STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Adult Family Center LLC

Adult Family Center LLC
4391 Road 7.4 NE
Moses Lake, WA 98837

RE: Adult Family Center LLC License # 756106

Dear Provider:

This letter addresses Compliance Determination(s) 64196 (Completion Date 08/14/2025) and 61961 (Completion Date 07/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/14/2025 and found that you have corrected the violations listed in the Full report dated 07/08/2025. Your home is back in compliance as of 07/20/2025 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 388-76-10165-1-a, WAC 388-76-10165-1, WAC 388-76-10475, WAC 388-76-10475-1, WAC 388-76-10475-2, WAC 388-76-10475-2-c, WAC 388-76-10146-2, WAC 388-76-10146-2-a, WAC 388-76-10146-2-b, WAC 388-76-10146-2-c, WAC 388-76-10146-2-d, WAC 388-76-10146-2-e, WAC 388-76-10146-3, WAC 388-76-10146-3-a, WAC 388-112A-0050-1-a-iii

The Department staff who did the on-site verification:
Lisa Beason, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 756106	Compliance Determination # 61961
Plan of Correction	Adult Family Center LLC	Completion Date
Page 1 of 6	Licensee: Adult Family Center LLC	07/08/2025

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 the unannounced on-site full inspection on 07/01/2025 of:
Adult Family Center LLC
4391 Road 7.4 NE
Moses Lake, WA 98837

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:

Lisa Beason, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Ann Garbrough
Residential Care Services

07/15/2025
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)

07/20/25
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161;

I Submitted Background check right away

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a new Washington State name and date of birth background check was completed every 2 years for 1 of 2 staff (Staff A). This failure placed residents at risk of receiving care from personnel with disqualifying findings.

Findings included. . .

Observation on 07/01/2025 at 1:45 PM found Staff A, Provider, providing care and services to residents in the home.

Record review of employee records for Staff A found a Washington state name and date of birth background check (WSNDOB) completed on 04/12/2023. I submitted BC right away, get result.

During an interview on 07/01/2025 at 4:43 PM Staff A stated that the WSNDOB completed on 04/12/2023 was the most recent background inquiry. Staff A stated that they were unaware background inquiries were required every 2 years.

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, Adult Family Center LLC is or will be in compliance with this law and / or regulation on (Date) 07/20/25

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

E. Jun — 07/20/25

Provider (or Representative) — Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(c) Dosage of the medication;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication dose was correct on the medication log for 1 of 4 residents (Resident 4). This failure placed residents at risk of not receiving medications as ordered by a physician.

Contacted the office right away, and

Findings included. . . asked to fix the typo, now on

will check all my own for typo.

Record review of Resident 4's negotiated care plan, dated 06/20/2025, showed Resident 4 was dependent on AFH staff to administer medications.

who prepered the MAR's for me and fix the Contacted the office

Record review of Resident 4's physician orders dated June 23, 2025, showed Resident 4 was prescribed Furosemide (medication to reduce fluid retention), 20 milligrams (mg) with instructions to take 2 tablets by mouth daily.

acapacity of typing MAR's

Office who prepered the MAR's got complaine from

Record review and observation of the medication pharmacy label on 07/01/2025 at 2:15 PM, showed Resident 4's Furosemide dose was 20 mg with instruction to take 2 tablets by mouth every day.

us about typo of dosage.

Record review of Resident 4's AFH produced medication log for July 2025, showed Furosemide dose was 20 mg with instruction to take 1 tablet daily.

During an interview on 07/01/2025 at 2:30 PM, Staff A, Provider, stated that they must have made an error while transcribing the instructions onto the medication log. Contacted the office who prepared the MAR for us, and Fixed typo Right away.

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, Adult Family Center LLC is or will be in compliance with this law and / or regulation on (Date) 07/20/25

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

Provider (or Representative) Date 07/20/25

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(iii) Employed in an adult family home and does not meet the criteria in subsection (1)(a) or (b) of this section. Meets definition of long-term care worker in WAC 388-112A-0010 . Not required. Required. Five hours per WAC 388-112A-0200 (2) and 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112-0400 . Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 within two hundred days of the date of hire as provided in WAC 246-980-050 (unless the department of health issues a provisional certification under WAC 246-980-065).

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B) obtained Home Care Aide (HCA) certification within 200 days of hire. This failure placed residents at risk of receiving care from unqualified staff.

Staff „B" - stated that she lost her certifi-
Findings included. . . cation when moving, in the storage unit, or mother's home, but never finded.

Observation on 07/01/2025 at 12:10 PM found Staff B, Caregiver, providing care and services to residents in the home.

Record review of employee records for Staff B, hired on 10/13/2024 found a Nursing Assistant Registered (NAR) Credential with an expiration date of 02/28/2026. No further credentials were available.

Staff „B" - sent to college to finish her education and actually take the
During an interview on 07/01/2025 at 4:55 PM, Staff A, Provider, stated that Staff B had documentation of Health Care Aide (HCA) certification in storage.

nessessary testing for CNA credentials.
During an interview on 07/07/2025 at 5:29 PM Staff A stated that Staff B's HCA training was done prior to hire and Staff B was awaiting testing.

Fixed, and sended to college to finallizing credentials.

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, Adult Family Center LLC is or will be in compliance with this law and / or regulation on (Date) 07/20/25

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

E. [signature]
Provider (or Representative)

07/20/25
Date