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

Forest Manor LLC
Forest Ridge AFH
14602 SE Rivercrest Dr
Vancouver, WA 98683

RE: Forest Ridge AFH License # 756232

Dear Provider:

This letter addresses Compliance Determination(s) 56265 (Completion Date 03/17/2025) and 53928 (Completion Date 01/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/17/2025 and found that you have corrected the violations listed in the Full report dated 01/30/2025. Your home is back in compliance as of 03/10/2025 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 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

The Department staff who did the on-site verification:
Olga Goyzman

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home 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

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 01/28/2025 of:
Forest Ridge AFH
9422 NE Woodridge St
Vancouver, WA 98664

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

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 — Date: 01/30/2025

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: 2/9/2025

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure resident bathroom water temperatures were at least one hundred five degrees Fahrenheit (F) and did not exceed one hundred twenty degrees Fahrenheit. This deficient practice placed six of six residents (Resident1 [R1], [R2], [R3], [R4], [R5], & [R6]) at risk of water being warm enough and potential harm due to injury from burns.

Findings included...

An unannounced inspection was initiated on 01/28/2025. A tour of the AFH at 1:07 PM, showed water temperatures at 127.5(F) and 123.7 (F) in bathrooms A and B. The Provider asked to recheck the water temperatures at the end of the inspection.

Recheck of water was done at 4:16 PM, water temperatures in bathroom A tested at 126.7 degrees' s (F). The Provider stated they had adjusted the hot water tank to ensure the water tested over 105 degrees (F)

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 — 01/30/2025 (Date)

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) — Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure resident bathroom water temperatures were at least one hundred five degrees Fahrenheit (F) and did not exceed one hundred twenty degrees Fahrenheit. This deficient practice placed six of six residents (Resident1 [R1], [R2], [R3], [R4], [R5], & [R6]) at risk of water being warm enough and potential harm due to injury from burns.

Findings included...

An unannounced inspection was initiated on 01/28/2025. A tour of the AFH at 1:07 PM, showed water temperatures at 127.5(F) and 123.7 (F) in bathrooms A and B. The Provider asked to recheck the water temperatures at the end of the inspection.

Recheck of water was done at 4:16 PM, water temperatures in bathroom A tested at 126.7 degrees' s (F). The Provider stated they had adjusted the hot water tank to ensure the water tested over 105 degrees (F).

During the interview with the provider, they stated on 01/28/2025 at 2:16 PM that Resident 2, Resident 4, Resident 5 and Resident 6 were independent with ambulation and would be able to access the bathrooms independently.

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, Forest Ridge AFH is or will be in compliance with this law and / or regulation on (Date) 1/30/2025

Water was within Range Same Day After Inspection

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

Provider (or Representative) 2/9/2025 Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to ensure an assessment for the use of [redacted] was completed for 2 of 2 residents (Resident 1[R1] and Resident 4 [R4]) and failed to ensure the residents' negotiated care plans included how the residents would use the [redacted] for 2 of 2 resident (R1 and R4) who were reviewed for medical device use. This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included...

During the interview with the provider, they stated on 01/28/2025 at 2:16 PM that Resident 2, Resident 4, Resident 5 and Resident 6 were independent with ambulation and would be able to access the bathrooms independently.

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, Forest Ridge AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to ensure an assessment for the use of [redacted] was completed for 2 of 2 residents (Resident 1[R1] and Resident 4 [R4]) and failed to ensure the residents' negotiated care plans included how the residents would use the [redacted] for 2 of 2 resident (R1 and R4) who were reviewed for medical device use. This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included...

Statement of Deficiencies	License #: 756232	Compliance Determination #53926
Plan of Correction	Forest Ridge AFH	Completion Date
Page 4 of 4	Licensee: Forest Manor LLC	01/30/2026

An unannounced inspection visit was conducted on 1/28/25.

Observation at 1:12 PM, showed [redacted] attached to one side of R1's bed in R1's room

Observation at 1:20 PM, showed [redacted] attached to one side of R4's bed in R4's room.

Review of R1's records showed R1 moved in on 01/03/2025 to the AFH, no [redacted] assessment and nothing mentioned in residents' assessment about [redacted].

Review of R4's record showed R4 moved in 8/3/2023 to the AFH, no [redacted] assessment and nothing mentioned in residents' assessment about [redacted]

During an interview at 01:50 PM, provider stated that they will get [redacted] assessment completed and update the care plan as soon as possible.

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, Forest Ridge AFH is or will be in compliance with this law and / or regulation on (Date) 3-10-2025

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

Provider (or Representative) 2/9/2025 Date

An unannounced inspection visit was conducted on 1/28/25.

Observation at 1:12 PM, showed [redacted] attached to one side of R1's bed in R1's room.

Observation at 1:20 PM, showed [redacted] attached to one side of R4's bed in R4's room.

Review of R1's records showed R1 moved in on 01/03/2025 to the AFH, no [redacted] assessment and nothing mentioned in residents' assessment about [redacted].

Review of R4's record showed R4 moved in 9/3/2023 to the AFH, no [redacted] assessment and nothing mentioned in residents' assessment about [redacted].

During an interview at 01:50 PM, provider stated that they will get [redacted] assessment completed and update the care plan as soon as possible.

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, Forest Ridge AFH 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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

01/30/2025

Forest Manor LLC
Forest Ridge AFH
14602 SE Rivercrest Dr
Vancouver, WA 98683

RE: Forest Ridge AFH # 756232

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/30/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Michael Burdick, AFH Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax:
Email:
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• 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 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

(2) At a minimum, smoke alarms must be located in the following areas:

(a) Every resident bedroom;

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

(c) On every level of a multilevel home.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

The Adult Family Home (AFH) provider failed to ensure that automatic smoke alarms are working properly. Provider fixed the issue by the time licensor finished the inspection.

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

(1) Contract with a nurse currently licensed in the state of Washington to provide the nursing care and service; or

(2) Hire or contract with a nurse to provide nurse delegation.

The AFH provider failed to ensure that nurse delegation was completed for Resident 6 for a nicotine patch. Provider fixed the issue within 24 hours.

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

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

The AFH provider failed to ensure that Residents 5's annual assessment had been updated after 12 months. Provider fixed the issue within 24 hours.

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)450-1218.

Sincerely,

Michael Burdick, AFH Nurse Field Manager
Region 3, Unit F
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:
Michael Burdick, AFH Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax:
Email:
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

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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 the date you receive this letter. For **Panel IDR**s 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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225