (or Representative)

12/17/25
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 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation (ND) was in place for 2 of 5 residents (Resident 1 and 2) who required staff to administer their medications. This failure resulted in administration of medication by undelegated staff which placed 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 were required to have a Registered Nurse who is contracted through the Department to perform ND. It also indicated that the AFH had a contracted Registered Nurse who did all the ND. 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 Nurse Delegator (RND). 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 the AFH RND documents on 10/17/2025 showed that the AFH had no current ND paperwork for Residents 1 and 2.

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 interview, and record review, the Adult Family Home (AFH) failed to ensure that Nurse Delegation (ND) was in place for 2 of 5 residents (Resident 1 and 2) who required staff to administer their medications. This failure resulted in administration of medication by undelegated staff which placed 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 were required to have a Registered Nurse who is contracted through the Department to perform ND. It also indicated that the AFH had a contracted Registered Nurse who did all the ND. 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 Nurse Delegator (RND). 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 the AFH RND documents on 10/17/2025 showed that the AFH had no current ND paperwork for Residents 1 and 2.

In an interview on 10/17/2025 at 11:34 AM, Staff A, Director of Clinical Operations/RND stated the ND was not current for Residents 1 and 2.

Review of an email sent from Staff A to Staff B, Executive Director, 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 and 2, from 06/06/2025 until 10/27/2025 [142 days].

Resident 1

Review of Resident 1's Negotiated Care Plan (NCP), dated 12/20/2024, showed Resident 1 admitted into the Adult Family Home (AFH), on [REDACTED]/2024. NCP indicated that Resident needed ND assistance for topical medication, eye drops/ointments and inhalers due to their physical limitations.

Review of Resident 1's Department assessment dated 03/12/2025, indicated Resident 1 needed ND for topical medication and eye drops/ointments administration due to their physical limitations.

Review of Resident 1's Electronic Medical Record (eMAR) from 10/01/2025 through 10/26/2025 showed the following medications were given as ordered, without ND.

Review of Resident 1's orders showed the following:

- Nystop100000.00 Unit/Gram powder (a medication given for the treatment of yeast infections), prescribed on 02/04/2025, to be applied topically to the affected area twice daily for seven days or until clear and then use as needed.
- Desitin 13.00% external cream (a medication that is a thick paste to be applied on skin that can prevent skin rash from incontinence), prescribed on 09/26/2025, a thin layer is to be applied to the affected area(s) two times daily and as needed following incontinent episodes.
- Dorzolamide-Timolol 2-0.5% eye solution (a medication that is used to lower the pressure in the eye of people with glaucoma), prescribed on 09/17/2025, instill one drop two times daily into the right eye, 8:00 AM & 5:00 PM.

Resident 2

Review of Resident 2's NCP, dated 10/05/2023 showed Resident 2 admitted into the Adult Family Home (AFH), on [REDACTED]/2023. NCP indicated that Resident needed ND assistance for topical medication, eye drops/ointments and inhalers due to their physical limitations.

Statement of Deficiencies	License #: 752696	Compliance Determination # 67505
Plan of Correction	From The Heart AFH Inc	Completion Date
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Review of Resident 2's Department assessment dated 07/10/2025, indicated Resident 2 needed ND for application of creams/ointments.

Review of Resident 2's Electronic Medical Record (eMAR) from 10/01/2025 through 10/26/2025 showed the following medications were given as ordered, without ND.

Review of Resident 2's orders showed the following:

- Nystatin 100000 Unit/GM apply externally cream (a medication used to treat yeast infection), apply topically in a thin layer to affected area twice daily as needed.
- Triple Antibiotic 3.5 mg-400 Units 5,000 Unit/Gram apply externally ointment (an antibiotic medication used for bacterial skin infections), apply to affected areas of skin tear/wound/abrasions and cover with bandage twice daily as needed.

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) 12/30/25.

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

Jenny Wheeler
Provider (or Representative)

12/17/25
Date

Review of Resident 2's Department assessment dated 07/10/2025, indicated Resident 2 needed ND for application of creams/ointments.

Review of Resident 2's Electronic Medical Record (eMAR) from 10/01/2025 through 10/26/2025 showed the following medications were given as ordered, without ND.

Review of Resident 2's orders showed the following:

- Nystatin 100000 Unit/GM apply externally cream (a medication used to treat yeast infection), apply topically in a thin layer to affected area twice daily as needed.
- Triple Antibiotic 3.5 mg-400 Units 5,000 Unit/Gram apply externally ointment (an antibiotic medication used for bacterial skin infections), apply to affected areas of skin tear/wound/abrasions and cover with bandage twice daily as needed.

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