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

11/04/2025

Life Is Good AFH, Inc
Life Is Good AFH, Inc
4875 Shorecrest Dr NE
Moses Lake, WA 98837

RE: Life Is Good AFH, Inc # 752816

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 67395 (Completion Date 11/04/2025) and 64994 (Completion Date 09/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/04/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(3) When and how the care and services will be provided;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

(8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

The Department staff who did the On Site verification:
Lisa Beason, AFH Licensor

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 follow-up on 08/28/2025 of:
Life Is Good AFH, Inc
7582 McBeth Ln NE
Moses Lake, WA 98837

This document references the following SOD dated: 09/08/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lisa Beason, AFH Licensor
Melanie Hopkins, NHI-AFH Licensor

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 #: 752816	Compliance Determination # 64994
Plan of Correction	Life Is Good AFH, Inc	Completion Date
Page 2 of 7	Licensee: Life Is Good AFH, Inc	09/08/2025

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

09/17/2025
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.

Provider (or Representative)

9/26/25
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(3) When and how the care and services will be provided;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

(8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included the number of care staff needed to provide care for 1 of 4 residents (Resident 1). This failure placed the resident at risk of not having their care needs met.

Findings included...

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

09/17/2025
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.

Provider (or Representative)

Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(3) When and how the care and services will be provided;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

(8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included the number of care staff needed to provide care for 1 of 4 residents (Resident 1). This failure placed the resident at risk of not having their care needs met.

Findings included...

Record review on 08/28/2025, showed Resident 1 was admitted to the AFH on [redacted]/2022.

Review of Resident 1's Department assessment dated 07/28/2025, showed that Resident 1 was totally dependent and required 2-person assistance with bed mobility, dressing, toilet use and transfer assistance.

Review of Resident 1's Negotiated Care Plan (NCP) dated 07/16/2025, did not include the number of people required to provide Resident 1 with their care needs for bed mobility, dressing, toilet use and transfer assistance.

Observation on 08/28/2025 from 2:00 PM to 3:10 PM found Staff A, Provider, to be the only caregiver in the home.

In an interview on 08/28/2025 at 2:00 PM, Staff A stated that they were the only caregiver, and they had no additional employees at the AFH.

In an interview on 08/28/2025 at 2:15 PM, Staff A stated that Resident 1 required 2-person assist with showers and was only getting bed baths.

This is an uncorrected deficiency cited on 06/04/2025 for WAC-388-76-10355 (1)(3)(5).

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 10|13|25 .

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

Provider (or Representative) 9|26|25 Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

Record review on 08/28/2025, showed Resident 1 was admitted to the AFH on [redacted]/2022.

Review of Resident 1's Department assessment dated 07/28/2025, showed that Resident 1 was totally dependent and required 2-person assistance with bed mobility, dressing, toilet use and transfer assistance.

Review of Resident 1's Negotiated Care Plan (NCP) dated 07/16/2025, did not include the number of people required to provide Resident 1 with their care needs for bed mobility, dressing, toilet use and transfer assistance.

Observation on 08/28/2025 from 2:00 PM to 3:10 PM found Staff A, Provider, to be the only caregiver in the home.

In an interview on 08/28/2025 at 2:00 PM, Staff A stated that they were the only caregiver, and they had no additional employees at the AFH.

In an interview on 08/28/2025 at 2:15 PM, Staff A stated that Resident 1 required 2-person assist with showers and was only getting bed baths.

This is an uncorrected deficiency cited on 06/04/2025 for WAC-388-76-10355 (1)(3)(5).

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, Life Is Good 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

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications 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 medications were available for 2 of 4 residents (Resident 2 & 5) and that the medication log was accurately documented for 1of 4 residents (Resident 5). These failures placed the residents at risk for medication errors.

Findings included . . .

Record review of Resident 2's Department assessment dated 04/01/2025 required medication assistance by AFH staff.

Observation and record review on 08/28/2025 at 2:30PM of Resident 2's medication supply and pharmacy created medication log for August 2025 showed the following medications were not in supply at the AFH:
-Diclofenac sodium (pain relief) 1% gel, topical (on skin) every 6 hours as needed (PRN).
-Cal-Gest (Calcium supplement) 1000 milligrams (mg) daily with breakfast.
-Florastor (supplement for digestive health), one capsule twice daily.
-Vitamin B12 (vitamin supplement) 500 micrograms (mcg), one tablet daily.
-Biofreeze (pain relief) topical gel every 6 hours as needed.
-Guiafenesin (cough relief) 400 mg caplet every 4 hours PRN.
-Tramadol HCL (pain relief) 50 mg twice daily PRN.

During an interview on 08/28/2025 at 2:30 PM, Staff A, Provider, stated that Resident 2 did not have a supply of the medications because the family was supposed to supply them.

Resident 5's Department assessment dated 07/09/2025 showed Resident 5 required assistance from AFH staff with medications.

Resident 5's medication supply, physician order and pharmacy created medication log for August 2025 were reviewed and reconciled on 08/28/2025. The following medication discrepancies were identified:
-Epinephrine 0.3 mg Auto inject (used to treat severe allergic reactions) as needed for allergic reactions was not available in the medication supply at the AFH.
-Oxycodone HCL (for pain relief) 5 milligrams (mg) once daily for 14 days beginning 05/04/2023 was not available in the medication supply for Resident 5 and was initialed as given to Resident 5 from 08/01/2025 through 08/28/2025.
-Lidocaine (for pain relief) 5% topical (on skin) patches applied once daily was discontinued by physician order on 07/22/2025. The medication was seen in Resident 5's current mediation supply.

During an interview on 08/28/2025 at 2:40 PM, Resident 5 stated that the Epinephrine injection was used to treat allergic reactions to bee stings. Resident 5 stated they found out they were allergic to bee stings because they had ended up in the emergency room after a bee sting. Resident 5 stated that they had not taken Oxycodone for quite some time and were no longer using Lidocaine patches.

During an interview and observation on 08/28/2025 at 2:44 PM Staff A, Provider stated the Epinephrine for Resident 5 was expired. Staff A stated it was an oversight that they had charted the Oxycodone as administered. Staff A acknowledged that the Lidocaine patches had been discontinued.

This is an uncorrected deficiency cited on 06/04/2025.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 10/13/25 .

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

Provider (or Representative) — Date: 9/26/25

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included non-medication interventions for challenging behaviors for which mental health medications had been prescribed for 2 of 4 residents (Resident 1 & 5). This failure placed the resident at risk for not having their behavioral needs met.

Findings included...

During an interview on 08/28/2025 at 2:40 PM, Resident 5 stated that the Epinephrine injection was used to treat allergic reactions to bee stings. Resident 5 stated they found out they were allergic to bee stings because they had ended up in the emergency room after a bee sting. Resident 5 stated that they had not taken Oxycodone for quite some time and were no longer using Lidocaine patches.

During an interview and observation on 08/28/2025 at 2:44 PM Staff A, Provider stated the Epinephrine for Resident 5 was expired. Staff A stated it was an oversight that they had charted the Oxycodone as administered. Staff A acknowledged that the Lidocaine patches had been discontinued.

This is an uncorrected deficiency cited on 06/04/2025.

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, Life Is Good 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 _____

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included non-medication interventions for challenging behaviors for which mental health medications had been prescribed for 2 of 4 residents (Resident 1 & 5). This failure placed the resident at risk for not having their behavioral needs met.

Findings included...

Resident 1
Review of Resident 1's resident record on 08/28/2025, showed Resident 1 was admitted to the AFH on [redacted]/2022 and had diagnoses that included [redacted] and [redacted].

Record review on 08/28/2025 included Resident 1's pharmacy provided, undated medication administration log. The medication administration log showed Resident 1 was prescribed Risperidone (a mood-stabilizer) and Sertraline (an anti-depressant) to treat their [redacted] diagnoses.

Record review of the Department assessment dated 07/28/2025 showed when Resident 1 was combative with care, staff would back off and later attempt personal care tasks.

Record review on 08/28/2025 of Resident 1's NCP dated 07/16/2025 showed medication administration as the only intervention for the behaviors listed.In an interview on 09/04/2025 at 10:41 AM with Staff A, Provider, stated that they assessed if Resident 1 needed incontinent care, if it was too warm or too cold or they were in pain and then try to fix the problem. If Resident 1's behavior indicated unwillingness to receive care, Staff A would give Resident 1 prescribed medications and consulted with hospice and/or used hospice medications. Staff A stated they will then leave Resident 1alone and reapproach to provide care.

Resident 5
Review of Resident 5's resident record on 08/28/2025, showed Resident 5 was admitted to the AFH on [redacted]/2025 and had diagnoses that included [redacted] and [redacted].

Record review on 08/28/2025 included Resident 5's pharmacy provided, undated medication administration log. The medication administration log showed Resident 5 was prescribed quetiapine fumarate (a mood stabilizer), duloxetine (an anti-depressant), buspirone hydrochloride (anti-anxiety), and hydroxyzine (anti-anxiety) to treat their [redacted] diagnoses.

Record review on 08/28/2025 of the Department assessment dated [redacted]/2025, showed when Resident 5 was irritable or agitated the caregiver was to explain and listen to them and allow Resident 5 to express their needs. If Resident 5 had uncontrollable crying episodes, caregiver was to reassure them that they were in a safe place and to sit with them. Additional interventions included:
-Provide consistent daily routine
-Assist resident to organize their day
-Redirect to the here and now
-Explore comfort measures
-Report changes to the resident's doctor
-Use a calendar to track daily activities and routines

Record review on 08/28/2025 of Resident 5's NCP dated 07/10/2025, found no identified behaviors or interventions as listed in their 07/09/2025 assessment.

In an interview on 09/04/2025 at 10:41 AM, Staff A stated that they would ask Resident 5 why they are having behavior issues and try to fix the problem, leave resident alone and reapproach. Staff A stated they would notify Resident 5's physician if the behavior continued.

This is an uncorrected deficiency cited on 06/04/2025.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 10/13/25.

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

Provider (or Representative) 9/26/25 Date

Record review on 08/28/2025 of Resident 5's NCP dated 07/10/2025, found no identified behaviors or interventions as listed in their 07/09/2025 assessment.

In an interview on 09/04/2025 at 10:41 AM, Staff A stated that they would ask Resident 5 why they are having behavior issues and try to fix the problem, leave resident alone and reapproach. Staff A stated they would notify Resident 5's physician if the behavior continued.

This is an uncorrected deficiency cited on 06/04/2025.

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, Life Is Good 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

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 the unannounced on-site full inspection on 05/08/2025 of:

Life Is Good AFH, Inc
7582 McBeth Ln NE
Moses Lake, WA 98837

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor
Lisa Beason, AFH Licensor

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

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.

Scott Bower
Residential Care Services

07/28/2025
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)

8/18/25
Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a date of birth background check (BGI) was completed within one working day of hire for 1 of 4 current and former staff (Staff C). This placed residents at risk for receiving care from a disqualified staff.

Findings included. . .

Review of employee files on 05/08/2025 and 05/12/2025 showed Staff C, Former Caregiver, was hired on 06/05/2024. BGI results showed a completion date of 06/12/2025.

In an interview on 06/04/2025 at 4:43 PM, Staff A, Provider, stated that the BGI was probably completed when Staff C started working without supervision.

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.

Scotti Bower
Residential Care Services

07/28/2025
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)

Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a date of birth background check (BGI) was completed within one working day of hire for 1 of 4 current and former staff (Staff C). This placed residents at risk for receiving care from a disqualified staff.

Findings included. . .

Review of employee files on 05/08/2025 and 05/12/2025 showed Staff C, Former Caregiver, was hired on 06/05/2024. BGI results showed a completion date of 06/12/2025.

In an interview on 06/04/2025 at 4:43 PM, Staff A, Provider, stated that the BGI was probably completed when Staff C started working without supervision.

Statement of Deficiencies	License #: 752816	Compliance Determination # 59349
Plan of Correction	Life Is Good AFH, Inc	Completion Date
Page 3 of 12	Licensee: Life Is Good AFH, Inc	06/04/2025

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/18/25.

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

Provider (or Representative) — Date: 8/18/25

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed within 120 days after day of hire for 1 of 2 current staff (Staff B). This placed residents at risk for receiving care from a disqualified staff.

Findings included. . .

On 05/08/2025 at 11:40 AM and 05/13/2025 at 2:43 PM, Staff B, Caregiver, was observed providing care to residents in the home.

Record review on 05/08/2025 showed Staff B was hired on 12/17/2024 and had no documentation of a completed fingerprint background check (142 days after hire date).

In an interview on 05/08/2025 at 3:30 PM, Staff A, Provider, stated that Staff B had an appointment for a fingerprint background check next month.

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, Life Is Good 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

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed within 120 days after day of hire for 1 of 2 current staff (Staff B). This placed residents at risk for receiving care from a disqualified staff.

Findings included. . .

On 05/08/2025 at 11:40 AM and 05/13/2025 at 2:43 PM, Staff B, Caregiver, was observed providing care to residents in the home.

Record review on 05/08/2025 showed Staff B was hired on 12/17/2024 and had no documentation of a completed fingerprint background check (142 days after hire date).

In an interview on 05/08/2025 at 3:30 PM, Staff A, Provider, stated that Staff B had an appointment for a fingerprint background check next month.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/18/25 .

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

Provider (or Representative) 8/18/25 Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was completed within three days of hire for 1 of 2 staff (Staff B). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

On 05/08/2025 at 11:40 AM and 05/13/2025 at 2:43 PM, Staff B, Caregiver, was observed providing care to residents in the home.

Review of Staff B's personnel file on 05/08/2025 showed Staff B was hired on 12/17/2024. There was no documentation in the personnel file to show that any TB testing was completed within 3 days of hire. A one-step TB skin test dated 08/24/2023 was included in Staff B's personnel file.No records were seen that TB testing had been completed since 08/24/2023.

In an interview on 05/08/2025 at 3:30 PM, Staff A, Provider, stated that a chest x-ray was completed to screen Staff Bfor TB upon hire.Staff A did not provide documentation of a completed chest x-ray for Staff B to the Department.

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, Life Is Good 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

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was completed within three days of hire for 1 of 2 staff (Staff B). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

On 05/08/2025 at 11:40 AM and 05/13/2025 at 2:43 PM, Staff B, Caregiver, was observed providing care to residents in the home.

Review of Staff B's personnel file on 05/08/2025 showed Staff B was hired on 12/17/2024. There was no documentation in the personnel file to show that any TB testing was completed within 3 days of hire. A one-step TB skin test dated 08/24/2023 was included in Staff B's personnel file.No records were seen that TB testing had been completed since 08/24/2023.

In an interview on 05/08/2025 at 3:30 PM, Staff A, Provider, stated that a chest x-ray was completed to screen Staff Bfor TB upon hire.Staff A did not provide documentation of a completed chest x-ray for Staff B to the Department.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8|18|25.

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

Provider (or Representative) — Date: 8|18|25

WAC 388-76-10330 Resident assessment. The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;

(2) Not admit a resident without an assessment except in cases of a genuine emergency;

(3) Ensure the assessment contains all of the information required in WAC 388-76-10335 unless the assessor can not:

(a) Obtain an element of the required assessment information; and

(b) The assessor documents the attempt to obtain the information in the assessment.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure an assessment was completed prior to admission to the home for 1 of 4 residents (Resident 4) prior to admission to the home. This failure placed the resident at risk of not receiving care based on assessed needs.

Findings included . . .

Review of resident records on 05/08/2025 during the Department inspection showed there was no documentation of a pre-admission assessment for Resident 4, admitted to the home on [redacted]2025.

On 05/08/2025 at 1:15 PM, Staff A, Provider, stated they did not have the pre-admission assessment from the Registered Nurse Delegator (RND) and that licensing staff would need to obtain from the RND.

On 05/08/2025 at 1:21 PM Collateral Contact 1 (CC1), RND, stated that they had been

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, Life Is Good 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

WAC 388-76-10330 Resident assessment. The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;

(2) Not admit a resident without an assessment except in cases of a genuine emergency;

(3) Ensure the assessment contains all of the information required in WAC 388-76-10335 unless the assessor can not:

(a) Obtain an element of the required assessment information; and

(b) The assessor documents the attempt to obtain the information in the assessment.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure an assessment was completed prior to admission to the home for 1 of 4 residents (Resident 4) prior to admission to the home. This failure placed the resident at risk of not receiving care based on assessed needs.

Findings included . . .

Review of resident records on 05/08/2025 during the Department inspection showed there was no documentation of a pre-admission assessment for Resident 4, admitted to the home on [redacted]/2025.

On 05/08/2025 at 1:15 PM, Staff A, Provider, stated they did not have the pre-admission assessment from the Registered Nurse Delegator (RND) and that licensing staff would need to obtain from the RND.

On 05/08/2025 at 1:21 PM Collateral Contact 1 (CC1), RND, stated that they had been

called on [redacted]2025 by Staff A to come to the AFH to complete an assessment after Resident 4 had arrived and been admitted to the home. The RND stated that a complete list of medications and hospital discharge summary had not been provided to them at the time of Resident 4's assessment interview.

In an interview on 05/08/2025 at 3:15 PM, Resident 4 stated they arrived at the AFH on [redacted]/2025, signed admission paperwork, and later were interviewed by a nurse.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/18/25.

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

Provider (or Representative) — Date: 8/18/25

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(3) When and how the care and services will be provided;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

(8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included behavioral interventions, number of care staff needed to provide care, and how to provide for resident's social needs for 1 of

called on [redacted]/2025 by Staff A to come to the AFH to complete an assessment after Resident 4 had arrived and been admitted to the home. The RND stated that a complete list of medications and hospital discharge summary had not been provided to them at the time of Resident 4's assessment interview.

In an interview on 05/08/2025 at 3:15 PM, Resident 4 stated they arrived at the AFH on [redacted]/2025, signed admission paperwork, and later were interviewed by a nurse.

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, Life Is Good 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 _____

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(3) When and how the care and services will be provided;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

(8) Identification of any communication barriers the resident may have and how the home will use behaviors and nonverbal gestures to communicate with the resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included behavioral interventions, number of care staff needed to provide care, and how to provide for resident's social needs for 1 of

4 residents (Resident 1). This failure placed the resident at risk for not having their social, behavioral, or care needs met.

Findings included...

Record review on 05/08/2025 showed Resident 1 was admitted to the AFH on [redacted]/2022.

Review of Resident 1's Department assessment dated 08/27/2024 showed:
- Resident 1 required 2-person assistance with personal hygiene and transfer assistance.
- Resident 1 required staff to speak calmly and redirect known behaviors.
- Resident 1 liked to have same daily routine.

Review of Resident 1's Negotiated Care Plan (NCP) dated 08/09/2024 showed:
- Resident 1 requires 1-person assistance with personal hygiene and transfer assistance.
- Resident 1 was dependent on medicinal intervention to calm.
- Resident 1 was not able to be involved in any activities.

Observation on 05/08/2025 from 11:40 AM to 3:00 PM, showed Resident 1 was in their wheelchair seated at a table with no staff or other resident interactions observed.

Observation on 5/13/2025 at 3:15 PM, Staff B, Caregiver, was observed providing 1-person assistance with Resident 1's personal hygiene and while transferring the resident from wheelchair to reclining chair.

On 05/08/2025 at 1:45 PM, Staff A, Provider, stated that the NCP from 08/09/2024 was the current care plan for Resident 1.

On 06/04/2025 at 4:43 PM, Staff A stated that no activities were offered to Resident 1 because the resident was not able to do anything.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/18/25 .

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

Provider (or Representative) 8/18/25 Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop and implement a medication system to ensure current medication orders were available, medication logs were developed, and medications were available for 2 of 4 residents (Resident 2 & 4). These failures placed the residents at risk for medication errors.

Findings included . . .

Resident 2's medication supply and pharmacy created medication log for May 2025 (including medication order dates) were reviewed and reconciled on 05/08/2025 and observation showed the following medications were not in supply at the AFH:

-Lidocaine 4% (pain relief) patches, placed on the skin every morning, were not available in the medication supply.
-Multivitamin-Mineral (vitamin supplement), one tablet by mouth (PO) every morning, was not available in the medication supply.
-Vitamin D3 (vitamin supplement) 5,000 iu (international units), one tablet PO every morning, was not available in the medication supply.

Review of resident records showed Resident 4 was admitted to the AFH on [redacted] 2025. The Registered Nurse Delegator assessment, dated [redacted] 2025, showed Resident 4

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, Life Is Good 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

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop and implement a medication system to ensure current medication orders were available, medication logs were developed, and medications were available for 2 of 4 residents (Resident 2 & 4). These failures placed the residents at risk for medication errors.

Findings included . . .

Resident 2's medication supply and pharmacy created medication log for May 2025 (including medication order dates) were reviewed and reconciled on 05/08/2025 and observation showed the following medications were not in supply at the AFH:

-Lidocaine 4% (pain relief) patches, placed on the skin every morning, were not available in the medication supply.
-Multivitamin-Mineral (vitamin supplement), one tablet by mouth (PO) every morning, was not available in the medication supply.
-Vitamin D3 (vitamin supplement) 5,000 iu (international units), one tablet PO every morning, was not available in the medication supply.

Review of resident records showed Resident 4 was admitted to the AFH on [redacted]/2025. The Registered Nurse Delegator assessment, dated [redacted]/2025, showed Resident 4

could administer their own medications without assistance. There was no record of a medication log for Resident 4. The following medications were observed 05/08/2025 at 1:05 PM to be stored by AFH staff:

- Digoxin (used to treat abnormal heart rhythms) 125 milliequivalents (mEq) ½ tablet by mouth (PO) daily. No medication log was created to chart administration of medication.
- Aspirin (used to support heart health) 81 milligrams (mg) enteric coated PO daily. No medication log was created to chart administration of medication.
- Metoprolol (used to treat high blood pressure) extended release (ER) 50 mg once daily. No medication log was created to chart administration of medication.

In an interview on 05/08/2025 at 3:15 PM, Resident 4 stated that they are not sure which medications they were supposed to take. Resident 4 stated that AFH staff locked up some of their medications and gave those medications to them.

In an interview on 05/08/2025 at 1:10 PM, Staff A, Provider, stated that the AFH did not need to keep a medication log for Resident 4 as Resident 4 was assessed to manage their own medication.

In an interview on 05/08/2025 at 1:20 PM, Staff A stated that Resident 2 had a scheduled appointment with their physician today and the medication orders would be reconciled after the visit.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/18/25 .

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

Provider (or Representative) 8/18/25 Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

could administer their own medications without assistance. There was no record of a medication log for Resident 4. The following medications were observed 05/08/2025 at 1:05 PM to be stored by AFH staff:

- Digoxin (used to treat abnormal heart rhythms) 125 milliequivalents (mEq) ½ tablet by mouth (PO) daily. No medication log was created to chart administration of medication.
- Aspirin (used to support heart health) 81 milligrams (mg) enteric coated PO daily. No medication log was created to chart administration of medication.
- Metoprolol (used to treat high blood pressure) extended release (ER) 50 mg once daily. No medication log was created to chart administration of medication.

In an interview on 05/08/2025 at 3:15 PM, Resident 4 stated that they are not sure which medications they were supposed to take. Resident 4 stated that AFH staff locked up some of their medications and gave those medications to them.

In an interview on 05/08/2025 at 1:10 PM, Staff A, Provider, stated that the AFH did not need to keep a medication log for Resident 4 as Resident 4 was assessed to manage their own medication.

In an interview on 05/08/2025 at 1:20 PM, Staff A stated that Resident 2 had a scheduled appointment with their physician today and the medication orders would be reconciled after the visit.

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, Life Is Good 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 _____

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included non-medication interventions for challenging behaviors for which mental health medications had been prescribed for 1 of 4 residents (Resident 1). This failure placed the resident at risk for not having their behavioral needs met.

Findings included...

Review of Resident 1's resident record on 05/08/2025 showed Resident 1 was admitted to the AFH on [redacted]2022 and had diagnoses that included [redacted] and [redacted].

Record review on 05/08/2025 included Resident 1's pharmacy provided, undated medication administration log. The medication administration log showed Resident was prescribed risperidone (a mood-stabilizer) and sertraline (an anti-depressant) to treat their [redacted]diagnoses.

Record review on 05/08/2025 included Resident 1's Department assessment dated 08/27/2024 that showed redirection and speaking calmly to Resident 1 as non-medication interventions that could be used to address challenging behaviors.

Record review on 05/08/2025 included Resident 1's NCP that showed medication administration as the only interventions for the behaviors listed.

In an interview on 06/04/2025 at 4:43 PM Staff A, Provider, stated that Resident 1 was non-vocal and did not communicate or respond to anything except medications.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/18/25 .

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

Provider (or Representative) — Date: 8/18/25

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) included non-medication interventions for challenging behaviors for which mental health medications had been prescribed for 1 of 4 residents (Resident 1). This failure placed the resident at risk for not having their behavioral needs met.

Findings included...

Review of Resident 1's resident record on 05/08/2025 showed Resident 1 was admitted to the AFH on [redacted]/2022 and had diagnoses that included [redacted] and [redacted].

Record review on 05/08/2025 included Resident 1's pharmacy provided, undated medication administration log. The medication administration log showed Resident was prescribed risperidone (a mood-stabilizer) and sertraline (an anti-depressant) to treat their [redacted] diagnoses.

Record review on 05/08/2025 included Resident 1's Department assessment dated 08/27/2024 that showed redirection and speaking calmly to Resident 1 as non-medication interventions that could be used to address challenging behaviors.

Record review on 05/08/2025 included Resident 1's NCP that showed medication administration as the only interventions for the behaviors listed.

In an interview on 06/04/2025 at 4:43 PM Staff A, Provider, stated that Resident 1 was non-vocal and did not communicate or respond to anything except medications.

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, Life Is Good 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 _____

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that grab bars were securely installed in 1 of 2 bathrooms (Bathroom C) and failed to ensure toxic substances were kept in locked storage inaccessible to 1 of 4 Residents (Residents 3). This failure placed the residents at risk for accessing toxic substances.

Findings included...

On 05/08/2025 at 11:40 AM Resident 3 was observed walking unassisted throughout the AFH.

On 05/08/2025 at 11:40 AM observation showed the shower area of Bathroom C had a suction cup grab bar attached to one wall which partially came away from the shower wall when tested by the state regulator.

In an interview on 05/08/2025 at 11:45 AM Staff A, Provider, stated that they were told that the suction cup grab bar in Bathroom C was sufficient.

The following chemicals were seen unsecured in the home:

-At 12:20 PM on 05/08/2025, hydrogen peroxide (used as antibacterial and antifungal solution and cleaning agent) was seen on the bedside table in Bedroom [redacted] assigned to Resident 3.
- At 12:56 PM on 05/08/2025 and 2:49 PM on 05/13/2025, Ortho Home Defense (insecticide) was seen in an unlocked laundry room.
- At 12:56 PM on 05/08/2025 and 2:49 PM on 05/13/2025, Ortho Home Defense MAX (insecticide) was seen in an unlocked laundry room.

In an interview at 12:20 PM on 05/08/2025, Staff A, Provider, stated that they did not know where the hydrogen peroxide came from.

On 05/08/2025 at 12:56 PM, Staff A stated that the laundry room was always kept

locked.

On 05/13/2025 at 2:50 PM, Staff B, Caregiver, stated that the shower in Bathroom A was not available for residents to use as the shower had no grab bars.

On 05/13/2025 at 2:55 PM, Resident 4 stated that they had felt unsteady showering in Bathroom C due to lack of grab bars in the shower.

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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 8/18/25.

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

Provider (or Representative) — Date: 8/18/25

locked.

On 05/13/2025 at 2:50 PM, Staff B, Caregiver, stated that the shower in Bathroom A was not available for residents to use as the shower had no grab bars.

On 05/13/2025 at 2:55 PM, Resident 4 stated that they had felt unsteady showering in Bathroom C due to lack of grab bars in the shower.

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, Life Is Good 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 _____