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

11/26/2025

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) 68783 (Completion Date 11/26/2025) and 65965 (Completion Date 09/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/26/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10545 Resident rights Admitting and keeping residents. The adult family home must:

(1) Only admit or keep individuals whose needs the home can safely meet:

(a) With qualified available staff; and

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

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;

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the person's health care provider.

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 complaint investigation on 09/22/2025 and 09/28/2025 of:

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

This document references the following complaint number(s): 193436

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

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.

Selena Clemons
Residential Care Services

10/07/2025
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)

10/23/25
Date

WAC 388-76-10545 Resident rights Admitting and keeping residents. The adult family home must:

(1) Only admit or keep individuals whose needs the home can safely meet:

(a) With qualified available staff; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure enough qualified staff were available to meet the assessed needs of 2 of 3 residents (Resident 1 & 2). This failure placed residents at risk of injury and not having their assessed needs met.

Findings included. , .

<Resident 1>

Record Review of Resident 1's Department assessment, dated 07/16/2025, showed Resident 1 had diagnosis of [redacted] and [redacted] Document showed Resident 1 required 2-person assistance with transfers, bed mobility, toilet use, and dressing.

Record review of Resident 1's negotiated care plan (NCP) dated 07/16/2025, showed a handwritten, undated notation that stated one staff could provide all of Resident 1's

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.

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Findings included. . .

<Resident 1>

Record Review of Resident 1's Department assessment, dated 07/16/2025, showed Resident 1 had diagnosis of [redacted] and [redacted]. Document showed Resident 1 required 2-person assistance with transfers, bed mobility, toilet use, and dressing.

Record review of Resident 1's negotiated care plan (NCP) dated 07/16/2025, showed a handwritten, undated notation that stated one staff could provide all of Resident 1's

care with the use of [redacted] or [redacted]
The NCP stated 2-person assistance is used when staff are available for staff and resident safety, if not, one person assist is possible.

Observation on 09/22/2025 from11:45 AM to 1:30 PM, found Staff A, Provider, providing care and services to Resident 1.

During an interview on 09/22/2025 at 11:57 AM, Staff A stated that they were the only caregiver in the home. Staff A stated that they had been the only caregiver since mid-July 2025. Staff A stated that they completed transfers for Resident 1 using a [redacted] or [redacted] by themselves. Staff A stated that they changed the care plan to reflect that they were using only one staff to provide care to Resident 1. Staff A stated they reposition, provide incontinent care, and dress Resident 1 by themselves. Staff A stated that they were the provider, these were things that they could do, and they could handle the care tasks independently. Staff A stated that they could complete Resident 1's care tasks by themselves. Staff A stated they provided all resident care. Staff A stated they repositioned Resident 1 every two hours.

Observation on 09/28/2025 from 9:23 AM to 10:30 AM, found Staff B, Caregiver, providing care and services to Resident 1.

During an interview on 09/28/2025 at 9:35 AM, Staff B stated that they were the only caregiver in the home. Staff B stated that they assisted Resident 1 that morning with repositioning, incontinent care and a bed bath without a second staff member present.

During an interview on 09/29/2025 at 10:34 AM, Collateral Contact 1 (CC1), Social Service Specialist 3, stated that they assessed Resident 1 as needing 2-person assistance with transfers, toilet use, dressing, and bed mobility. CC1 stated that they came to this decision because Staff A reported Resident 1 required 2-person assistance. CC1 stated that Resident 1 did require 2-person assistance based on Resident 1's high level of care and physical limitations. CC1 stated that it would be unsafe for Resident 1 to be transferred using a [redacted]. CC1 stated that Staff A had not requested a reassessment of Resident 1's activities of daily living (ADL's) and had asked for Resident 1's behaviors to be removed from their assessment.

<Resident 2>

Record Review of Resident 2's Department assessment, dated 03/31/2025, showed Resident 2 had diagnosis of [redacted]. Document showed Resident 2 required 2-person assistance with transfers.

Record review of Resident 2's negotiated care plan (NCP) dated 04/30/2025, showed caregiver would assist with transfers. NCP did not indicate Resident 2 required 2-person assistance with transfers.

Observation on 09/22/2025 from 11:45 AM to 1:30 PM, found Staff A providing care and services to Resident 2.

During an interview on 09/22/2025 at 11:57 AM, Staff A stated they were the only caregiver in the home. Staff A stated that they transferred Resident 2 using a [redacted] by themselves. Staff A stated that they were the provider, these were things they could do independently, and they could handle the care tasks independently. Staff A stated that they could transfer Resident 2 by themselves, they did not need a second staff. Staff A denied requesting Resident 2 be reassessed to change their transfer status.

Observation on 09/28/2025 from 9:23 AM to 10:30 AM, found Staff B providing care and services to Resident 2.

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) 10/23/25.

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

Provider (or Representative) — Date 10/23/25

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure the initials of staff who assisted residents with medications were documented on the medication log for 1of 2 staff (Staff B). This failure resulted in inaccurate documentation

Record review of Resident 2's negotiated care plan (NCP) dated 04/30/2025, showed caregiver would assist with transfers. NCP did not indicate Resident 2 required 2-person assistance with transfers.

Observation on 09/22/2025 from 11:45 AM to 1:30 PM, found Staff A providing care and services to Resident 2.

During an interview on 09/22/2025 at 11:57 AM, Staff A stated they were the only caregiver in the home. Staff A stated that they transferred Resident 2 using a [redacted] by themselves. Staff A stated that they were the provider, these were things they could do independently, and they could handle the care tasks independently. Staff A stated that they could transfer Resident 2 by themselves, they did not need a second staff. Staff A denied requesting Resident 2 be reassessed to change their transfer status.

Observation on 09/28/2025 from 9:23 AM to 10:30 AM, found Staff B providing care and services to Resident 2.

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)_____ .

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(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure the initials of staff who assisted residents with medications were documented on the medication log for 1of 2 staff (Staff B). This failure resulted in inaccurate documentation

and placed residents at risk for medication errors.

Findings included. . .

Review of the September 2025 medication logs for Residents 1, 2, and 3 showed Staff A, Provider, was the only staff member that initialed the medication logs 09/01/2025 through 9:30 AM on 09/28/2025.

During an interview on 09/28/2025 at 9:45 AM, Staff B, Caregiver, stated that they administered Resident 1, 2, and 3's medications that morning and signed the medication logs using Staff A's initials. Staff B stated they had been the only caregiver working in the home since the previous evening.

During an interview on 09/28/2025 at 10:27 AM, Staff A stated that they had come into the AFH that morning, had set up Resident 1, 2 & 3's medications, and handed them to Staff B to administer. Staff A stated that they directed Staff B to sign Staff A's initials on the medication log.

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) 10/23/25.

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Provider (or Representative) — Date 10/23/25

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

This requirement was not met as evidenced by:

and placed residents at risk for medication errors.

Findings included. . .

Review of the September 2025 medication logs for Residents 1, 2, and 3 showed Staff A, Provider, was the only staff member that initialed the medication logs 09/01/2025 through 9:30 AM on 09/28/2025.

During an interview on 09/28/2025 at 9:45 AM, Staff B, Caregiver, stated that they administered Resident 1, 2, and 3's medications that morning and signed the medication logs using Staff A's initials. Staff B stated they had been the only caregiver working in the home since the previous evening.

During an interview on 09/28/2025 at 10:27 AM, Staff A stated that they had come into the AFH that morning, had set up Resident 1, 2 & 3's medications, and handed them to Staff B to administer. Staff A stated that they directed Staff B to sign Staff A's initials on the medication log.

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(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(c) Provide an updated form to the department thirty days prior to changing services, except in emergencies, when the scope of care and services is changing.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to update their disclosure of services form within thirty days of changing the services offered to 3 of 3 residents (Residents 1, 2, & 3). This failure resulted in residents receiving inaccurate information about the services provided by the AFH.

Findings included. . .

Record review of Adult Family Home Disclosure of Services form with received by date of 03/09/2015, posted on the public-facing Washington Stated Department of Social and Health Services, Home and Community Living Administration's Adult Family Home Locator showed the AFH had awake staff at night.

Observation on 09/22/2025 from 11:45 AM to 1:30 PM, found Staff A, Provider, was the only staff providing care and services to Resident 1, 2, and 3.

Observation on 09/28/2025 from 9:23 AM to 10:30 AM, found Staff B, Caregiver, was the only staff providing care and services to Resident, 1, 2, and 3.

During an interview on 09/22/2025 at 11:57 AM, Staff A stated that they were the only caregiver in the home and had no other staff. Staff A stated they had been the only caregiver since mid-July 2025. Staff A stated they provided all resident care and slept on and off in the recliner in the common area. Staff A stated they repositioned Resident 1 every two hours. Staff A stated Resident 2 and 3 used a bell to alert Staff A if the resident needed assistance. Staff A stated that they do not leave the home, have time off, or have a sleeping schedule. Staff A stated that when they needed anything for the home, they had their family drop it off. Staff A stated their sleeping time is documented as self-care on the written daily routine they provided to the Department.

Record review of untitled and undated document provided as the AFH's daily routine on 09/22/2025 showed the following:

-5:00 AM: Toilet and reposition
-7:00 AM: Give meds before breakfast
-8:00 AM: Fill pitcher with water and ice. Breakfast and morning meds, dishes and clean up
-9:00 AM-10:00 AM: Self-Care, reposition clients as needed, provide assist per clients' request.
-11:00 AM: Give meds before lunch. Prep for lunch.
-12:00 PM: Lunch and noon meds, dishes and clean up
-1:00 PM: Self Care, assist clients as needed
-2:00 PM: Medication Assist
-3:00 PM: Self Care, provide assist as needed
-4:00 PM: Prep dinner, medication before dinner
-5:00 PM: Dinner and evening meds, dishes and clean up
-6:00 PM: Self Care, Toilet clients and get them in bed

-7:00 PM: Sweep, vacuum, mop
-8:00 PM: Bedtime snacks and meds.
-9:00 PM-4:00 AM: Self-care, toilet and reposition, provide assist 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, Life Is Good AFH, Inc is or will be in compliance with this law and / or regulation on (Date) 10/23/25 .

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

Provider (or Representative) — Date 10/23/25

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

WAC 388-76-10980 Remedies—Specific—Stop placement—Admissions prohibited.
(2) Once imposed, the adult family home must:
(a) Post the stop placement order or limited stop placement order per requirements listed in RCW 70.128.306;

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to post a stop placement order as required for 1 of 1 stop placements (Posting Notice 1). This failure resulted in residents and visitors not being aware of a stop placement order.

Findings included. . .

Review of document titled "Imposition of civil fines and stop placement order prohibiting admissions" dated 09/18/2025, showed instructions stating the AFH provider must post the notice of Stop Placement Order, with the license in a visible location in a common use area of the AFH, accessible to residents and visitors.

Observation of the AFH's common use areas on 09/22/2025 at 11:45 AM found no stop placement order (Posting Notice 1) posted.

-7:00 PM: Sweep, vacuum, mop
-8:00 PM: Bedtime snacks and meds.
-9:00 PM-4:00 AM: Self-care, toilet and reposition, provide assist 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, 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

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Observation of the AFH’s common use areas on 09/22/2025 at 11:45 AM found no stop placement order (Posting Notice 1) posted.

During an interview on 09/22/2025 at 10:20 AM Staff A, Provider, stated they had not yet posted the stop placement order.

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

Provider (or Representative) — Date: 10|23|25

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;

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the person's health care provider.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family home (AFH) failed to ensure staff received a chest X-ray within 7 days of a positive Tuberculosis (TB) test, failed to evaluate Staff B for signs and symptoms of tuberculosis and failed to follow the recommendations of a health care provider for 1 of 2 staff (Staff B).. This failure placed the residents at risk of exposure to Tuberculosis.

Findings included. . .

Observation on 09/28/2025 from 9:23 AM to 10:30 AM, found Staff B, Caregiver, providing care and services to Residents 1, 2 & 3.

Review of Staff B's employee file showed a TB blood test was completed on 06/27/2025 and was positive. A Medical Provider Progress note dated 09/08/2025 showed a TB skin test had been completed, was invalid, and instructed Staff B to follow up with their medical provider for further testing. There was no documentation in Staff B's employee file to show Staff B followed up with their medical provider or completed a chest x-ray.

During an interview on 09/22/2025 at 10:20 AM Staff A, Provider, stated they had not yet posted the stop placement order.

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family home (AFH) failed to ensure staff received a chest X-ray within 7 days of a positive Tuberculosis (TB) test, failed to evaluate Staff B for signs and symptoms of tuberculosis and failed to follow the recommendations of a health care provider for 1 of 2 staff (Staff B).. This failure placed the residents at risk of exposure to Tuberculosis.

Findings included. . .

Observation on 09/28/2025 from 9:23 AM to 10:30 AM, found Staff B, Caregiver, providing care and services to Residents 1, 2 & 3.

Review of Staff B's employee file showed a TB blood test was completed on 06/27/2025 and was positive. A Medical Provider Progress note dated 09/08/2025 showed a TB skin test had been completed, was invalid, and instructed Staff B to follow up with their medical provider for further testing. There was no documentation in Staff B's employee file to show Staff B followed up with their medical provider or completed a chest x-ray.

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