



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 # 752703

Dear Provider:

This letter addresses Compliance Determination(s) 71490 (Completion Date 01/15/2026) and 67507 (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



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

Statement of Deficiencies	License #: 752703	Compliance Determination # 67507
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 1 of 5	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
4411 Segovia Dr
Pasco, WA 99301

This document references the following complaint number(s): 195896

The following sample was selected for review during the unannounced on-site visit: 4 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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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.

Jana Y. Weber

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 3 of 6 residents (Resident 1, 2 & 3) 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 was 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.

The AFH RND documents on 10/17/2025 showed that the AFH had no current ND paperwork 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:

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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 3 of 6 residents (Resident 1, 2 & 3) 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 was 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.

The AFH RND documents on 10/17/2025 showed that the AFH had no current ND paperwork for Residents 1, 2 and 3.

On 10/17/2025 at 11:34 AM, Staff A, Director of Clinical Operations/RND stated the ND was not current for Residents 1, 2 and 3.

Review of an email sent from Staff A to StaffB, 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 11/10/2022, showed Resident 1 admitted into the AFH, on [REDACTED]/2022. The NCP indicated that Resident 1 needed ND assistance for topical medication administration due to their physical limitations.

Review of Resident 1's Department assessment dated 09/19/2025, indicated Resident 1 needed ND for topical medication 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:

-Hydrocortisone 1% external cream, (a medication used for external itching), apply a thin layer topically to affected areas two to four times daily, as needed.

Resident 2

Review of Resident 2's Negotiated Care Plan (NCP), dated 04/15/2023, showed Resident 2 admitted into the AFH, on [REDACTED]/2023. NCP indicated that Resident 2 needed ND assistance for topical medication and rectal suppository administration due to their physical limitations.

Review of Resident 2's Department assessment dated 02/24/2025, indicated Resident 2 needed ND for topical medication and rectal suppository administration due to their physical limitations.

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:

- Hydroseptine 0.44%-20.6% topical ointment (a medication used to treat minor skin irritations like cuts, scrapes, burns and rash), apply topically to affected area everyday as needed.
- Clotrimazole-Betamethasone 1-0.05% topical cream (a medication used to treat fungal infection), apply topically to the affected area's two times daily as needed.
- Icy Hot Max 4-1% topical cream (a medication used topically to treat pain), apply topically to the affected areas, hips and lower legs, twice daily as needed for pain relief.
- Lidocaine-Prilocaine 2.5%-2.5% topical cream (a medication used topically to treat pain), apply topically to scrotum two times daily as needed for pain relief.
- Glycerin 2.1 GM rectal suppository (a medication used rectally for constipation), unwrap and insert 1 suppository rectally as needed for constipation.

Resident 3

Review of Resident 3's Negotiated Care Plan (NCP), dated 05/01/2025, showed Resident 3 admitted into the AFH, on [REDACTED]/2025. NCP indicated that Resident needed ND assistance for topical medications and eye drops due to their physical limitations.

Review of Resident 3's Department assessment dated 12/10/2025, indicated Resident 3 needed ND for topical medication administration due to their physical limitations.

Review of Resident 3'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 3's orders showed the following:

- Ketotifen fumarate 0.025% (0.035%) eye solution (a medication used for itchy eyes caused by allergies), instill one drop into each eye twice daily.
- Latanoprost 0.02% eye solution (a medication used to treat open-angle glaucoma), instill one drop into each eye daily.
- Desitin 13.00% topical cream (a medication used to treat skin rashes), apply a nickel thick amount to the affected area twice daily as needed for rash.
- Nystatin cream 100000 U/GM topical cream (a medication used to treat a fungal infection), apply a thin layer topically to affected area twice daily as needed for fungal rash.
- Triple antibiotic 3.5 mg-400 unit-5,000 UNIT/GRAM topical ointment (a medication used to treat an external infection), apply topically to the affected area of skin tear/wound/abrasions and cover with bandage twice daily as needed.

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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.

Provider (or Representative)

Kenya Y. Wheeler

Date

12/17/25

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