STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Birdsong Adult Family Homes, LLC
Aspen Home Care
24316 100th Pl SE
Kent, WA 98030

RE: Aspen Home Care License # 755159

Dear Provider:

This letter addresses Compliance Determination(s) 63455 (Completion Date 07/31/2025) and 58031 (Completion Date 06/03/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/31/2025 and found that you have corrected the violations listed in the Full report dated 06/03/2025. Your home is back in compliance as of 04/16/2025 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 388-76-10350-2-b, WAC 388-76-10350-2-a, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Karen Beardsley, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 04/15/2025 of:

Aspen Home Care
23015 100TH AVE SE
KENT, WA 98031

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Residential Care Services

06/06/2025
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 388-76-10350 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:

(a) When there is a significant change in the resident's physical or mental condition;

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to have the assessment of 1 of 4 sampled residents (Resident 4) updated when there were significant changes to the resident's condition and when their negotiated care plan (NCP) no longer reflected their status and needs. This failure placed the resident at risk of unmet care needs.

Findings included...

On 04/15/2025 at 9:20 AM, observation showed Resident 4 was lying in bed awake, the room smelled strongly of feces and when Staff C, Resident Manager, asked if Resident 4 needed to use the restroom, then stated that they had an incontinence (involuntary leakage of urine (urinary incontinence) or feces (fecal incontinence) incident and would need to change clothing. Staff C provided hands on assistance for Resident 4 to transfer from sit to stand and to assist them to the bathroom while Resident 4 leaned heavily on the walls and doorways for support to move approximately 12 feet from their bed to the

bathroom.

On 04/15/2025 at 9:25 AM, in an interview with Staff C, they stated that Resident 4 did not appear to be functioning better or worse than normal and that he had been slowly declining.

Record review of Resident 4's Negotiated Care Plan (NCP) dated 03/08/2024, showed that their ability to walk and continence fluctuated due to confusion and needed some assistance for both. Changes notes on the NCP included a note dated 02/14/2021 for assaultive behavior including throwing things and causing injury to staff and others and 11/14/2023 noting that the behavior was no longer occurring, a 02/14/2021 note stating resident was resistant to care, a 2/14/2021 note stating Resident 4 was experiencing delusions that they were in the military of jail, a 06/11/2023 note stating that resident was exit seeking, and an 11/14/2023 note stating the need for electronic monitoring due to exit seeking.

Record review of Resident 4's Assessment dated 06/01/2024, showed that the 01/10/2022, 01/10/2023 and 06/10/2024 were noted to have no changes. The Assessment dated 06/01/2024 also showed that Resident 4 was independent for ambulation without any need of devices or assistance, that they could walk with no limitations and that they were continent and able to use the restroom without prompting. The Assessment dated 06/11/2023, noted that Resident 4 had a new exit seeking behavior and had previously left the home and gotten lost.

On 04/15/2025 at 3:22 PM, during an interview when asked about Resident 4's mobility and continence, Staff A, Provider, stated that they had been slowly declining but that they would order an updated assessment and update their NCP.

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, Aspen Home Care 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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home failed to ensure the medication administration record (MAR) and medication supplies were kept current for 2 of 4 residents (Residents 3 and 4) and had no expired medications on the first aid kit. This placed the residents at risk of not receiving appropriate medications and supplements, and possible harm from taking expired medications.

Findings included...

<Resident 4>

On 04/15/2025 at 9:45 AM, during an interview with Staff A, Provider, they stated that Resident 4 takes a nutritional supplement drink with their meals.

Record review of Resident 4's April 2025 Medication Administration Record (MAR), showed that no nutritional supplement drink was prescribed.

On 04/15/2025 at 1:04 PM, when asked about Resident 4's nutritional supplement drink, Staff A stated that they had no physician's order for it and that it was from another resident that previously passed, and that Resident 4 had wanted them.

On 04/15/2025 at 2:48 PM, during an interview with Resident 4 they stated that they weren't sure of how long they have lived in the AFH, they didn't think staff assisted them with anything but when asked what does the AFH do for them, they said that the AFH provided their medications, they were unsure what their medications were and was unable to say what they ate or drank that day.

<Resident 3>

Record review of Resident 3's April 2025 MAR showed they were prescribed Albuterol (a medication used to open airways and make breathing easier), a cranberry supplement and the use of a nebulizer (a small machine that turns liquid medicine into a mist that can be easily inhaled).

On 04/15/2025 at 1:15 PM, observation of Resident 3's medication supply located in a locked kitchen cabinet, on the right side of the kitchen showed no Albuterol or cranberry supplement.

On 04/15/2025 at 1:17 PM, when asked about Resident 3's medication supply, Staff A stated that they did not have Albuterol, cranberry supplement or a nebulizer in the home, they were unsure how long they had been out of these but stated that they didn't believe Resident 3 had ever had a nebulizer since their admission and that all of them needed to be discontinued as they had not been needed.

On 04/15/2025 at 1:25 PM, observation of First Aid kit showed 3 single dose packs of Aspirin (a common medication used to relieve pain, reduce fever, and lower inflammation) with an expiration date of 08/2023 and 4 single dose packs of Phenylephrine Nasal Decongestant (a medication that reduces swelling of the blood vessels in the nasal passages), with an expiration date of 05/2024.

On 04/15/2025 at 1:30 PM, Staff A stated they don't use their first aid kit and didn't think to look at the dates.

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, Aspen Home Care 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