



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

Arianna Care LLC
Arianna Care AFH 2
132 Sunnyside Dr
Centralia, WA 98531

RE: Arianna Care AFH 2 License # 756398

Dear Provider:

This letter addresses Compliance Determination(s) 57280 (Completion Date 04/03/2025) and 55127 (Completion Date 03/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2025 and found that you have corrected the violations listed in the Full report dated 03/07/2025. Your home is back in compliance as of 03/13/2025 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

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 Manger
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

Statement of Deficiencies	License #: 756398	Compliance Determination # 55127
Plan of Correction	Arianna Care AFH 2	Completion Date
Page 1 of 3	Licensee: Arianna Care LLC	03/07/2025

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 02/20/2025 and 02/26/2025 of:

Arianna Care AFH 2
132 Sunnyside Dr
Centralia, WA 98531

The following sample was selected for review during the unannounced on-site visit: 2 of 5 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

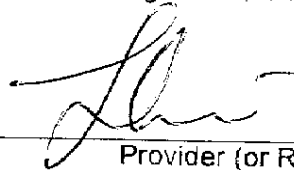
Statement of Deficiencies	License #: 756398	Compliance Determination # 55127
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Page 2 of 3	Licensee: Arianna Care LLC	03/07/2025

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

03/12/2025
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)

03/13/2025

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.
- (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 ;
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to keep an accurate medication log and have a system in place to ensure medications were received as required for 1 of 5 residents (Resident 4). These failures resulted in Resident 4 not receiving medications as prescribed.

Findings included...

Record Review of Resident 4's medication administration record (MAR) for February 2025 revealed a pain medication begin signed off a given twice a day from 02/01/2025-02/20/2025 and a mental health medication to be signed off as being given once a day from 02/01/2025-02/20/2025.

Observations of Resident 4's medication supply on 02/20/2025 at 11:40 AM revealed above pain medication and mental health medication to be missing from supply.

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

03/12/2025

Date _____

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Provider (or Representative)

Date _____

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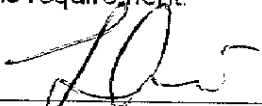
Statement of Deficiencies	License #: 756398	Compliance Determination # 55127
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Page 3 of 3	Licensee: Arianna Care LLC	03/07/2025

In an interview with Caregiver 2 on 02/20/2025 at 11:45 AM, they said they did not know why these two medications were missing. Caregiver 2 immediately called Caregiver 1 who said the those two medications weren't delivered so they did not have them in supply. Caregiver 2 said they did not know why the medications were signed off as given that morning or when the last time Resident 4 actually received those two medications was.

In an email sent to the department on 03/07/2025 at 08:38 AM, Provider said the pain medication and mental health medication had run out on 02/15/2025 and Resident 4 did not receive them until the medications were refilled on 02/28/2025.

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, Arianna Care AFH 2 is or will be in compliance with this law and / or regulation on (Date) 03/13/2025.

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



Provider (or Representative)

03/13/2025

Date

In an interview with Caregiver 2 on 02/20/2025 at 11:45 AM, they said they did not know why these two medications were missing. Caregiver 2 immediately called Caregiver 1 who said the those two medications weren't delivered so they did not have them in supply. Caregiver 2 said they did not know why the medications were signed off as given that morning or when the last time Resident 4 actually received those two medications was.

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Provider (or Representative)

Date



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

Arianna Care LLC
Arianna Care AFH 2
132 Sunnyside Dr
Centralia, WA 98531

RE: Arianna Care AFH 2 # 756398

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/07/2025 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:

Jennifer LeMaster, Community Nurse Field Manger
Residential Care Services
Region 3, Unit G
Preferred methods:

eFax: (360) 664-8451

Email: rcsregion3email@dshs.wa.gov

Optional method:

6639 Capitol Blvd SW, Floor 1

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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

The Adult Family Home failed to update the negotiated care plan for Resident 2 once they transitioned to needing their medications crushed. Provider had a written crush order but this information had not yet been added to care plan. Provider immediately updated care plan and sent documentation to 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)664-8421.

Sincerely,



Jennifer LeMaster, Community Nurse Field Manger

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:

Jennifer LeMaster, Community Nurse Field Manger

Residential Care Services

Region 3, Unit G

Preferred methods:

eFax: (360) 664-8451

Email: rcsregion3email@dshs.wa.gov

Optional method:

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 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:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225