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

Annaliese L. Krzyzanek
Careing Hands Adult Family Home
8610 W Bruneau Ave
Kennewick, WA 99336

RE: Careing Hands Adult Family Home License # 752706

Dear Provider:

This letter addresses Compliance Determination(s) 64772 (Completion Date 08/27/2025) and 60272 (Completion Date 06/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/27/2025 and found that you have corrected the violations listed in the Complaint report dated 06/30/2025. Your home is back in compliance as of 07/26/2025 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 388-76-10400-2, WAC 388-76-10400-4, WAC 388-76-10400-1

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

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 05/29/2025 of:

Careing Hands Adult Family Home
8610 W Bruneau Ave
Kennewick, WA 99336

This document references the following complaint number(s): 179408

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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

Statement of Deficiencies	License #: 752706	Compliance Determination # 60272
Plan of Correction	Careing Hands Adult Family Home	Completion Date
Page 2 of 4	Licensee: Annaliese L. Krzyzanek	06/30/2025

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

07/11/2025
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.

Provider (or Representative)

7-12-2025
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure resident received care and services for management of a central line for 1 of 6 resident (Resident 1). This failure placed residents at risk for medical and health complications.

Findings included...

On 05/29/2025 record review of Negotiated Care Plan (NCP), admission assessment showed that Resident 1, was hospitalized on [redacted]2025, for a retroperitoneal abscess (infection within the retroperitoneal space) that required a nephrostomy drain tube (a thin drain that drains urine from the kidney) and a central line (a tube inserted into the heart for fluid and or medication administration), for administering of intravenous medications. Resident 1 was then discharged to a Skilled Nursing Facility (SNF) for 90 days to receive continued intravenous medications and physical therapy. Following 90 days Resident 1 was not able to re-admit to their Assisted Living Facility (ALF) due to the amount of nursing care still needed. The AFH was not certain if they could meet Resident 1's needs and required their Registered Nurse Delegator (RND) to perform an

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

07/11/2025
Date

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Date

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Findings included...

On 05/29/2025 record review of Negotiated Care Plan (NCP), admission assessment showed that Resident 1, was hospitalized on [redacted]2025, for a retroperitoneal abscess (infection within the retroperitoneal space) that required a nephrostomy drain tube (a thin drain that drains urine from the kidney) and a central line (a tube inserted into the heart for fluid and or medication administration), for administering of intravenous medications. Resident 1 was then discharged to a Skilled Nursing Facility (SNF) for 90 days to receive continued intravenous medications and physical therapy. Following 90 days Resident 1 was not able to re-admit to their Assisted Living Facility (ALF) due to the amount of nursing care still needed. The AFH was not certain if they could meet Resident 1's needs and required their Registered Nurse Delegator (RND) to perform an

assessment to see what type of nursing care was still needed and if it could be delegated to AFH staff. RND went to SNF on [redacted]2025 to perform an assessment and review discharge orders. Resident 1 was approved for admission to the AFH.

Resident 1 was admitted to the AFH on [redacted]2025.

On 05/29/2025 at 3:15 PM, the Provider was observed transporting Resident 1 to the ER.

Interview on 06/10/2025 at 3:30 PM, with Collateral Contact 1 (CC1), RND stated that on [redacted]2025, they went to the SNF and assessed Resident 1 for placement at the AFH. Admission to the AFH was approved by CC1 on the condition that home health assumed the care and management of the central line.

On 05/29/2025, record review of a signed order written on 05/14/2025 by SNF Physician showed Resident 1, was to have home health come out and provide wound care to Resident 1. There were no further instructions regarding wound care or location of a wound.

On 05/29/2025 at 1:05 PM, Resident 1 stated that no one had been out to flush the central line or change the dressing since admitting to the AFH for [redacted]. Resident 1 stated that on 05/19/2025 Collateral Contact 3 (CC3), Home Health, came out to perform a wound assessment. Resident 1 stated they had no wounds on their body. CC3 advised Resident 1 that they could not perform central line flushing and dressing change without physician orders. The physician orders home health received were for wound care and not for central line maintenance.

On 05/29/2025 at 1:05 PM, observation showed that the dressing had curled up at edges and was hanging on the skin by a very small bit of sticky adhesive still left on the dressing.

On 05/29/2025 at 2:00 PM Staff A, Provider stated that when they were called about admitting Resident 1 to the AFH, they had to get the approval of CC1. CC1 had to go to the Skilled Nursing Facility and perform an assessment to determine if the AFH could meet the needs of Resident 1. Staff A stated that they left that decision up to CC3. Staff A stated CC3 told them that Resident 1 could admit to the AFH, and home health would handle the maintenance of the central line. Staff A stated they assumed that everything was taken care of and the AFH accepted Resident 1.

On 06/25/2025 at 2:03 PM, Staff A stated that they entered all orders into the computer system and reviewed all paperwork with a new resident and resident representative if applicable. Any report called to AFH, from a discharging facility, is taken by the AFH caregiver.

Statement of Deficiencies	License #: 752706	Compliance Determination # 80272
Plan of Correction	Careing Hands Adult Family Home	Completion Date
Page 4 of 4	Licensee: Annaliese L. Krzyzanek	06/30/2025

On 05/29/2025 at 3:00 PM, On a phone call to home health with Collateral Contact 2 (CC2), Home Health Manager, regarding Resident 1 not receiving services for [redacted] to the central line. CC2 stated that they received an order for wound care services on [redacted] 2025. CC2 stated the home health agency did not receive orders for central line flushing three times weekly with sterile dressing changes weekly. Home health then sent a request to the physician for central line orders, and the physician refused to give orders to the home health agency. CC2 reported the physician stated they would place an order to have the central line removed. CC2 reported the appointment date for the central line removal was set for 06/02/2025.

This is a recurring deficiency previously cited on 03/25/2025.

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, Careing Hands Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 7-26-2025

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

Provider (or Representative) — Date 7-12-2025

Plan: Have better communication- when resident moves into Afh- the Provider will follow up with outside agencies to make sure they have received the refferal and what date/time they will be coming into Afh to see resident- will make sure PT, OT, & Nursing are all contacted- 7-12-2025

On 05/29/2025 at 3:00 PM, On a phone call to home health with Collateral Contact 2 (CC2), Home Health Manager, regarding Resident 1 not receiving services for [redacted] to the central line. CC2 stated that they received an order for wound care services on [redacted] 2025. CC2 stated the home health agency did not receive orders for central line flushing three times weekly with sterile dressing changes weekly. Home health then sent a request to the physician for central line orders, and the physician refused to give orders to the home health agency. CC2 reported the physician stated they would place an order to have the central line removed. CC2 reported the appointment date for the central line removal was set for 06/02/2025.

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Provider (or Representative) Date