STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Forest Ridge Senior Care Inc

Forest Ridge Senior Care Inc
19730 25th Dr SE
Bothell, WA 98012

RE: Forest Ridge Senior Care Inc License # 752960

Dear Provider:

This letter addresses Compliance Determination(s) 57022 (Completion Date 03/27/2025) and 55707 (Completion Date 03/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/27/2025 and found that you have corrected the violations listed in the Full report dated 03/07/2025. Your home is back in compliance as of 03/17/2025 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 388-76-10485-1, WAC 388-76-10490-1, WAC 388-76-10350-2-d, WAC 388-76-10530-2, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752960	Compliance Determination # 55707
Plan of Correction	Forest Ridge Senior Care Inc	Completion Date
Page 1 of 9	Licensee: Forest Ridge Senior Care Inc	03/07/2025

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 the unannounced on-site full inspection on 03/04/2025 of:
Forest Ridge Senior Care Inc
19730 25th Dr SE
Bothell, WA 98012

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

- Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 752960	Compliance Determination # 55707
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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.

Renee' Bourque
Residential Care Services

03/12/2025
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)

3/17/25
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medications in Residents 3 of 4's bathrooms (bedroom [redacted] and [redacted]) were kept in locked storage. This failure placed Residents 1, 2, 3, 4 and 5 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 03/04/2025 at 10:00 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Residents 2 was [redacted], Residents 1 and 3 ambulated with staff assistance, and Residents 4 and 5 ambulated with assistive device in the AFH.

Observation, on 03/04/2025 at 11:55 AM, showed bedroom [redacted] had a bathroom with accessibility from the hallway (across bedroom [redacted]). Observation showed a clear plastic tower storage organizer with five drawers next to the bathroom vanity. Observation showed following over the counter (OTC) medications in the storage organizer. A tube of Neosporin ointment (used to treat minor skin infection), three tubes of up&up Vitamin A+D ointment (used to prevent diaper rash), and a tube of Preparation H ointment (used for hemorrhoidal). Further observation showed the cabinet underneath the bathroom sink was unlocked. Observation of the cabinet underneath the bathroom sink showed a tube of Nystatin cream (used for fungal infection). Observation of the pharmacy generated label showed the Nystatin cream was for Resident 4.

In an interview, on 03/04/2025 at 12:10 PM, Staff C, Caregiver, stated that Resident 4 was the only resident that used that bathroom. Staff C stated that Resident 4 self-administered their topical medications. Staff C stated that they kept the cabinet underneath the bathroom sink locked all the time. Staff C stated that staff opened the cabinet underneath the bathroom sink for Resident 4 when needed and they forgot to lock the cabinet.

Bedroom [redacted]
Observation, on 03/04/2025 at 12:25 PM, showed Resident 3 resided in bedroom [redacted] and had no roommate. Observation showed Resident 3 had a private bathroom. Observation of bathroom showed a white plastic caddy on the toilet tank. Observation of the caddy showed a tube of Medline Remedy protect paste (used for diaper rash) and a bottle of Major Calamine lotion (used for itching).

In an interview, on 03/04/2025 at 12:30 PM, Staff A, Entity Representative, stated that they used the medications for Resident 3, and they were unaware to lock the barrier creams.

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, Forest Ridge Senior Care Inc is or will be in compliance with this law and / or regulation on (Date) 3/17/25.

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

Provider (or Representative) Jiyin Lee Date 3/17/25

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 3 of 5 residents (Residents 1, 3 and 4). These failures placed Residents 1, 3 and 4 at risk of negative outcomes and worsening

conditions if they took or used expired medications.

Findings included...

Record review showed that the AFH's undated Medication Disposal Policy stated that AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to send back to the pharmacy, to the local law enforcement or dispose of drugs in drug booster."

In an interview, on 03/04/2025 at 10:45 AM, Staff C, Caregiver, stated that staff managed Residents 1, 2, 3, 4 and 5 medications.

Observation, on 03/04/2025 at 1:55 PM, showed Resident 1's medication bin contained a bottle of Nystatin powder (used for fungal infection). Observation of the pharmacy generated label showed the expiration date was 12/26/2024.

Resident 3
Observation, on 03/04/2025 at 2:00 PM, showed Resident 3's medication bin contained a bottle of Polyethylene Glycol (used for constipation). Observation of the pharmacy generated label showed the expiration date was 01/04/2025.

Resident 4
Observation, on 03/04/2025 at 1:45 PM, showed Resident 4's medication bin contained three tubes of Nystatin creams (used for fungal infection). Observation of the pharmacy generated labels showed the expiration dates were 09/04/2024, 12/15/2024 and 02/21/2025.

In an interview, on 03/04/2025 at 2:05 PM, Staff A, Entity Representative, stated that they checked the medication expiration date monthly. Staff A stated that they might missed the expiration dates on Residents 1, 3 and 4 medications.

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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, Forest Ridge Senior Care Inc is or will be in compliance with this law and / or regulation on (Date) 3/17/25 .

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

Fuji Lee
Provider (or Representative)

3/17/25
Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have the assessment for 1 of 5 residents (Resident 1) updated at least every twelve months. This failure placed Resident 1 at risk of unmet needs.

Findings included...

Observation, on 03/04/2025 at 10:00 AM, showed Resident 1 lived in and received care from the AFH.

Review of Resident 1's records showed the AFH admitted the resident, on [redacted]/2018. Review showed Resident 1 had an assessment dated 05/02/2023. There was no assessment found for Resident 1 in 2024.

In an interview, on 03/04/2025 at 1:35 PM, Staff A, Entity Representative. stated that they might forgot to complete an assessment for Resident 1 in 2024. Staff A stated that they would have their nurse to complete an assessment for Resident 1.

Statement of Deficiencies	License #: 752960	Compliance Determination # 55707
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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, Forest Ridge Senior Care Inc is or will be in compliance with this law and / or regulation on (Date) 3/19/25 .

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

Jeeji Jee — Provider (or Representative)

3/17/25 — Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline: and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 3 of 5 residents (Residents 1, 2

and 4) every 24 months. This failure placed Residents 1, 2 and 4 at risk of being unaware of house rules, services, and costs.

Findings included...

Observation, on 03/04/2025 at 10:00 AM, showed Residents 1, 2 and 4 lived in and received care and services from the AFH.

Review of records revealed the updated Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) were signed by Resident 1's representative on 10/18/2022. There were no other admission agreements found in Resident 1's record.

Review of records revealed the updated Notice of Service were signed by Resident 2's representative on 07/07/2021. There was no other admission agreements found in Resident 2's record.

Review of records revealed the updated Notice of Service were signed by Resident 4's representative on 02/27/2023. There were no other admission agreements found in Resident 2's record.

In an interview, on 03/04/2025 at 2:25 PM, Staff A, Entity Representative, stated that they forgot to review Residents 1, 2 and 4's Notice of Services every two years.

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, Forest Ridge Senior Care Inc is or will be in compliance with this law and / or regulation on (Date) 3/17/25.

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

Provider (or Representative) — Date: 3/17/25

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

(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 all toxic substances and hazardous materials were stored in locked storage. This failure placed 2 of 5 ambulatory residents (Residents 4 and 5) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation, on 03/04/2025 at 10:00 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 2 was [redacted], Residents 1 and 3 ambulated with staff assistance, and Residents 4 and 5 ambulated with assistive device in the AFH.

Observation, on 03/04/2025 at 11:45 AM, showed the cabinet underneath the kitchen sink had a magnet lock on the left door and had no locks on the right door. Observation showed the AFH stored a trash can on the left side of the cabinet and the cleaner supplies on the right side of the cabinet underneath the kitchen sink. Observation showed following chemicals underneath the kitchen sink (right side), a Sprayway glass cleaner spray, a container of Bar Keepers Friend cleaner powder, a Raid house and garden insect spray and a bottle of Lysol all-purpose cleaner spray.

In an interview, on 03/04/2025 at 11:50 AM, Staff C, Caregiver, stated that they only locked one side of the cabinet where they had stored chemicals, and they were unaware to lock both sides of the cabinet. Staff C was asked why chemicals and cleaners were stored on the right side of the cabinet with no locks. Staff C stated that they would add a lock to the right cabinet door.

Observation, on 03/04/2025 at 11:55 AM, showed bedroom [redacted] had a bathroom with accessibility from the hallway (across bedroom [redacted]). Observation showed a clear plastic tower storage organizer with five drawers next to the bathroom vanity. Observation showed a container of Pine-sol cleaner in the second drawer.

In an interview, on 03/04/2025 at 12:00 PM, Staff C stated that Resident 4 used the bathroom, and they were unaware Resident 4 had a Pine-Sol cleaner in the bathroom.

Observation, on 03/04/2025 at 12:05 PM, showed a bathroom in the living room next to the bedroom E. Observation showed a stackable washer and drier in the bathroom. Observation further showed a gray storage cabinet next to the washer and dryer with a magnet key. Observation of the storage cabinet in the bathroom showed the cabinet was unlocked and the magnet lock was not working properly. Observation showed Staff C tried to clean and lock the cabinet, and the cabinet lock was not working. Observation of the storage cabinet showed a container of laundry detergent, two Lysol all-purpose cleaner sprays, two Lysol disinfectant sprays, and a container of Lysol bathroom cleaner.

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In an interview, on 03/04/2025 at 12:10 PM, Staff C stated that the storage cabinet was locked and if we tried to open it hard it would open. Staff C stated that they would replace the cabinet lock.

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, Forest Ridge Senior Care Inc is or will be in compliance with this law and / or regulation on (Date) 3/4/25 .

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

Provider (or Representative) — Date: 3/17/25

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

03/10/2025

Forest Ridge Senior Care Inc
Forest Ridge Senior Care Inc
19730 25th Dr SE
Bothell, WA 98012

RE: Forest Ridge Senior Care Inc # 752960

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/07/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

RCW 70.128.250 Required training and continuing education -- Food safety training and testing. The department shall implement, as part of the required training and continuing education, food safety training and testing integrated into the curriculum that meets the standards established by the state board of health pursuant to chapter 69.06 RCW. Individual food handler permits are not required for persons who begin working in an adult family home after June 30, 2005, and successfully complete the basic and modified-basic caregiver training, provided they receive information or training regarding safe food handling practices from the employer prior to providing food handling or service for the clients. Documentation that the information or training has been provided to the individual must be kept on file by the employer. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

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

Review of Washington State Food Worker Card for Staff A, Entity Representative, had expired on 02/01/2025. This deficiency corrected during the visit by Staff A, Entity Representative.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225