STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

December 18, 2025

ELECTRONIC-FACSIMILE

Licensee, Asante Group LLC
Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

Adult Family Home License # **755875**
Entity Representative: Larry Enyart

IMPOSITION OF CIVIL FINE AND CONDITIONS ON A LICENSE

Dear Licensee:

On December 4, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter is formal notice of the imposition of a civil fine and conditions on the license for your adult family home, located at **812 COWLITZ RD, CENTRALIA**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The civil fine and conditions are based on the following violation(s) of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **December 4, 2025**.

Civil Fine

WAC 388-76-10430 (2)(c)(d) Medication system. **$200.00**

The licensee failed to have a system in place to ensure the services provided met the medication needs of a resident. This failure put the resident at risk for not receiving their medications as ordered.

This is a repeated deficiency previously cited on December 30, 2024, and September 18, 2024.

Conditions on License

WAC 388-76-10650 (2)(a)(c)(d) Medical devices.

The licensee failed to ensure that an assessment was completed to identify the resident's need and ability to safely use a medical device, ensure that the resident's Negotiated Care Plan (NCP) included how the resident would use the medical device, and ensure that the medical device was properly installed before the medical device with a known safety risk was used by one resident. These failures resulted in the resident using bed rails without required safety measures in place and put the resident at risk of harm from their medical device.

NOTE: These are the violations, which resulted in the fine and conditions; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) Provider, at their own expense, must hire a Registered Nurse Consultant (RNC), not currently or previously affiliated with the AFH, and familiar with AFH regulations by December 31, 2025.***

- ***The RNC must assist the AFH Provider in reviewing and evaluating current AFH policies and procedures, specifically those related to the use and implementation of medical devices.***

- ***The RNC must assist the AFH Provider in developing and implementing a system to ensure:***
  - ***All residents utilizing a medical device have been assessed to safely use the medical device.***
  - ***All residents utilizing a medical device have an updated Negotiated Care Plan (NCP) that matches the assessed need for the medical device, indicates how the resident will use the medical device, how the AFH and staff will ensure the proper installation of the medical device, and ensure the resident's safety while utilizing the medical device.***

- ***The AFH Provider must provide the RNC with a copy of the Statement of Deficiencies dated December 4, 2025.***

- ***The AFH provider must provide the name and contact information of the RNC to the Department Field Manager upon hire.***

- ***The RNC must submit written documentation of staff training regarding medical devices to Department by Tuesday, January 20, 2026.***

- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

These conditions are effective upon **verbal** notice to you on **December 17, 2025,** and remain in effect until lifted by formal Department of Social and Health Services notice.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Jennifer LeMaster, Field Manager
Region 3, Unit F
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (360) 746-4675 / Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter.

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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline.** For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

You can make an IDR request and find directions on the IDR web page at: http://www.dshs.wa.gov/altsa/idr.

Formal Administrative Hearing

You may contest the civil fine and conditions by requesting a formal administrative hearing to challenge the deficiency(ies)**,** which resulted in the civil fines and conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$200.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Jennifer LeMaster, Field Manager, at (360) 746-4675.

Sincerely,

AlfredoBrown

Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit F
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP