



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

01/28/2026

Golden Plains Adult Family Home LLC
Golden Plains Adult Family Home LLC
4916 N Vista Dr. E
Bonny Lake, WA 98391

RE: Golden Plains Adult Family Home LLC # 756084

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 71733 (Completion Date 01/28/2026) and 67615 (Completion Date 11/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/28/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (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 ;
- (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.

The Department staff who did the On Site verification:
Andria Underwood, LTC Surveyor

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

Sincerely,

Jennifer LeMaster

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 756084	Compliance Determination # 67615
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Golden Plains Adult Family Home LLC	11/17/2025

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 follow-up on 10/22/2025 of:

Golden Plains Adult Family Home LLC
13005 State Route 162 East
Orting, WA 98360

This document references the following SOD dated: 11/17/2025

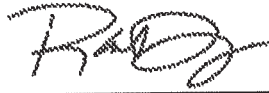
The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

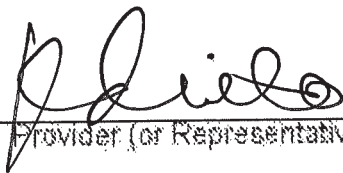


Residential Care Services

11/24/2025

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)

11/29/2025

Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
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 - (c) Medication log is kept current as required in WAC 388-76-10475.
- (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 record review, observation and interview, the Adult Family Home (AFH) failed to keep an accurate medication log for 4 of 4 residents (Residents 1, 2, 3 and 4). This failure placed all residents at risk of harm from medication errors.

Findings included...

Review of Resident 1's medication administration record (MAR) for October 2025 revealed missing administration initials on 10/08/2025 and 10/17/2025 for the following daily medications: cholesterol (atorvastatin), diabetes (insulin), calcium vitamin, mental health (duloxetine), nasal spray (fluticasone), pain (gabapentin), magnesium supplement, blood sugar (metformin), pain (oxycodone) and depression (Trazadone).

Review of Resident 2's MAR for October 2025 revealed a mood disorder medication

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	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 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
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- (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 record review, observation and interview, the Adult Family Home (AFH) failed to keep an accurate medication log for 4 of 4 residents (Residents 1, 2, 3 and 4). This failure placed all residents at risk of harm from medication errors.

Findings included...

Review of Resident 1's medication administration record (MAR) for October 2025 revealed missing administration initials on 10/08/2025 and 10/17/2025 for the following daily medications: cholesterol (atorvastatin), diabetes (insulin), calcium vitamin, mental health (duloxetine), nasal spray (fluticasone), pain (gabapentin), magnesium supplement, blood sugar (metformin), pain (oxycodone) and depression (Trazadone).

Review of Resident 2's MAR for October 2025 revealed a mood disorder medication

(quetiapine) to be missing administration initials for evening dose on 10/03/2025, 10/08/2025, 10/13/2025, 10/16/2025 (and morning dose), 10/17/2025, and 10/19/2025. Resident 2's daily depression medication (Trazadone) with a 50 milligram (mg) dose was missing administration initials on 10/03/2025, 10/08/2025 and 10/13/2025 - 10/21/2025 and Trazadone with a 100 mg daily dose was missing administration initials on 10/01/2025 - 10/13/2025, 10/16/2025, 10/17/2025 and 10/19/2025. Also missing administration initials on the evening of 10/17/2025 were a magnesium supplement, sleeping medication (melatonin) and a dementia medication (memantine).

Review of Resident 3's MAR for October 2025 showed missing administration initials on 10/08/2025 and 10/17/2025 for the following medications: seizure medication (gabapentin), sleeping medication (melatonin) and mental health (quetiapine). The record also showed a skin gel for pain (diclofenac sodium) was missing administration initials for evening doses on 10/01/2025, 10/08/2025 and 10/17/2025.

Review of Resident 4's MAR for October 2025 showed missing administration initials on 10/08/2025 and 10/17/2025 for a mental health medication (quetiapine) and constipation medication (Senna). Resident 4's daily pain medication (acetaminophen) and antacid medication (famotidine) were missing administration initials on 10/17/2025.

Observations of Resident 4's medication supply on 10/22/2025 at 12:00 PM showed the following medications present but were not listed on Resident 4's MAR for October 2025: two asthma medications (montelukast and fluticasone) and eye drops. Fluticasone had a prescription label stating Resident 4 was to receive two puffs two times a day and Montelukast had a label stating to administer one tablet a day at bedtime.

Review of Resident 4's current medication list faxed to AFH on 10/08/2025 from Resident 4's primary physician showed the eye drops observed in Resident 4's supply were to be given three times a day.

During interview with Provider on 10/22/2025 at 12:15 PM they confirmed all residents have been receiving medications as prescribed, but stated they and/or Caregiver 1 must have forgotten to sign off on the MARs. Regarding Resident 4's medications that were in supply but not on the MAR, Provider said they did not realize these medications were missing from the MAR and had not been being signed off on, but said they were being given as prescribed. Provider found Resident 4's Montelukast was on their MAR for October 2025 but as an as needed medication that was not being signed off on.

This is an uncorrected deficiency previously cited on 09/06/2024, 10/28/2024, 12/19/2024, and 04/03/2025.

Statement of Deficiencies

License #: 750084

Compliance Determination #67615

Plan of Correction

Golden Plains Adult Family Home LLC

Completion Date

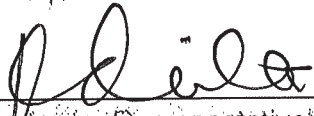
Page 4 of 4

Licensee: Golden Plains Adult Family Home LLC

11/17/2025

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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 11/29/2025

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



Provider (or Representative)

11/29/2025

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, Golden Plains Adult Family Home 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

Corrective Action Statement – MAR Missing Log

During a recent review, it was identified that Medication Administration Records (MARs) were incomplete or missing for 4 of 4 residents. To ensure full compliance with regulatory standards and to maintain accurate medication documentation, the provider has initiated the following corrective actions:

Hiring of a Registered Nurse Consultant (RNC):

The provider will hire a qualified RNC who is experienced with standard medication systems. The RNC will assist staff with the development, implementation, and ongoing monitoring of a standardized medication administration and documentation system.

Staff Training and Support:

All staff responsible for medication administration will receive additional training focused on accurate documentation, timely MAR completion, and proper medication handling procedures. The RNC will provide oversight and guidance during this process.

Reinforcement of the 5 Rights of Medication Administration:

Staff will be re-trained and continually reminded to follow the 5 Rights of Medication Administration to ensure safe and accurate medication delivery:

Right Patient

Right Drug

Right Time

Right Dose

Right Route

Ongoing Monitoring:

The provider will conduct routine checks of the MARs to ensure all entries are complete, accurate, and compliant with the established medication system.

These corrective actions will remain in effect until full compliance is consistently demonstrated. The provider is committed to improving medication safety and ensuring accurate, timely documentation for all residents.



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

Statement of Deficiencies	License #: 756084	Compliance Determination # 56530
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Golden Plains Adult Family Home LLC	04/03/2025

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 follow-up on 03/18/2025 of:

Golden Plains Adult Family Home LLC
13005 State Route 162 East
Orting, WA 98360

This document references the following SOD dated: 04/03/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

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

04/11/2025
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.

Karla Little
Provider (or Representative)

10/2/2025
Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medication was in supply and the medication log was kept current for 1 of 3 residents (Resident 3). These failures resulted in Resident 3 not receiving a medication as prescribed.

Findings included...

Review of Resident 3's pharmacy-provided medication administration record (MAR) for March 2025 showed they were prescribed acetaminophen (pain medication) 325 mg (milligrams) with instructions to take two tablets three times a day routinely. The MAR showed AFH staff signed off on administration of the acetaminophen three times a day from 03/01/2025 - 03/18/2025.

Observations of Resident 3's medication supply on 03/18/2025 at 11:19 AM showed Resident 3's routine medications were in a pharmacy-provided bubble pack and acetaminophen was not included in this bubble pack. There was a separate supply of

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_____ Residential Care Services	_____ Date
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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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Statement of Deficiencies	License # 756084	Compliance Determination #56530
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Golden Plains Adult Family Home LLC	04/03/2025

acetaminophen available with instructions to administer as needed.

During interview with Caregiver 1 on 03/19/2025 at 11:25 AM they said the routine three times daily acetaminophen was in Resident 3's pharmacy-provided medication bubble pack. Caregiver 1 stated they had not given any of the acetaminophen from the supply labeled for as-needed use to Resident 3. When the Department informed Caregiver 1 that the routinely scheduled acetaminophen was not in the bubble pack, Caregiver 1 immediately looked at the bubble pack and said the acetaminophen was not in there as they had thought. When asked when the last time Resident 3 received acetaminophen was, Caregiver 1 did not respond.

Review of Resident 3's MAR for March 2025 also showed a hypertension (high blood pressure) medication with instructions to not to be given if Resident 3's systolic blood pressure (the top number of a blood pressure reading) was under 110. Review of Resident 3's vitals record book revealed their blood pressure was measured to be under 110 on 03/18/2025, 03/17/2025, and 03/10/2025. Resident 3's MAR showed this medication as being signed off as administered on 03/18/2025, 03/17/2025 and 03/10/2025.

During interview with Caregiver 1 on 03/18/2025 at 11:30 AM they confirmed they had given Resident 3 their hypertension medication that morning.

On 03/19/2025 at 10:18 AM, during the exit conference, the Provider was unable to provide an explanation for why the hypertension medication was administered when Resident 3's systolic blood pressure was under 110.

This is an uncorrected deficiency previously cited on 12/19/2024, 10/28/2024, and 08/15/2024 for subsection (1) and (2)(c).

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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/2/2025.

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

Karla Little
Provider (or Representative)

10/2/2025
Date

acetaminophen available with instructions to administer as needed.

During interview with Caregiver 1 on 03/19/2025 at 11:25 AM they said the routine three times daily acetaminophen was in Resident 3's pharmacy-provided medication bubble pack. Caregiver 1 stated they had not given any of the acetaminophen from the supply labeled for as-needed use to Resident 3. When the Department informed Caregiver 1 that the routinely scheduled acetaminophen was not in the bubble pack, Caregiver 1 immediately looked at the bubble pack and said the acetaminophen was not in there as they had thought. When asked when the last time Resident 3 received acetaminophen was, Caregiver 1 did not respond.

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Provider (or Representative)

Date



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

Statement of Deficiencies	License # 756084	Compliance Determination # 51525
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Golden Plains Adult Family Home LLC	12/19/2024

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 follow-up on 12/10/2024 and 12/10/2024 of:

Golden Plains Adult Family Home LLC
13005 State Route 162 East
Orting, WA 98360

This document references the following SOD dated: 12/19/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

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.


Residential Care Services

12.20.2024
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.

This document was prepared by Residential Care Services for the Locator website.



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

Statement of Deficiencies	License #: 756084	Compliance Determination # 51525
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Golden Plains Adult Family Home LLC	12/19/2024

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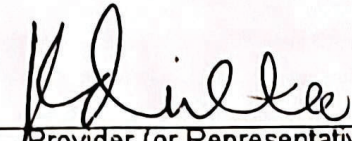
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Residential Care Services

Date

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This document was prepared by Residential Care Services for the Locator website.



Provider (or Representative)

1/4/2025

Date

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This requirement was not met as evidenced by:

Based on record review, observation and interview the adult family home (AFH) failed to keep an accurate medication log and medication supply for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk of harm from not getting medications as prescribed.

Findings Included...

Review of Resident 2's medication administration record (MAR) for December 2024 showed that Resident 2 was to be given a medication for constipation twice a day. The MAR showed this constipation medication was only given once on 12/01/2024, 12/02/2024, 12/05/2024 12/08/2024 and 12/09/2024. The MAR also showed an inhaler (medication device to help breathing) was to be given twice a day and another Asthma medication was to be given once daily, neither of these medications were initialed as administered from 12/01/2024-12/10/2024.

An observation of Resident 2's medication supply on 12/10/2024 at 2:30 PM showed a prescribed cough syrup and inhaler to be missing from supply.

During an interview with the Provider on 12/10/2024 at 2:35 PM, they said Resident 2 was being giving the constipation medication twice a day and they had just forgotten to initial it as given on the MAR. Regarding missing administration initials of daily inhaler and other asthma medication, Provider stated "these two medications were changed to "as needed" medications" but did not have documentation stating when these medications were changed to as needed. Provider confirmed cough syrup and additional

Provider (or Representative)

Date

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This requirement was not met as evidenced by:

Based on record review, observation and interview the adult family home (AFH) failed to keep an accurate medication log and medication supply for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk of harm from not getting medications as prescribed.

Findings Included...

Review of Resident 2's medication administration record (MAR) for December 2024 showed that Resident 2 was to be given a medication for constipation twice a day. The MAR showed this constipation medication was only given once on 12/01/2024, 12/02/2024, 12/05/2024 12/08/2024 and 12/09/2024. The MAR also showed an inhaler (medication device to help breathing) was to be given twice a day and another Asthma medication was to be given once daily, neither of these medications were initialed as administered from 12/01/2024-12/10/2024.

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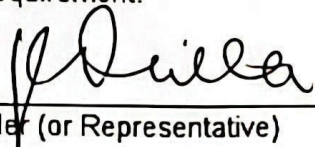
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inhaler were missing from Resident 2's medication supply. Provider said since Resident 2 has transitioned to hospice care, all the medication changes have been hard to keep track of.

Attestation Statement

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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 1/4/2025.

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


Provider (or Representative)

1/4/2025
Date

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Attestation Statement

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Date



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

Statement of Deficiencies	License #: 756084	Compliance Determination # 48420
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Golden Plains Adult Family Home LLC	10/28/2024

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 follow-up on 10/08/2024 and 10/08/2024 of:

Golden Plains Adult Family Home LLC
13005 State Route 162 East
Orting, WA 98360

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

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

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.

Residential Care Services

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.

This document was prepared by Residential Care Services for the Locator website.



Provider (or Representative)

11/7/2011

Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (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 ;
- (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 record review, observation and interview, the adult family home (AFH) failed to have a system in place to ensure medication was in supply and the medication logs were kept current for 2 of 4 residents (Resident 1 and 4). These failures placed Resident 1 and 4 at risk of harm due to not receiving medications as prescribed.

Findings included...

Resident 1's medication administration record (MAR) for October 2024 showed an iron deficiency medication being initialed as administered at 8:00 AM on 10/01/2024 through 10/08/2024. Review of physician orders showed iron deficiency medication was discontinued on 09/18/2024.

While speaking with Provider and Caregiver on 10/08/2024 at 2:30 PM, Caregiver stated that they had not been giving the resident this medication and signing off the medication log was a mistake they did not realize.

Review of Resident 1's MAR for October 2024, revealed prescriptions for two different as needed cough medications and pain medications.

Observation on 10/08/2024 at 01:30 PM, found that the two different cough and pain medications prescribed were not in the medication supply. Also, observed to be in Resident 1's medication supply were multiple boxes of a shingles medication.

Provider (or Representative)

Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (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 ;
- (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 record review, observation and interview, the adult family home (AFH) failed to have a system in place to ensure medication was in supply and the medication logs were kept current for 2 of 4 residents (Resident 1 and 4). These failures placed Resident 1 and 4 at risk of harm due to not receiving medications as prescribed.

Findings included...

Resident 1's medication administration record (MAR) for October 2024 showed an iron deficiency medication being initialed as administered at 8:00 AM on 10/01/2024 through 10/08/2024. Review of physician orders showed iron deficiency medication was discontinued on 09/18/2024.

While speaking with Provider and Caregiver on 10/08/2024 at 2:30 PM, Caregiver stated that they had not been giving the resident this medication and signing off the medication log was a mistake they did not realize.

Review of Resident 1's MAR for October 2024, revealed prescriptions for two different as needed cough medications and pain medications.

Observation on 10/08/2024 at 01:30 PM, found that the two different cough and pain medications prescribed were not in the medication supply. Also, observed to be in Resident 1's medication supply were multiple boxes of a shingles medication.

Statement of Deficiencies

License #: 756064

Compliance Determination # 48420

Plan of Correction

Golden Plains Adult Family Home LLC

Completion Date

Page 3 of 3

Licensee: Golden Plains Adult Family Home LLC

10/28/2024

Review of Resident 1's MAR for October 2024 revealed shingles medication found in the supply was not on Resident 1's prescribed medication list.

On 10/08/2024 at 2:15 PM, Provider stated that that Resident 1 came with the shingles medications but has not ever used it since being admitted. Provider did not have any documentation that Resident 1 was prescribed shingles medication. Provider stated that the cough medications that were missing must not have been delivered and the pain medication was to be supplied by family, but they have not done so.

Review of Resident 4's MAR for October 2024, revealed a prescribed as needed diaper rash cream and inhaler.

Observations on 10/08/2024 at 01:45 PM, revealed diaper rash cream and inhaler to be missing from supply.

While speaking with Provider on 10/08/2024 at 2:00 PM, they stated that they did not have diaper rash cream in supply as they had asked for it to be discontinued. Provider did not have any documentation of rash cream being discontinued. Regarding inhaler, Provider stated that Resident 4 kept that in their room but was unable to find the inhaler.

This is an uncorrected deficiency previously cited on 09/06/2024.

Attestation Statement

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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 11/7/2024

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


Provider (or Representative)

11/7/2024
Date

Review of Resident 1's MAR for October 2024 revealed shingles medication found in the supply was not on Resident 1's prescribed medication list.

On 10/08/2024 at 2:15 PM, Provider stated that that Resident 1 came with the shingles medications but has not ever used it since being admitted. Provider did not have any documentation that Resident 1 was prescribed shingles medication. Provider stated that the cough medications that were missing must not have been delivered and the pain medication was to be supplied by family, but they have not done so.

Review of Resident 4's MAR for October 2024, revealed a prescribed as needed diaper rash cream and inhaler.

Observations on 10/08/2024 at 01:45 PM, revealed diaper rash cream and inhaler to be missing from supply.

While speaking with Provider on 10/08/2024 at 2:00 PM, they stated that they did not have diaper rash cream in supply as they had asked for it to be discontinued. Provider did not have any documentation of rash cream being discontinued. Regarding inhaler, Provider stated that Resident 4 kept that in their room but was unable to find the inhaler.

This is an uncorrected deficiency previously cited on 09/06/2024.

Attestation Statement	
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, Golden Plains Adult Family Home 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
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 756084	Compliance Determination # 45726
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 1 of 8	Licensee: Golden Plains Adult Family Home LLC	09/06/2024

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 08/15/2024 and 08/15/2024 of:
Golden Plains Adult Family Home LLC
13005 State Route 162 East
Orting, WA 98360

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:

Andria Underwood, LTC Surveyor

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.

Clinton Fridley

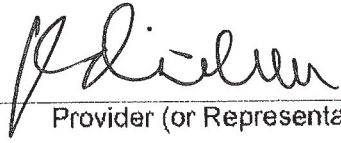
Residential Care Services

09/10/2024

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.

Statement of Deficiencies	License #: 756084	Compliance Determination # 45726
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 2 of 8	Licensee: Golden Plains Adult Family Home LLC	09/06/2024



Provider (or Representative)

9/19/2024

Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (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 ;
- (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 record review, observation and interview, the adult family home (AFH) failed to ensure a current medication supply and log were in place for 2 of 4 resident (Resident 1 and 4). This failure placed Resident 1 and 4 at risk of harm due to not receiving medications as prescribed.

Findings included...

Record Review of Resident 1's medication administration record (MAR) for August 2024, revealed three different vitamins were prescribed to be given daily as well as cough medicine, diaper rash cream, and an inhaler to be given as needed.

Observations on 08/15/2024 at 11:45 AM, found above prescribed medications to not be in supply.

Resident 1's MAR for August 2024, documented that they were to be given Melatonin (an over the counter sleeping medication) with a 1 milligram dosage every evening. This medication had been signed off as being given 08/01/2024-08/14/2024.

Observations on 08/15/2024 at 11:48 AM, showed that the Melatonin that was in supply was a 5-milligram dosage.

When provider was interviewed on 08/15/2024 at 11:49 AM, regarding missing

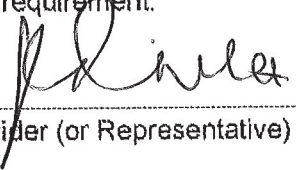
Statement of Deficiencies	License #: 756084	Compliance Determination # 45726
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 3 of 8	Licensee: Golden Plains Adult Family Home LLC	09/06/2024

medications, they did not have a reason why they were not in supply just that they did not have them. Provider confirmed Resident 1 was not receiving the daily prescribed vitamins that were not in supply. Provider had not realized that the Melatonin that was in supply was five times the dosage that was prescribed.

Review of Resident 2's MAR for August 2024, found that there was an as needed cough medication prescribed.

Observations on 08/15/2024 at 11:56 AM, revealed cough medicine to be missing from supply.

On 08/15/2024 at 12:01 PM, Provider stated that Resident 2 had not asked for the cough medication so did not have it in supply. When asked to provide physician order of current prescribed medication for Resident 1 and 4, Provider said they did not have a copy of recent physician orders.

Attestation Statement	
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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) <u>8/16/24 & 9/17/24</u> In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Provider (or Representative)	<u>9/19/2024</u> Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to complete a Washington state name and date of birth background check and national fingerprint background check for 3 of 3 staff (Provider, Caregiver 1 and Former Caregiver) reviewed for background check compliance. This failure placed all resident at risk of being cared for by staff with unknown criminal backgrounds.

Statement of Deficiencies	License #: 756084	Compliance Determination # 45726
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
Page 4 of 8	Licensee: Golden Plains Adult Family Home LLC	09/06/2024

Findings included...

Record review on 08/15/2024, of current staff records, found Caregiver 1 did not have a Washington state name and date of birth background check or national fingerprint background check in the personnel file. Caregiver 1's date of hire was reported to be May of 2024. Personnel file for Provider did not have a current Washington state name and date of birth background check completed or copy of national fingerprint background check.

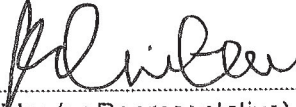
Record review of former caregivers personnel file revealed a Washington state name and date of birth background check and national fingerprint background check complete by the previous AFH the former caregiver worked for. There was no Washington state name and date of birth background check or national fingerprint background check completed by current AFH.

While speaking with Provider on 08/15/2024 at 12:15 PM, they confirmed that Caregiver 1 and Former Caregiver never completed a Washington state name and date of birth background check and national fingerprint background check. Provider stated that they had not completed a Washington state name and date of birth background check since before getting licensed so did not have a current one.

Attestation Statement

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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 8/20/24.

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


Provider (or Representative)

9/19/2024
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

- (a) Provider;
- (d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure 2 of

Statement of Deficiencies	License #: 756084	Compliance Determination # 45726
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
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2 staff (Provider and Caregiver 1) completed tuberculosis testing within three days of employment. The failure placed all resident at risk of being cared for by staff with unknown tuberculosis status.

Findings included...

Record review of staff records, on 08/15/2024, found Provider and Caregiver 1 had no documentation of negative tuberculosis test being completed. Provider opened AFH on 01/26/2023 and Caregiver 1 was hired in May of 2024.

While speaking with Provider on 08/15/2024 at 12:20 PM, they confirmed that neither themselves or Caregiver 1 had completed tuberculosis testing.

Attestation Statement

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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 8/21/24.

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


Provider (or Representative)

9/19/2024
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

- (a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;
- (b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and
- (c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to conduct emergency evacuation drills every 60 days and complete an annual full evacuation for 4 of 4 residents (Resident 1, 2, 3, and 4). This failure placed all residents at risk of harm from not being able to evacuate the AFH safely.

Statement of Deficiencies	License #: 756084	Compliance Determination # 45726
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Findings included...

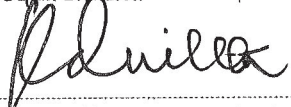
Review of emergency evacuation drill revealed that the last evacuation drill was completed on 10/06/2023 and there was not a full evacuation drill completed in 2023.

During interview with Provider on 08/15/2024 at 12:40 PM, they confirmed they had not completed an emergency evacuation drill since the last documented drill on 10/06/2023. Provider stated that they were not aware they had to complete a full evacuation to a safe location outside of AFH and residents had just been going to the front door.

Attestation Statement

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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 9-16-2024

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


Provider (or Representative)

9/19/2024
Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

- (1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;
- (2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to keep enough emergency drinking water on site for 4 of 4 residents (Resident 1, 2, 3, and 4) and 2 of 2 staff (Provider, Caregiver 1). The failure placed all staff and residents at risk of dehydration during an emergency due to not having enough drinking water.

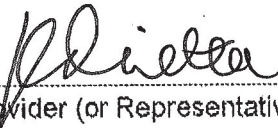
Finding included...

During environmental tour on 08/15/2023 at 10:50 AM, there was observed to be one case of bottled water, which if full would contain 5 gallons, the case was observed to be only half full in the pantry and was identified that this was the supply of emergency drinking water. The AFH is licensed for four residents and has two staff members which

Statement of Deficiencies	License #: 756084	Compliance Determination # 45726
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
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indicates there should always be at least 24 gallons of emergency water on site.

During interview with Provider on 08/15/2023 at 11:00 AM, they said that the case pantry was their only emergency drinking water on site, and that the residents keep drinking it. Provider did not seem to know that the AFH need to have at least 3 gallons per person onsite (residents and caregivers).

Attestation Statement	
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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) <u>8-16-2024</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Provider (or Representative)	<u>9/19/2024</u> 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:

- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
 - (a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
- (3) Tuberculosis testing results.
- (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 keep personnel records for 1 of 2 caregivers (Caregiver 1). This failure placed all residents at risk of being cared for by a caregiver with unknown training.

Findings included...

Review of Caregiver 1's personnel file found the following documentation to be missing; home orientation, Washington state name and date of birth background check results, national fingerprint background check results, tuberculosis testing results, orientation,

Statement of Deficiencies	License #: 756084	Compliance Determination # 45726
Plan of Correction	Golden Plains Adult Family Home LLC	Completion Date
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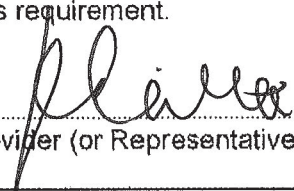
basic training or modified basic training, specialty training, nurse delegation core training, and continuing education.

While speaking with Provider on 08/15/2024 at 12:10 PM, they explained that Caregiver 1 is a certified nursing assistant (CNA) from California, and they are waiting for their credentials to transfer to Washington. Provider did not have any other documentation for Caregiver 1 other than active CPR/First Aid Card and verification that their CNA credential in California was still active.

Attestation Statement

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, Golden Plains Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 9/16/2024.

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


Provider (or Representative)

9/19/2024
Date



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

Golden Plains Adult Family Home LLC
Golden Plains Adult Family Home LLC
4916 N Vista Dr. E
Bonny Lake, WA 98391

RE: Golden Plains Adult Family Home LLC # 756084

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/06/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Clinton Fridley, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Golden Plains Adult Family Home LLC # 756084

09/06/2024

Page 2 of 4

Tumwater, WA 98501

- 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:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language the resident understands;
- (3) Be provided to all prospective residents, before admission to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home failed to complete a Medicaid policy document for 1 of 4 residents (Resident 4). Provider said they thought they had completed one for Resident 4 when they were admitted but was not sure what happened to it. Provider completed Medicaid document, had signed be representative of Resident 4 and provided copy to the department. Consultation provided.

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 (360)746-4675.

Golden Plains Adult Family Home LLC # 756084

09/06/2024

Page 3 of 4

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager

Region 3, Unit G

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:

Clinton Fridley, Field Manager

Residential Care Services

Region 3, Unit G

6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

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**

Golden Plains Adult Family Home LLC # 758084

09/06/2024

Page 4 of 4

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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

September 19, 2024

Attn: Andria Underwood, LTC Surveyor

Clinton Fridley, Field Manager RCS

Thank you for coming to inspect Golden Plains AFH on 8/15/2024, although it resulted to some Citations that put me to not being compliance with the State regulations. Being A new Provider, it is a lesson learned for me to strive to be compliance with all requirements. I will make sure that this will not repeatedly happen again in the future And I will be more vigilant for the rules and regulations of the department.

The following citations below has been corrected and it is ready for your review.

WAC 388-76-10430 Medication System

Resident #1 - Calcium 600mg, Melatonin 1 mg, I bought this medications on 8/16/24. PCP was also informed via fax on 9/16/24 and I also informed her POA Via phone. Copy of fax transmittal is enclosed.

- DC order for Desitin cream for diaper rash and Douneb inhaler received On 9/17/24. Copy of the order is attached in this letter.

Resident #2 - Delsyn cough medication PRN bought by provider on 8/16/24 and in Resident medication box and readily available for the resident if needed.

WAC 388-76-10161 Background Checks

- Karla Little Provider, Fingerprint 8/20/24
- [REDACTED] Caregiver, Fingerprint 8/20/24

WAC 388-76-10265 Tuberculosis Testing

- Karla Little Provider, Quantiferon TB Gold Plus 8/21/24
- [REDACTED] Caregiver, Quantiferon TB Gold Plus 8/21/24

WAC 388-76-10895 Emergency Evacuation Drills

Full evacuation drill was completed on 9/16/24, all 4 residents evacuated safely with 1 caregiver within the required time period.

WAC 388-76-10845 Emergency Drinking Water

4 Bottles of 5 gallons emergency water drinking supply for 4 residents
And caregiver for 72 hours is readily available in the home. 8/16/24

WAC 388-76-10198 Personnel Record

Staff Orientation

Karla Little Provider, 1/22/23

██████████ Caregiver, 5/25/25

Continuing Education

Karla Little Provider, 7 hours 9/9/24, 5 hours 9/10/24

██████████ Caregiver, 7 hours 9/9/24, 5 hours 9/10/24

██████████ - CNA License California is active, she applied for reciprocity on July 2024, unfortunately she is still waiting. She also took the Following Classes.

- Orientation and Safety 8/21/24
- Dementia Specialty Training 8/26/24
- Mental Health Specialty Training 8/27/24
- Nurse Delegation Core 8/22/24
- Nurse Delegation Focus On Diabetes 8/23/24

I am looking forward for you to review my papers and ready for your next visit.

Sincerely,



Karla Little-Provider Golden Plains AFH