STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Asante Group LLC

Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

RE: Asante Group LLC License # 755875

Dear Provider:

This letter addresses Compliance Determination(s) 65383 (Completion Date 10/14/2025) and 58743 (Completion Date 07/16/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/14/2025 and found that you have corrected the violations listed in the Complaint report dated 07/16/2025. Your home is back in compliance as of 08/13/2025 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 388-76-10400-1, WAC 388-76-10400-2, WAC 388-76-10400, WAC 388-76-10003, WAC 388-76-10003-3, WAC 388-76-10750, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Hannah Carmichael, Nursing Consultant Institutional

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 an unannounced on-site complaint investigation on 04/30/2025 of:

Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

This document references the following complaint number(s): 173932, 180672

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 investigated the Adult Family Home:

Hannah Carmichael, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

07/23/2025
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)

8/13/25
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on record review and interviews, the Adult Family Home (AFH) failed to ensure that necessary care and services were provided to 1 of 4 residents (Resident 3 [R3]). This failure placed R3 at risk for worsening health conditions.

Findings included...

Review of R3's record titled "Nursing Assessment & Initial Care Plan", dated 01/31/2024, showed R3 moved in "greater than two years ago" and diagnoses included [redacted] and [redacted]. For transfers, R3 required two-person assistance, a [redacted] was required and needed help with positioning. Due to progressive weakness in their bilateral lower extremities, impaired mobility, and increased oxygen demands, R3 was wheelchair level for community mobility and [redacted] in the home setting. R3 was diagnosed as [redacted] and should have two people present when performing transfers from one surface to another. Caregiver instructions stated to ensure trained caregivers operate in pairs when always using the [redacted] for caregiver and resident safety and to have all necessary equipment in the room before applying the [redacted]. Caregiver instructions for ambulation showed that caregivers will ensure the [redacted] is functional and available at all times to facilitate safe transfers in the event of an emergency. Record showed that R3 liked to spend a majority of time in their recliner in their room.

Review of R3's record titled "Assessment Details, Pending Initial", dated 04/30/2025, showed diagnoses of [redacted] and [redacted]. Record showed R3 weighed 300 pounds, was independent for decision making, and was non-weight bearing. R3 required extensive assistance with transfers, required two-person physical assistance, ongoing level of support was one personal physical assist, required equipment included a [redacted] or similar devices, and a note stated the physical therapy notes stated [redacted] for transfers.

Review of R3's record titled "Admission (Current) in Hospital", dated [redacted]/2025 showed they were dependent for BADLs (basic activities of daily living) and used a [redacted] for mobility via staff at AFH.

Review of R3's record titled "Physical Therapy Plan of Care Initial Evaluation, Treatment Note", dated 04/23/2025, showed pg. 53 - 4/23/2025 2:08 PM, recommendations to Nursing staff for Mobility/ADLs (activities of daily living) Transfers: two-person assist and [redacted]. Ambulation: Wheelchair for all mobility. Toileting/Self-Care: two-person assist and Bedside commode, [redacted]. Pt had many complaints that staff at AFH are not transferring them out of bed, not using their personal equipment that is rated for their weight, accusing AFH staff of causing their wound on their bottom. Chart review indicates that the pt has been [redacted] for all mobility for the last 3 years. Was working with Home Health (HH) therapies earlier this year but there were issues with compliance to prescribed therapy program. R3 was redirectable back to therapy and participated well in rolling activities to facilitate application of chair sling in order to transfer to recliner. R3 was lifted to a recliner and reported feeling comfortable and grateful to be up out of bed. Prior Level of Function/Home Setup: Pt lives in an AFH, per chart review was dependent for all ADLs/mobility except feeding. Per chart review AFH does not have an adequate [redacted] (currently rated for 250lbs). Pt states they bought their own [redacted] rated at 450lbs. States caregivers at AFH never get them out of bed, later stating they used [redacted] to get them on a gurney.

Review of R3's record titled "Occupational Therapy Plan of Care Initial Evaluation, Treatment Note", dated 04/23/2025, showed pg. 59 - 4/23/2025 3:59 PM Pt reports they have not completed out of bed (OOB) mobility and activities of daily living (ADLs) in over three years, but reported motivation to progress strength for ambulating and sitting up. Pt was assisted to recliner via [redacted]. Pt reported it felt comfortable sitting up in recliner. Pt frustrated about lack of opportunities to sit up and work on mobility while at AFH.

Review of R3's Department record titled "Service Episode Record (SER) Notes", dated 04/28/2025 at 11:29 AM showed medical records were reviewed and R3 was admitted to the hospital on [redacted]/2025 for left leg pain and altered mental status, R3 was their own decision maker; had a legal next of kin. No contact isolation, infections, or restraints. R3 was noted to be max assistance, total dependence for care. Wound to buttocks noted.

On 04/29/2025 at 2:26 PM, R3 stated that staff would sometimes use the [redacted] and

other times made excuses for why they didn't want to use it. R3 stated they never got out of bed because staff did not want to use the [redacted]. R3 stated they would ask staff to get up and out of bed and staff would say they didn't want to take a chance on R3 falling, so they used R3's recliner as a shelf to put stuff on. R3 stated they had a nice, heated massage recliner and stated after a while, staff were making excuses why they couldn't use the [redacted] to get them into their recliner. R3 stated the excuses included not having enough time, the [redacted] was not strong enough, it was too much work for two people, "but they never got me up". R3 stated they weighed about 300 pounds. R3 stated they would not be returning back to the AFH from the hospital.

On 05/06/2025 at 3:48 PM, Provider stated R3 required a two-person assist with the [redacted] to get them out of bed and into their recliner chair, but per R3's doctor, we would only do that as necessary or as needed (PRN). Provider stated R3 was getting out of bed infrequently, not every day, but early on R3 was getting out of bed more when they first moved into the AFH. Provider stated from time-to-time R3 would ask to get out of bed and "as long as we were following the doctor's orders we would get them up as appropriate".

On 05/12/2025 at 10:06 PM, Provider sent a text message that stated "here is the instruction our nurse delegator gave for the [redacted]" [redacted]. The text message contained a photo of the NCP ambulation section which showed caregiver instructions to ensure all staff were aware of R3's non-ambulatory status, caregivers will ensure nonslip socks are available per R3's preference, and to ensure the [redacted] is functional and available at all times to facilitate safe transfers in the event of an emergency. No other doctor or physician orders were sent showing R3's [redacted] limitations.

On 05/27/2025 at 10:02 AM, Collateral Contact 1 (CC1), R3's legal representative, stated they knew R3 wasn't transferred out of bed during the day, R3 would ask to get up in their recliner chair, but would lay there for hours. CC1 stated that R3 wanted to get up and did not want to lay in bed all day but was told they couldn't clean R3 if they had an accident while in the recliner chair, "but that shouldn't mean they have to stay in bed". CC1 stated R3 wanted to sit in their chair and read and should've been able to if they wanted. CC1 stated staff said they were more concerned with the liability of R3 falling than they were for R3's health and staff stated they did not have a third person to help R3 get out of bed. CC1 stated R3 purchased their own personal [redacted], and it was never used, it was stuck in the garage in the box. CC1 stated they would frequently talk to and visit R3 at the AFH and they were always in bed and for the last year and a half, R3 was hardly ever in their recliner chair and hardly ever went outside. CC1 stated that R3 was more comfortable sitting in their recliner chair rather than lying in bed. CC1 stated when they had to start paying thousands of dollars more for R3's participation per month, they were told the AFH was going to hire a third person to be able to help R3 with the [redacted]. CC1 stated "I never saw that third person, R3 also said there was never a third person" and the staff that were there, didn't help R3 up or help them move.

On 06/05/2025 at 1:36 PM, Provider stated they would have to use a two-person assist to transfer R3 and they would use a [redacted] to move from bed to chair. Provider stated R3's doctors said the only time to use the [redacted] for R3 was during emergencies only due to safety of R3 and staff. Provider stated the safety concerns were about R3's size and their ability to assist. Provider stated they were not sure how often R3 was getting out of bed, but when they did, R3 wanted to say in the recliner

chair and wouldn't want to get back into bed. Provider stated they do have a [redacted] that supported R3's weight. When discussing the orders from the nurse delegator regarding the [redacted], Provider stated, "the way that it was interpreted to us, they told R3 not to be using it as a routine, only as an emergency situation. To me, it meant to have the [redacted] available."

On 06/18/2025 at 11:33 AM, CC1 stated the Provider told them the increase in participation was because R3 required a two-person assist to get up or be transferred. CC1 stated the Provider said they would have to hire a third caregiver, but a third caregiver was never hired and R3 spent their days at the AFH in bed.

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 8/13/25 .

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

Provider (or Representative) — Date: 8/13/25

WAC 388-76-10003 Department access.

(3) During complaint investigations, the adult family home must give department staff access to the entire premises and all records related to the residents or operation of the home. Department staff are authorized to interview the provider, family members, and individuals residing in the home including residents.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure department staff had access to all records related to the residents or operation of the home for 1 of 4 residents (Resident 3 [R3]). This failure resulted in department staff not being able to investigate the complaint as required.

Findings included...

Review of R3's record titled "Nursing Assessment & Initial Care Plan", dated 01/31/2024, showed R3 moved in "greater than two years ago" and diagnoses included [redacted]. For transfers, R3 required two-person assistance, a [redacted] was required and needed help with positioning. Due to progressive weakness in their bilateral lower extremities, impaired

mobility, and increased oxygen demands, R3 was wheelchair level for community mobility and [redacted] in the home setting. R3 was diagnosed as [redacted] and should have two people present when performing transfers from one surface to another. Caregiver instructions stated to ensure trained caregivers operate in pairs when always using the [redacted] for caregiver and resident safety and to have all necessary equipment in the room before applying the [redacted]. Caregiver instructions for ambulation showed that caregivers will ensure the [redacted] is functional and available at all times to facilitate safe transfers in the event of an emergency. Record showed that R3 liked to spend a majority of time in their recliner in their room.

Review of R3's record titled "Assessment Details, Pending Initial", dated 04/30/2025, showed diagnoses of [redacted] and [redacted]. Record showed R3 weighed 300 pounds, was independent for decision making, and was non-weight bearing. R3 required extensive assistance with transfers, required two-person physical assistance, ongoing level of support was one personal physical assist, required equipment included a [redacted] or similar devices, and a note stated the physical therapy notes stated [redacted] for transfers.

On 04/29/2025 at 2:26 PM, R3 stated that they were told it was too much work for two people to transfer them with the [redacted], so the AFH started charging R3 for three staff, but a third staff was never hired.

On 05/27/2025 at 10:02 AM, Collateral Contact 1 (CC1), R3's legal representative, stated they were not certain R3 received the care that was being paid for. CC1 stated that R3 had significantly increased monthly charges and stated the charges started from 10-12 thousand dollars per month and went up to 14-15 thousand dollars per month. CC1 stated when they had to start paying thousands of dollars more for R3's participation per month, they were told the AFH was going to hire a third person to be able to help R3 with the [redacted]. CC1 stated "I never saw that third person, R3 also said there was never a third person".

On 06/05/2025 at 1:36 PM, Provider stated they have two caregivers on staff at the AFH and stated they have always had only two caregivers. Provider stated R3's monthly participation slightly increased due to the number of briefs (disposable underwear) and expenses for incontinence supplies. Provider agreed to send documentation showing the dates and amounts of the payments that R3 had made, as well as R3's admission agreement showing the original agreed upon amount for participation.

On 06/12/2025 at 12:22 PM, a follow-up email was sent to Provider requesting the financial and admission agreement documents to be sent by the end of the day.

On 06/17/2025 at 10:00 AM, Provider confirmed the two emails that were sent from the department requesting the financial and admission agreement documents and stated they would get the documents sent over "as quickly as possible".

On 06/18/2025 at 11:33 AM, CC1 stated the Provider told them the increase in participation was because R3 required a two-person assist to get up or be transferred. CC1 stated the Provider said they would have to hire a third caregiver, but a third

caregiver was never hired and R3 spent their days at the AFH in bed. CC1 stated there were two increases for R3's monthly participation payments, the first increase was for supplies, and the second was to hire a third caregiver. CC1 stated they've requested the financial records and admission agreement documents from Provider multiple times but have never received anything.

On 06/18/2025 at 3:07 PM, Provider left a voicemail which stated they were having some technological issues with their tablet and email and stated they would get the requested documents sent as soon as they can get things fixed on their tablet. Provider stated they would get this issue resolved sometime today or before night "and I'll get that emailed over if I can get my tablet fixed, if not it'll be the very first thing as soon as I get it fixed".

On 07/15/2025 at 10:03 AM, Provider failed to answer a phone call from department staff or return the voicemail department staff left pertaining to the requested documents.

As of 07/16/2025 at 12:05 PM, Provider had not sent any financial or admission agreement documents.

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 8/13/25 .

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

Provider (or Representative) — Date: 8/13/25

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 that all toxic substances and hazardous materials were kept in locked storage while 2 of 4 residents (Resident 1 [R1] and Resident [R2]) were home. This failure placed all residents at risk for harm for having access to hazardous materials.

Findings included...

On 04/30/2025 at 2:46 PM, observation showed Caregiver 1 (CG1) pushed open the unlocked door to the garage and did not have to turn the door handle to access the garage from the kitchen area. The garage contained a storage shelf with five bottles of Listerine mouth wash, three large bottles of liquid laundry detergent, two containers of Clorox disinfecting wipes, a bucket of powdered laundry detergent, bottle of Fabulouso multipurpose cleaner, spray carpet cleaner, bug sprays, multiple detergent disinfectant sprays, and other various cleaning chemicals on the bottom shelf.

On 04/30/2025 at 3:54 PM, CG1 stated the door to the garage could not be locked at this time. CG1 attempted for a few minutes to get it to lock and then stated, "I will have to call the next-door neighbor to fit it for me".

On 05/06/2025 at 3:48 PM, Provider stated their understanding of the requirement for the storage of hazardous materials and stated, "the hazardous ones we have would either be locked somewhere".

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 8/13/25.

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

Provider (or Representative) — Date: 8/13/25