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

AMENDED
10/16/2025

Homestead Park AFH LLC

Homestead Park AFH LLC
1821 SE Solomon Loop
Vancouver, WA 98683

RE: Homestead Park AFH LLC License # 756589

Dear Provider:

This letter addresses Compliance Determination(s) 66796 (Completion Date 10/06/2025) and 64168 (Completion Date 08/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/06/2025 and found that you have corrected the violations listed in the Full report dated 08/18/2025. Your home is back in compliance as of 10/02/2025 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 388-76-10430-2-d, WAC 388-76-10750-11-a, WAC 388-76-10400-2, WAC 388-76-10510-2, WAC 388-76-10430-1, WAC 388-76-10860-1

The Department staff who did the on-site verification:
Shawn Swanstrom, Licensor

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

Sincerely,

IDR Program Manager signed for 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

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 08/12/2025 of:

Homestead Park AFH LLC
1821 SE Solomon Loop
Vancouver, WA 98683

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:

Shawn Swanstrom, Licensor

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.

Clinton Fridley
Residential Care Services

08/27/2025
Date

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

Provider (or Representative)

8.29.2025
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) received medications as ordered. This deficient practice resulted in R1 not receiving a dosage change of a current medication and placed Resident 1 (R1) at being at risk of uncontrolled pain.

Findings included...

An unannounced licensing inspection occurred on 08/12/2025.

On 08/12/2025 at 10:10 AM, R1 stated they were in constant pain and that they can only have their pain medication every six hours. R1 stated they use the call light to remind staff they need their pain medications.

Review of R1's records showed an admission of [redacted]/2024.

Record review of R1's record, titled "Care Assessment," dated 01/24/2025, identified that R1 needed assistance with all medications.

Record review of R1's record revealed a note by a Physician Assistant (PA), dated 08/06/2025, that stated R1 had a diagnosis of [redacted] and the current pain regimen was not controlling symptoms and to increase oxycodone (strong narcotic pain medication) from 10 milligrams (mg) extended release (ER) (controlled release over time) to 15 mg every 12 hours. Also stated to maintain current as needed (PRN) oxycodone regimen (oxycodone 10 mg every 6 hours PRN).

Record review of R1's Medication Administration Record (MAR), dated for August 2025, showed an order for oxycodone 10 mg every twelve hours (8 AM and 8 PM) discontinued on 08/06/2025 after the 8 AM dose. Starting on 08/06/2025 at 8PM the MAR showed the new order for oxycodone 15 mg every twelve hours. Staff had signed the oxycodone 15 mg as given from 08/06/2025 – 08/12/2025 8 AM dose.

During the medication reconciliation (review actual medication with MAR) review on 08/06/2025 at 01:25 PM, with Resident Manage (RM), it was observed that R1 did not have a supply of oxycodone 15 mg ER in their medication supply.

Review of R1's MAR, dated August 2025, showed that Staff A, caregiver, had signed that they gave the oxycodone 15 mg, ER was not noted on the MAR, on 08/12/2025 at 8:00 AM.

On 08/12/2025 at 01:35 PM, Staff stated that they gave the oxycodone from the PRN supply (5 mg – two tablets = 10 mg as needed supply). Staff A stated they had not received a supply of oxycodone 15 mg ER.

On 08/12/2025 at 01:41 PM, RM stated that when a new order is received the prescribing practitioner sends the new order to the pharmacy and RM ensures the MAR is updated. RM then called the pharmacy, placed on speaker, and the pharmacy stated they never received the new order for oxycodone 15 mg ER every 12 hours for R1.

Statement of Deficiencies	License #: 756589	Compliance Determination # 64168
Plan of Correction	Homestead Park AFH LLC	Completion Date
Page 4 of 11	Licensee: Homestead Park AFH LLC	08/18/2025

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, Homestead Park AFH 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.

Provider (or Representative) Date 8-29-2025

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

(11) Keep the home free from:

(a) Rodents;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the home was free of rodents. This deficient practice placed all six residents at risk of having emergency food and water contaminated by rodent droppings.

Findings included...

An onsite licensing inspection occurred on 08/12/2025.

On 08/12/2025 at 10:16 AM, during the general tour with Resident Manager (RM), rodent droppings (small, black, and smooth pellets with pointed ends about the size and shape of a grain of rice) were observed on the emergency food containers (closed bucket) in the outdoor shed. When RM moved the emergency food containers away from the shed wall, more rodent droppings were observed. A refrigerator was also observed in the shed. RM stated it contained back up food for the AFH, and staff would come in and out of the shed for extra food supply. It was also noted that resident belongings were stored in the shed, which included extra clothing and decorations.

On 08/12/2025 at 10:22 AM, RM stated they were unaware of rodent droppings in the shed.

Statement of Deficiencies	License #: 756589	Compliance Determination # 64168
Plan of Correction	Homestead Park AFH LLC	Completion Date
Page 5 of 11	Licensee: Homestead Park AFH LLC	08/18/2025

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, Homestead Park AFH 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.

Provider (or Representative) 8-29-2025 Date

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure necessary care services were provided to 1 of 2 sampled residents (Resident 1 (R1)) to meet personal care needs. This failure resulted in the AFH failing to provide/arrange toenail care for R1 and caused the resident to be uncomfortable and have a diminished quality of life.

Findings included...

An unannounced licensing inspection occurred on 08/12/2025.

Record review of R1's records document an admission date of [redacted]/2024 with the following diagnoses [redacted] and [redacted].

Record review of a document titled "Care Assessment," dated 01/24/2025, for R1 documented that trimming of toenails would need to be done by a family member or health care professional and that staff were to complete daily inspections of the feet and toes.

Record review of the Negotiated Care Plan (NCP), dated 05/18/2025, identified R1 is fully reliant on caregivers to provide all aspects of personal hygiene and that R1 relies on caregivers/others for foot care. The NCP identified the AFH caregivers will provide reminders, cues, and supervision as needed for resident to complete nail care (R1 unable to provide own nail care).

On 08/12/2025 at 09:11 AM, observation of direct care for R1 showed their toenails overgrown and rounding inward.

On 08/12/2025 at 09:11 AM, R1 stated that they could not remember the last time their toenails were trimmed and that they felt like they had "talons" and that the long toenails bothered them.

On 08/12/2024 at 09:15 AM, Staff A, caregiver, stated that they had worked at the AFH for about two months and had never assisted R1 with toenail care.

On 08/12/2025 at 11:10 AM, Resident Manager (RM) stated that they were going to see if R1's practitioner could send someone to the AFH to trim R1's toenails.

On 08/18/2025 at 02:20 PM, R1's representative stated they were unaware of the condition of R1's toenails and that they were never asked by the AFH staff to address care of R1's toenails.

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, Homestead Park AFH 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.

Provider (or Representative) — Date: 8.29.2025

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(2) Is treated with courtesy, dignity, and respect;

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 756589	Compliance Determination # 64168
Plan of Correction	Homestead Park AFH LLC	Completion Date
Page 7 of 11	Licensee: Homestead Park AFH LLC	08/18/2025

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1 (R1)) were treated with dignity and respect when a caregiver left R1 exposed during personal care. This deficient practice resulted in R1's quality of life to be diminished.

Findings included...

An unannounced licensing inspection occurred on 08/12/2025.

Resident record review showed an admission date of [redacted]/2024 and the document titled, "Care Assessment," dated 01/24/2025 identified R1 was dependent on staff to provide personal care.

On 08/12/2025 at 09:06 AM, R1 was asked if two Department staff could observe the personal care provided by Staff A, caregiver, and R1 granted permission.

During an observation on 08/12/2025 at 9:06 AM, Staff A started the personal care, with the two Department staff observing, and it was noted that the bedroom window and blinds were open. The window opening was approximately 12 inches from the floor and facing in the direction of the AFH's driveway and road. A portion of the window had a stained-glass picture in the windowsill. Once R1's gown was removed, Staff A turned R1 onto their right side and exited the room to gather supplies, R1 was left without a covering which exposed their naked back side to the window. R1 was offered a top sheet to cover themself by the Department staff. When R1 was moved from their right side to their back, after personal care was completed, a mark was observed on R1's abdomen. The mark was consistent, visually, with the remote control for the bed, which was observed next to the resident when she turned over. Staff A did not ensure the remote control was not left under R1 during care.

On 08/12/2025 at 09:06 AM, Staff A stated that R1 did not like their windows or blinds closed.

On 08/12/2025 at 09:21 AM, R1 was asked how this made them feel being left exposed and R1 stated "these are the little things staff here are not aware of."

Statement of Deficiencies	License #: 756589	Compliance Determination # 64168
Plan of Correction	Homestead Park AFH LLC	Completion Date
Page 8 of 11	Licensee: Homestead Park AFH LLC	08/18/2025

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, Homestead Park AFH 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.

Provider (or Representative) 8-29-2025 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure a safe medication system was in place for 1 of 2 residents (Resident 1 (R1)) when prescription medications were left unlocked at R1's bedside. This deficient practice placed R1 at risk of medication errors and accidental ingestion of a strong pain medication.

Findings included...

An unannounced onsite licensing inspection occurred on 08/12/2025.

Resident record review showed R1 admitted to the AFH on [redacted]/2024 and a document titled "Care Assessment," dated 01/24/2025, showed diagnoses including [redacted] and documented R1 required medication assistance with nurse delegation (Registered Nurse oversight) and that R1 had a complex medication regimen. The assessment did not identify that R1 was able to keep medications at their bedside.

Record review of the Negotiated Care Plan (NCP), dated 05/18/2025, included R1 would need nurse delegation, staff would assist with medications, and medications were to be locked at all times. The NCP also documented that R1 used the call light 25-30 times a day and would often get very worried when their pain starts to get really bad and has to wait until their next dose of pain medication is due.

On 08/12/2025 at 8:16 AM, during the entrance interview, Resident Manager (RM) stated that all residents required assistance with medications and residents did not keep medications in their rooms.

On 08/12/2025 at 9:06 AM, during an observation of personal care with R1, an inhaler medication was noted at R1's bedside.

On 08/12/2025 at 10:10 AM, R1 stated at times they have a hard time breathing and need to use their inhaler. R1 stated they had needed the inhaler during the night, and it seemed like it took hours for the caregiver to answer their call light. Now they leave the medication at the bedside, and I do not have to wait for the inhaler. R1 stated they also leave my pain medication (strong narcotic) in a cup at night, so I do not have to wait for that. R1 stated that when they use their call light at night the caregiver is sleeping.

The AFH did not have a plan on how R1 would safely get their medications at night when staff were asleep.

On 08/12/2025 at 1:35 PM, Staff A, caregiver, stated that they left R1's inhaler and pain medication at their bedside at night.

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, Homestead Park AFH 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.

Provider (or Representative) — Date 8-29-2025

WAC 388-76-10860 Fire drill plan and procedures for emergency evacuation Required. The adult family home must:

(1) Have an emergency evacuation plan, including a fire drill plan and procedures for evacuating all residents from the adult family home; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 756589	Compliance Determination # 64168
Plan of Correction	Homestead Park AFH LLC	Completion Date
Page 10 of 11	Licensee: Homestead Park AFH LLC	08/18/2025

Based on observation, interview and record review, the Adult Family Home (AFH) did not implement an emergency evacuation plan to evacuate all residents from the AFH. This failure resulted in the AFH not being able to verify 6 of 6 residents [Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), Resident 5 (R5), and Resident 6 (R6)] could be safely evacuated from the AFH in five minutes of less.

Findings included...

An unannounced licensing inspection occurred on 08/12/2025.

Resident record review showed R1 admitted to the AFH on [redacted]/2024 and a document titled "Care Assessment," dated 01/24/2025, documented the following diagnoses [redacted].

Resident record review of R1's document titled "Care Assessment," dated 01/24/2025, documented R1 required assistance for evacuation of the AFH in an emergency and that R1 requires the use of a [redacted] to transfer from bed to chair, and that R1 used a [redacted] and was able to drive the [redacted] with help navigating in spots.

Resident record review of R1's Negotiated Care Plan (NCP), dated 05/18/2025, showed R1 was dependent on staff with the use of a [redacted].

On 08/12/2025 at 8:16 AM, during the entrance interview, Resident Manager (RM) stated that R1 and R4 required the assistance of a [redacted] to transfer from bed to wheelchair and that R1, R2, R4, and R6 would need assistance, physical or verbal to evacuate, and R3 and R5 were independent with evacuation. RM stated the AFH is usually staff with one caregiver and does not provide awake staff at night.

On 08/12/2025 at 10:10 AM, R1 stated that they had not practiced a full evacuation (ability for staff to evacuate all residents from the home to a safe location outside the home in five minutes or less) stated that they did not know if Staff A, caregiver (full-time live-in staff), could safely evacuate all residents from the AFH.

On 08/12/2025 at 10:48 AM, Staff A assisted R4 to transfer from their bed to their wheelchair using a [redacted] and the transfer took two minutes and 23 seconds.

On 08/12/2025 a review of facility records documented the last full fire drill was completed, by Provider, on 10/10/2024 and the length of time recorded to evacuate the resident during the drill was recorded at two minutes.

On 08/12/2025 at 02:42 PM, RM stated that they have never participated in a full evacuation drill.

On 08/12/2025 at 02:42 PM, Staff A stated that they have never participated in a full evacuation drill.

On 08/12/2025 at 03:45 PM, R3 stated that they had not practiced a full evacuation in over two years and that they have never practiced a fire drill with Provider.

On 08/12/2025 at 03:45 PM, R6 stated that they had not practiced a full evacuation in over two years and that they have never practiced a fire drill with Provider.

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, Homestead Park AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10-7-2025

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

Provider (or Representative)  Date 8-29-2025

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

Homestead Park AFH LLC
Homestead Park AFH LLC
1821 SE Solomon Loop
Vancouver, WA 98683

RE: Homestead Park AFH LLC # 756589

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/18/2025 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:

Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
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 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

On 08/12/2025 09:30 AM bedroom [redacted] door threshold had a broken strip of molding. The strip was jagged and in three pieces. Resident 2 (R2) was admitted to bedroom [redacted] on [redacted]/2025. R2 was independent with mobility with the use of a walker. The broken jagged piece of molding placed R2 at risk of tripping and /injury.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

The Adult Family Home (AFH) did not post a complaint investigation with a Statement of Deficiencies dated 04/17/2025.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

The Adult Family Home did not have one of one sampled resident's negotiated care plans (Resident 1) signed by the resident and the Adult Family Home (AFH).

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,

Clinton Fridley

Clinton Fridley, Adult Family Home 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:
Clinton Fridley, Adult Family Home Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
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 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