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

A.J.A.N Adult Family Home LLC

A.J.A.N Adult Family Home LLC
98216 E Sidibe Pr SE
Kennewick, WA 99338

RE: A.J.A.N Adult Family Home LLC License # 754587

Dear Provider:

This letter addresses Compliance Determination(s) 65379 (Completion Date 09/09/2025) and 63849 (Completion Date 08/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/09/2025 and found that you have corrected the violations listed in the Full report dated 08/11/2025. Your home is back in compliance as of 08/22/2025 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 388-76-10490-2, WAC 388-76-10490-2-b-i, WAC 388-76-10430, WAC 388-76-10430-2, WAC 388-76-10430-2-d

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 the unannounced on-site full inspection on 08/07/2025 of:

A.J.A.N Adult Family Home LLC
935 S Huntington St
Kennewick, WA 99336

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

The department staff that inspected 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

Statement of Deficiencies	License #: 754587	Compliance Determination # 63849
Plan of Correction	A.J.A.N Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: A.J.A.N Adult Family Home LLC	08/11/2025

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

08/14/2025
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.

Grace Blas-Matus
Provider (or Representative)

08/22/25
Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to dispose of expired medications for 1 of 5 residents (Resident 5). This failure placed the resident at risk of receiving expired medications.

Findings included. . .

Record review of Resident 5's department assessment dated 11/12/2024, showed Resident 5 required assistance with medication management.

Observation of Resident 5's medication supply on 08/07/2025 at 12:05 PM found the following expired medications:

- Loperamide anti-diarrheal (used to treat loose stools), expiration date of 09/21/2024.
- Metoclopramide Hydrochloride (used to treat nausea and vomiting) expiration date of

05/07/2024.
• Melatonin (used to promote sleep), expiration date of 04/23/2024.
• Icy Hot (used to treat muscle pain), expiration date of 10/2024.

During an interview on 08/07/2025 at 12:15 PM Staff A, Provider, stated they normally disposed of expired medications. Staff A stated that they were unaware the medications had expired.

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, A.J.A.N Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 08/22/25 .

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

Grace Blas Matus
Provider (or Representative)

08/22/25
Date

WAC 388-76-10430 Medication system.

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

(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 prescribed medications were available for 1 of 5 Residents (Resident 5). This failure placed the resident at risk of not receiving medication as prescribed.

Record review of Resident 5's department assessment dated 11/12/2024, showed Resident 5 required assistance with medication management.

Record review of Resident 5's physician orders dated 05/19/2025, showed Resident 5 was prescribed the following medications:

• Acetaminophen (used to treat pain)
• Amlodipine (used to treat high blood pressure)
• Aspirin (used to thin the blood)

- Buspirone (used to treat anxiety)
- Donezepil (used to treat Alzheimer's disease)
- Escitalopram (used to treat depression)
- Gabapentin (used to treat pain)
- Lisinopril (used to treat high blood pressure)
- Memantine (used to treat Alzheimer's disease)
- Omeprazole (used to treat acid reflux)
- Biofreeze (used to treat muscle pain)
- Diclofenac sodium (used to treat arthritis pain)
- Gas relief (used to treat stomach pressure and bloating)
- Icy Hot (used to treat muscle pain)
- Loperamide (used to treat loose stools)
- Melatonin (used to support sleep)
- Metoclopramide (used to treat nausea and vomiting)
- MiraLAX (used to treat constipation)

Observation on 08/07/2025 at 12:05 PM of Resident 5's medication supply found no supply of the following medications:

- Diclofenac sodium
- Biofreeze
- Gas Relief

During an interview on 08/07/2025, Staff A, Provider, stated that Resident 5 did not commonly need the Diclofenac sodium, Biofreeze or Gas Relief so they had not purchased any for Resident 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, A.J.A.N Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 08/22/25.

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

Grace Blas-Matus — Provider (or Representative)

08/22/25 — Date

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

A.J.A.N Adult Family Home LLC
A.J.A.N Adult Family Home LLC
98216 E Sidibe Pr SE
Kennewick, WA 99338

RE: A.J.A.N Adult Family Home LLC # 754587

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/11/2025 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:

Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:

eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• 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.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(3) Be provided to all prospective residents, before admission to the home;

The Adult Family Home (AFH) failed to ensure Resident 1's representative signed and dated the AFH's Medicaid policy prior to admission. This deficiency was corrected.

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

(2) Upon receiving the notice of rights and services at admission and at least every 24 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.

The Adult Family Home (AFH) failed to ensure Resident 5's representative signed and dated Notice of Services every 24 months. This deficiency was corrected.

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 (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
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:
Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

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

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 IDRs** 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

A.J.A.N Adult Family Home LLC
935 S Huntington St
Kennewick, WA 99336
08/22/2025

Michelle Yarbrough
AFH Field Manager Residential Crae Services
Region 1 Unit C

WAC 388-76-10522 Resident Rights Policy on accepting Medicaid as a payment source.
Correction: The Adult Family Home has developed a Medicaid payment policy. It has been given and read to each current resident. It is included in the admission documents so that it is given at each admission. Resident 1's representative has signed and dated the Medicaid policy.

WAC 388-76-10530 Resident rights; Notice of rights and services.
Correction: The Adult Family Home has ensured Resident 5's representative has signed and dated the Notice of services after the 24 months' period.

WAC 388-76-10430 Medication system
Correction: The AFH has ensured that all prescribed medications including Diclofenac, Bio freeze, and gas relief are available for Resident 5.

Sincerely,

Grace Blas-Matus
A.J.A.N AFH LLC.
Provider