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

Emerald Hills AFH LLC

Emerald Hills AFH LLC
431 12TH PL N
EDMONDS, WA 98020

RE: Emerald Hills AFH LLC License # 755061

Dear Provider:

This letter addresses Compliance Determination(s) 56891 (Completion Date 03/25/2025) and 54829 (Completion Date 02/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/25/2025 and found that you have corrected the violations listed in the Full report dated 02/20/2025. Your home is back in compliance as of 02/27/2025 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 388-76-10015-1, WAC 388-76-10198-4, WAC 388-76-10201-1, WAC 388-76-10490-1

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

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 02/14/2025 of:
Emerald Hills AFH LLC
431 12TH PL N
EDMONDS, WA 98020

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

Received Fax : Feb 20 2025 02:40PM Fax Station : Emerald Hills AFH page 8

Statement of Deficiencies	License #: 755061	Compliance Determination # 54829
Plan of Correction	Emerald Hills AFH LLC	Completion Date
Page 2 of 6	Licensee: Emerald Hills AFH LLC	02/20/2025

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.

Renee' Bourgue — Residential Care Services

02/20/2025 — 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)

2/26/2025 — Date

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:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring, as required. This failure resulted in the AFH operating without a MTSW license when they collected specimens and interpreted results when they conducted home testing.

Findings included...

Review of the Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as blood glucose [sugar in the blood] test) or interprets the test results or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application.

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses including [redacted].

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

02/20/2025
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

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Findings included...

Review of the Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as blood glucose [sugar in the blood] test) or interprets the test results or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application.

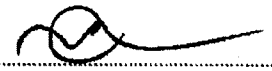
Review of resident records showed the AFH admitted Resident 2 on [redacted] 2024 with multiple diagnoses including [redacted].

In an interview, on 02/14/2025 at 10:10 AM, Staff A, Entity Representative, stated that the caregivers checked Resident 2's blood sugar four times a day. Staff A stated that they were not aware of MTSW license and the AFH did not have a MTSW license.

Review of facility records showed no record of the MTSW license available. Review of the fax received by the department on 12/18/2025 from Staff A noted that "They had not received dear provider letter, and they did not believe they should have been held liable for something that they had no idea or acknowledgment of."

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, Emerald Hills AFH LLC is or will be in compliance with this law and / or regulation on (Date) 2/27/2025 .

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



Provider (or Representative) 2/26/2025 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have the personnel records for 1 of 3 current staffs (Staff B, Caregiver) readily available for review. Additionally, the AFH failed to have a renewed Washington State Date of Birth Background Check (WADBGC) for Household member 1 (HH1). This failure delayed verification of staff qualifications to work in the home and placed Residents 1 and 2 at risk of exposure to persons with unknown backgrounds and or who were not fully qualified.

In an interview, on 02/14/2025 at 10:10 AM, Staff A, Entity Representative, stated that the caregivers checked Resident 2's blood sugar four times a day. Staff A stated that they were not aware of MTSW license and the AFH did not have a MTSW license.

Review of facility records showed no record of the MTSW license available. Review of the fax received by the department on 12/18/2025 from Staff A noted that "They had not received dear provider letter, and they did not believe they should have been held liable for something that they had no idea or acknowledgment of."

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Provider (or Representative) Date

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Received Fax : Feb 20 2025 02:40PM Fax Station : Emerald Hills AFH page 10

Statement of Deficiencies	License #: 755061	Compliance Determination # 54829
Plan of Correction	Emerald Hills AFH LLC	Completion Date
Page 4 of 6	Licensee: Emerald Hills AFH LLC	02/20/2025

Findings included...

Review of Staff B's records showed the AFH hired Staff B on 06/15/2024. Record review showed there was no record of National Fingerprint Background check (FBC) for Staff B on file. Further review showed a copy of scheduled fingerprint (IdentoGO) on 07/20/2023 at 10:10 AM.

Review of HH1 showed their WADBGC was expired on 02/02/2025. Further review showed HH1' WADBGC required a character, competency and suitability (CCS) review. There were no records of renewed WADBGC and review forms on file.

In an interview, on 02/14/2025 at 2:30 PM, Staff A, Entity Representative, stated that they had to schedule Staff B's FBC. Further, Staff A stated that they had renewed HH1's BGC and they would find the missing documents and send them to the Department the next business day on 02/18/2025 at 12:00 PM.

Review of the documents received by the department from Staff A, on 12/18/2025, showed Staff B's Interim FBC dated 02/17/2025, after inspection on 02/14/2025. Review of documents showed Staff A noted that "I didn't realize that you didn't understand her paperwork with the time of appointment."

Review of HH1's WABGC received on 02/18/2025 showed a copy of interim fingerprint WADBGC, dated 02/14/2025. Review of HH1 renewed WADBGC showed the date of birth (DOB) 07/28/1989 was not matched with the previous expired WADBGC, DOB 07/28/1981. Further review showed renewed record had not required the CCS review. Review of document showed Staff A noted that "they initially applied for HH1 WABGC in March 2021, and they believed that's the date they should have followed."

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, Emerald Hills AFH LLC is or will be in compliance with this law and / or regulation on (Date) 2|26|2025 .

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

Provider (or Representative) 2|26|2025 Date

Findings included...

Review of Staff B's records showed the AFH hired Staff B on 06/15/2024. Record review showed there was no record of National Fingerprint Background check (FBC) for Staff B on file. Further review showed a copy of scheduled fingerprint (IdentoGO) on 07/20/2023 at 10:10 AM.

Review of HH1 showed their WADBGC was expired on 02/02/2025. Further review showed HH1' WADBGC required a character, competency and suitability (CCS) review. There were no records of renewed WADBGC and review forms on file.

In an interview, on 02/14/2025 at 2:30 PM, Staff A, Entity Representative, stated that they had to schedule Staff B's FBC. Further, Staff A stated that they had renewed HH1's BGC and they would find the missing documents and send them to the Department the next business day on 02/18/2025 at 12:00 PM.

Review of the documents received by the department from Staff A, on 12/18/2025, showed Staff B's Interim FBC dated 02/17/2025, after inspection on 02/14/2025. Review of documents showed Staff A noted that "I didn't realize that you didn't understand her paperwork with the time of appointment."

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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, Emerald Hills AFH LLC 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

Received Fax : Feb 20 2025 02:40PM Fax Station : Emerald Hills AFH page 11

Statement of Deficiencies	License #: 755061	Compliance Determination # 54829
Plan of Correction	Emerald Hills AFH LLC	Completion Date
Page 5 of 6	Licensee: Emerald Hills AFH LLC	02/20/2025

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home.

Findings included...

Review of facility records showed the AFH did not have a written Succession Plan.

In an interview, on 02/14/2025 at 2:55 PM, Staff A stated that they were not aware of the new requirement to have a written Succession Plan.

Review of the fax received by the department from Staff A on 02/18/2025 showed a copy of the succession plan.

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, Emerald Hills AFH LLC is or will be in compliance with this law and / or regulation on (Date) 2/18/2025 .

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

Provider (or Representative) 2/26/2025 Date

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

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home.

Findings included...

Review of facility records showed the AFH did not have a written Succession Plan.

In an interview, on 02/14/2025 at 2:55 PM, Staff A stated that they were not aware of the new requirement to have a written Succession Plan.

Review of the fax received by the department from Staff A on 02/18/2025 showed a copy of the succession plan.

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, Emerald Hills AFH LLC 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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Received Fax : Feb 20 2025 02:40PM Fax Station : Emerald Hills AFH page 12

Statement of Deficiencies	License #: 755061	Compliance Determination # 54829
Plan of Correction	Emerald Hills AFH LLC	Completion Date
Page 6 of 6	Licensee: Emerald Hills AFH LLC	02/20/2025

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 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the 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 destroy in drugs booster, if no longer to be returned to the pharmacy."
Record review of Residents 2's assessment, dated 05/29/2024, indicated the AFH would provide medication management and some activities of daily living.

Observation, on 02/14/2025 at 1:45 PM, showed Resident 2's medication bin contained an expired Senna tablet (used for constipation). Observation of the pharmacy generated label showed the expiration date for the Senna was 11/27/2024.

In an interview, on 02/14/2025 at 1:55 PM, Staff A, stated that they checked as needed (PRN) expiration date every few months. Staff A stated that Resident 2 did not use the Senna, and they missed to check the expiration date.

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, Emerald Hills AFH LLC is or will be in compliance with this law and / or regulation on (Date) 2|24|2025 .

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

Provider (or Representative)

2|26|2025
Date

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 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of negative outcomes and worsening conditions if they took or used expired medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the 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 destroy in drugs booster, if no longer to be returned to the pharmacy."
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In an interview, on 02/14/2025 at 1:55 PM, Staff A, stated that they checked as needed (PRN) expiration date every few months. Staff A stated that Resident 2 did not use the Senna, and they missed to check the expiration date.

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, Emerald Hills AFH LLC 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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

02/20/2025

Emerald Hills AFH LLC
Emerald Hills AFH LLC
431 12TH PL N
EDMONDS, WA 98020

RE: Emerald Hills AFH LLC # 755061

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/20/2025 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.

WAC 388-76-10445 Medication Independent Self-administration. The adult family home must ensure residents who have medication assistance assessed as independent self-administration:

(2) Are allowed to keep their prescribed and over-the-counter medications securely locked in either their room or another agreed upon area if documented in the resident negotiated care plan.

The Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for Resident 2 with information about keeping their prescribed and over-the-counter medications securely locked in their room. Review of Resident 2's NCP dated 05/29/2024 on page 15 "Medication Assistance", showed no information about keeping the medications in a lock box in Resident 2's room. This deficiency corrected during the visit by staff A, Entity Representative.

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;

The Adult Family Home (AFH) failed to have a system in place to keep the over the counter (OTC) medication locked and secured after delivered for Resident 2 by their family. This deficiency corrected during the visit by staff B, Caregiver.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(d) Are only released to the following persons:

(iii) To department representatives; and

(g) Be available so that department staff may review them when requested; and

The Adult Family Home (AFH) failed to have a copy of current negotiated care plan (NCP) for Resident 1 available at the AFH to review for care, services and medical equipment uses. Review of Resident 1's available NCP during the visit on 02/14/2025, showed two prior NCPs, dated 11/27/2022 and 11/14/2023. There was no record of Resident 1's NCP for 2024 available. Staff A, Entity Representative, stated that they reviewed and signed the NCP in 2024, and they could not find it. Review of the fax received on 02/18/2025, showed a copy of signed NCP dated 11/14/2024.

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

The Adult Family Home (AFH) failed to have a system in place to remove the nutritional supplement (Ensure) when Resident 2 no longer needed to take the nutritional supplements. During a visit, Staff A, Entity Representative, stated that Resident 2 had Ensure when they moved in, and they did not allow staff to remove items from their room. Resident 2 stated that they did not take Ensure and they could throw it away. This deficiency was corrected on site 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 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

Mrs. Renee Bourque,

I faxed over to 360 725-3225 the 2 IDRs Request for the WACs 388-76-10198 and 388-76-10015.

I also attached the other corrections I've done for the Succession Plan and for the Expired medications. Please see attachments and contact me if you have any questions regarding this matter.

Thank you,

Corina Ciobaca-Provider of Emerald Hills AFH LLC

Emerald Hills AFH LLC – Succession Plan

WAC 388-76-10201

In case of emergency when The Provider Corina Ciobaca will not be able to fulfill her duties in the home, the next person nominated to fulfill and take care of the residents of Emerald Hills Adult Family Home will be -Beniamin Ciobaca.

Beniamin Ciobaca will apply for a provisional license that will allow the home to continue to operate. Also Beniamin Ciobaca will also apply for a change of ownership at the same time.

Emerald Hills AFH LLC –

Policy for preventing a PRN medication from expiring

Emerald Hills AFH LLC, have in place a new policy to prevent a PRN medication form expiring by checking the PRN medication on each 1st day of the month and call the pharmacy for renewal before the medication expiration date.

AFH Provider would follow procedure(s) to dispose unused/outdated/discontinued medication to destroy them in the RX Destroyer.

Date : 2/24/2025

Signature :