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

Rose Rock Adult Family Home LLC

Rose Rock Adult Family Home LLC
7924 Onyx Ct SW
Lakewood, WA 98498

RE: Rose Rock Adult Family Home LLC License # 756722

Dear Provider:

This letter addresses Compliance Determination(s) 66033 (Completion Date 10/10/2025) and 60924 (Completion Date 06/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/10/2025 and found that you have corrected the violations listed in the Full report dated 06/25/2025. Your home is back in compliance as of 08/08/2025 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 388-76-10463, WAC 388-76-10463-3, WAC 388-76-10845, WAC 388-76-10845-1, WAC 388-76-10845-2, WAC 388-76-10845-3, WAC 388-76-10845-4, WAC 388-76-10845-5, WAC 388-76-10845-6, WAC 388-76-10522, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10540, WAC 388-76-10540-1, WAC 388-76-10540-2, WAC 388-76-10540-2-a, WAC 388-76-10540-2-b, WAC 388-76-10540-2-c, WAC 388-76-10540-3, WAC 388-76-10540-4, WAC 388-76-10540-4-a, WAC 388-76-10540-4-b, WAC 388-76-10540-4-c, WAC 388-76-10540-5, WAC 388-76-10540-6, WAC 388-76-10540-7, WAC 388-76-10540-8, WAC 388-76-10320, WAC 388-76-10320-8, WAC 388-76-10532, WAC 388-76-10532-3, WAC 388-76-10750, WAC 388-76-10750-1, WAC 388-76-10750-3, WAC 388-76-10895, WAC 388-76-10895-1, WAC 388-76-10895-1-a, WAC 388-76-10895-1-b, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10895-2-c, WAC 388-76-10895-3, WAC 388-76-10895-3-a, WAC 388-76-10895-3-b, WAC 388-76-10895-3-c, WAC 388-76-10895-3-d, WAC 388-76-10430, WAC 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10198, WAC 388-76-10198-1, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-3, WAC 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10015, WAC 388-76-10015-1, WAC 388-76-10135, WAC 388-76-10135-4

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Adult Family Home Nurse Field Manager
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

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 06/09/2025 of:
Rose Rock Adult Family Home LLC
7924 Onyx Ct SW
Lakewood, WA 98498

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:

Daphne Gill, 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

07/03/2025
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)

7/24/2024
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the adult family home (AFH) failed to have strategies and modifications listed in residents' Negotiated care plan (NCP) as required to address the symptoms for which the medication is prescribed for 1 of 3 residents (Resident 3 [R3]). This failure placed R3 at risk for unmet care needs.

Findings included...

R3's record showed they were admitted to the home on [redacted]/2024.

An observation of R3's medication supply, on 06/09/2025 at 12:18 PM, showed Fluoxetine (mental health medication) and Haloperidol (mental health medication) were included in R3's medication supply and were marked as administered daily on R3's June 2025 medication log.

Record review on 06/09/2025 at 12:22 P.M., showed R3's resident file contained no evidence of precautionary steps for adverse side effects from Fluoxetine and Haloperidol. R3's Negotiated care plan contained no evidence of behavioral strategies to address symptoms for which Fluoxetine and Haloperidol were prescribed.

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

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Findings included…

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Record review on 06/09/2025 at 12:22 P.M., showed R3's resident file contained no evidence of precautionary steps for adverse side effects from Fluoxetine and Haloperidol. R3's Negotiated care plan contained no evidence of behavioral strategies to address symptoms for which Fluoxetine and Haloperidol were prescribed.

In an interview on 06/09/2025 at 12:27 P.M., the Provider said they were unsure why there were no behavioral suggestions on the NCP for R3.

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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/8/2025.

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

Provider (or Representative) 7/24/2025 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;

(3) Is stored in well-sealed food grade or glass containers;

(4) Is chlorinated or commercially bottled;

(5) Is replaced every six months, unless it is sealed and commercially bottled; and

(6) Is stored in a cool, dry location away from direct sunlight.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure there was an adequate emergency water supply for 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6). This failure placed all residents at risk for potentially not having enough water available in the event of an emergency or disaster.

Findings included...

During an environmental tour on 06/09/2025 at 10:30 A.M., observation showed the AFH had 10 gallons water on site for six residents and three caregivers.

During an interview on 06/09/2025 at 12:05 P.M., the Provider stated Caregiver B takes

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Provider (or Representative) Date

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care of the supplies needed in the home. The Provider confirmed there was no extra reserved water in the home.

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Provider (or Representative) — Date 7/24/2025

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.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home failed to ensure the Medicaid policy form was completed and provided to 3 of 3 residents (Resident 1 [R1], Resident 2 [R2] and Resident 3 [R3]). This failure placed three residents at risk for not knowing about payment sources for services in the adult family home.

Findings included...

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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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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Findings included...

Record review on 06/09/2025 at 11:45 A.M. showed there was no evidence of signed Medicaid policy in R1, R2, and R3's resident files. R1 was admitted into the home on [redacted]/2025. R2 was admitted on [redacted]/2025 and R1 was admitted on [redacted]/2024.

Observation on 06/09/2025 at 11:50 A.M. showed the Provider looking for the missing Medicaid policy for R1, R2 and R3.

During an interview on 06/09/2025 at 11:51 A.M. the Provider said they were unsure why the Medicaid forms were missing from these residents' files.

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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 8/8/2025

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

Provider (or Representative) 7/24/2025 Date

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

(2) The disclosure must include:

(a) A statement of the amount of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home;

(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

(3) If the home does not provide the disclosures in subsection (1) of this section to the resident, the home must not keep the resident's security deposits, admission fees,

Record review on 06/09/2025 at 11:45 A.M. showed there was no evidence of signed Medicaid policy in R1, R2, and R3's resident files. R1 was admitted into the home on [redacted]/2025. R2 was admitted on [redacted]/2025 and R1 was admitted on [redacted]/2024.

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(b) The home's advance notice or transfer requirements; and

(c) The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that the home will refund to the resident if the resident leaves the home.

(3) If the home does not provide the disclosures in subsection (1) of this section to the resident, the home must not keep the resident's security deposits, admission fees,

prepaid charges, minimum stay fees, or any other fees or charges.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(a) Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home regardless of any minimum stay policy or discharge notice requirements;

(b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and

(c) Must not require the resident to obtain a refund from a placement agency or person.

(5) The adult family home must not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150 .

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

(7) Nothing in this section applies to provisions in contracts negotiated between a home and a certified health plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(8) The home must ensure that the notice of rights and services is consistent with the requirements of this section, chapters 70.128 , 70.129, and 74.34 RCW, and other applicable state and federal laws.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home failed to ensure the Disclosure of Charges form was completed and provided to 3 of 3 residents (Resident 1 [R1], Resident 2 [R2] and Resident 3 [R3]). This failure placed three residents at risk for not knowing about charges for services in the adult family home.

Findings included...

Record review on 06/09/2025 at 11:45 A.M. contained no evidence of a Disclosure of Charges form in R1, R2, and R3's resident files. R1 was admitted into the home on [redacted]/2025. R2 was admitted on [redacted]/2025 and R1 was admitted on [redacted]/2024.

Observation on 06/09/2025 at 11:50 A.M. showed the Provider looking for the missing Disclosure of Charges forms for R1, R2 and R3.

During an interview on 06/09/2025 at 11:51 A.M. the Provider said they were unsure why a Disclosure of Charges forms were missing from these residents' files.

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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/8/2025.

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

Provider (or Representative) 7/24/2025 Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

This requirement was not met as evidenced by:

Based on record review, observation and interview the adult family home failed to ensure Social Security numbers were on file for 3 of 3 residents (Resident 1 [R1], Resident 2 [R2] and Resident 3 [R3]). This failure placed three residents at risk for incomplete resident information in resident records in the home.

Findings included...

Record review on 06/09/2025 at 11:47 A.M. showed no evidence of resident's Social Security numbers (SSNs) in R1, R2 and R3's resident file. R1 was admitted into the home on [redacted]/2025. R2 was admitted on [redacted]/2025 and R1 was admitted on [redacted]/2024.

Observation on 06/09/2025 at 1:50 P.M. showed the Provider looking for the missing SSNs for R1, R2 and R3.

During an interview on 06/09/2025 at 1:51 P.M. the Provider said they were unsure why SSNs were missing from the residents' files.

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, Rose Rock 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.

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Provider (or Representative) Date

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Based on record review, observation and interview the adult family home failed to ensure Social Security numbers were on file for 3 of 3 residents (Resident 1 [R1], Resident 2 [R2] and Resident 3 [R3]). This failure placed three residents at risk for incomplete resident information in resident records in the home.

Findings included...

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

Provider (or Representative) 7/24/2025 Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home failed to ensure an admission agreement for 1 of 3 residents (Resident 3 [R3]) was in R3's resident record. This failure placed one resident at risk for not knowing the policies and requirements of the adult family home.

Findings included...

Record review on 06/09/2025 at 11:45 A.M. showed no evidence of a signed admission agreement in R3's resident file. R3 was admitted on [redacted]/2024.

Observation on 06/09/2025 at 1:50 P.M. showed the Provider looking for the missing admission agreement for R3.

During an interview on 06/09/2025 at 1:51 P.M. the Provider was unsure why the admission agreement was missing from R3's record.

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, Rose Rock 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

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home failed to ensure an admission agreement for 1 of 3 residents (Resident 3 [R3]) was in R3's resident record. This failure placed one resident at risk for not knowing the policies and requirements of the adult family home.

Findings included...

Record review on 06/09/2025 at 11:45 A.M. showed no evidence of a signed admission agreement in R3's resident file. R3 was admitted on [redacted]/2024.

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During an interview on 06/09/2025 at 1:51 P.M. the Provider was unsure why the admission agreement was missing from R3's record.

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

Provider (or Representative) — Date: 7/24/2025

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;

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure the resident bathroom shower was clean for 3 of 3 residents (Residents 1, 2, and 3). This failure placed all residents at risk for decreased quality of life.

Findings included...

During an environmental tour on 06/09/2025 at 11:05 A.M., observation in the main resident bathroom shower showed that the shower tile and floor were covered with black marks on the tile that appeared to be soap scum.

During an exit interview on 06/09/2025 at 2:50 P.M. the Provider said they were unsure why the bathroom shower tile appeared dirty and confirmed the bathroom shower needed to be cleaned.

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Findings included...

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Provider (or Representative) 7/24/2025 Date

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

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(b) A partial evacuation is evacuation to the designated emergency exit.

(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.

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

(d) Continuing to offer the resident a chance to participate in every evacuation drill.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure the coordination of a safe emergency evacuation drill for 3 out of 3 residents (Resident 1

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

Provider (or Representative) Date

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

(1) There are two types of emergency evacuation drills:

(a) A full evacuation is evacuation from the home to the designated safe location; and

(b) A partial evacuation is evacuation to the designated emergency exit.

(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.

(3) The home must respect the resident's right to refuse to participate in emergency evacuation drills. However, the home must still demonstrate the ability to safely evacuate all residents doing the following:

(a) Documenting the resident's wish to refuse to participate in the negotiated care plan;

(b) Providing an estimate of the amount of time it would take to evacuate the resident and how they calculated this estimate in the negotiated care plan;

(c) Adding the estimated time to the time recorded on the emergency evacuation drill log after each drill to ensure the length of time to evacuate does not exceed five minutes; and

(d) Continuing to offer the resident a chance to participate in every evacuation drill.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure the coordination of a safe emergency evacuation drill for 3 out of 3 residents (Resident 1

[R1], Resident 2 [R2] and Resident 3 [R3]) in a timely manner. This failure placed all residents at risk for potential harm to meet fire safety needs in the AFH.

Findings included...

Record review of department records showed the AFH opened for operation on [redacted]/2023.

Administrative/staff record review on 06/09/2025 at 1:59 P.M. showed only two completed fire drills dated 02/02/2025 and 03/24/2025.

During an exit interview on 06/09/2025 at 2:50 P.M., the Provider said they were only able to find these two completed drills.

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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 8/3/2025

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

Provider (or Representative) — Date: 7/24/2025

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.

(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.

[R1], Resident 2 [R2] and Resident 3 [R3]) in a timely manner. This failure placed all residents at risk for potential harm to meet fire safety needs in the AFH.

Findings included…

Record review of department records showed the AFH opened for operation on [redacted]/2023.

Administrative/staff record review on 06/09/2025 at 1:59 P.M. showed only two completed fire drills dated 02/02/2025 and 03/24/2025.

During an exit interview on 06/09/2025 at 2:50 P.M., the Provider said they were only able to find these two completed drills.

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, Rose Rock 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

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.

(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, observations and interview, the adult family home (AFH) failed to have a system in place to meet the medication needs of residents and to ensure residents received medications as required for 2 of 3 residents (Resident 1 [R1], and Resident 2 [R2]). This failure placed R1 and R2 at risk for a medication error.

Findings included...

<Resident 2>

Record review on 06/09/2025 at 12:31 P.M., of Resident 2s (R2) Medication Administration Record (MAR), dated June 2025, showed Melatonin (for sleep), Thera-M (for vitamin deficiency), Vitamin B (supplement) and Amoxicillin (for infection) as a daily dose.

An observation of R2's medication supply, on 06/09/2025 at 12:35 P.M., showed that Melatonin, Thera-M, Vitamin B, and Amoxicillin were missing from R2's medication supply.

During an interview on 06/09/2025 at 12:50 P.M., the Provider reported Melatonin was not covered under R3's insurance and the family is supposed to supply it for R2. The Provider said they were unsure why the Thera-M and Vitamin B were missing. The Provider stated Amoxicillin was only prescribed for 2 days last month (05/24/2025 and 05/25/2025) and thought R2 was going to have more for this month.

<Resident 1>

Record review on 06/09/2025 at 12:55 P.M., of Resident 1's (R1) Medication Administration Record (MAR), dated June 2025, showed Thera M (for vitamin deficiency) as a daily dose. The record also showed Zinc Oxide (for dry skin) and Ciprofloxacin (for infection) were also prescribed as needed.

An observation of R1's medication supply, on 06/09/2025 at 12:57 P.M., showed that Thera M, Zinc Oxide and Ciprofloxacin were not included in R1's medication supply.

During an interview on 06/09/2025 at 1:12 P.M., the Provider reported Thera M and Zinc Oxide are not covered under R1's insurance and the family is supposed to supply it for R1. The Provider reported that the Ciprofloxacin was forwhen R1 was in the hospital in May 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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/8/2025 .

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

Provider (or Representative) — Date: 7/24/2025

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:

(1) Staff information such as address and contact information.

(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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had contact information, for 3 of 3 caregivers (Provider, Caregiver A, and Caregiver B), required training documents for 3 of 3 caregivers (Provider, Caregiver A, and Caregiver B) and Tuberculosis testing results for 3 of 3 caregivers (Provider, Caregiver A, and Caregiver B). This failure placed all residents at risk of harm by receiving care and services from caregiving staff with unknown tuberculosis status and prevented the department from determining the qualifications of caregiving staff.

Findings included...

During an administrative/staff record review on 06/09/2025 at 2:15 P.M., for Provider, Caregiver A and Caregiver B, records contained no evidence of contact information, a

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, Rose Rock 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

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:

(1) Staff information such as address and contact information.

(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;

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to ensure staff had contact information, for 3 of 3 caregivers (Provider, Caregiver A, and Caregiver B), required training documents for 3 of 3 caregivers (Provider, Caregiver A, and Caregiver B) and Tuberculosis testing results for 3 of 3 caregivers (Provider, Caregiver A, and Caregiver B). This failure placed all residents at risk of harm by receiving care and services from caregiving staff with unknown tuberculosis status and prevented the department from determining the qualifications of caregiving staff.

Findings included...

During an administrative/staff record review on 06/09/2025 at 2:15 P.M., for Provider, Caregiver A and Caregiver B, records contained no evidence of contact information, a

current cardiopulmonary resuscitation (CPR)/First Aid certification, or tuberculosis testing results. The Provider's hire date was not documented. Caregiver A's hire date was not documented. Caregiver B's hire date was 03/02/2025.

During an interview on 06/09/2025 at 2:20 P.M., the Provider reported Caregiver B had the records for the contact information, current CPR/First Aid documents and the tuberculosis testing results for staff.

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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9/3/2025 .

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

Provider (or Representative) — Date: 7/24/2024

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review, and interview, the adult family home (AFH) failed to have a succession plan in place to ensure an emergency plan is available for the home as required for 3 of 3 residents (Resident 1 [R1], Resident 2 [R2] and Resident 3 [R3]). This failure placed three residents at risk for the home functioning without a qualified provider or entity representative in the event of provider unavailability.

Findings included..,

Record review on 06/09/2025 at 1:47 P.M., of Administrative Records for the AFH showed no evidence of a succession plan.

Observation at 1:49 P.M. on 06/09/2025 showed the Provider looking for the missing succession plan.

current cardiopulmonary resuscitation (CPR)/First Aid certification, or tuberculosis testing results. The Provider's hire date was not documented. Caregiver A's hire date was not documented. Caregiver B's hire date was 03/02/2025.

During an interview on 06/09/2025 at 2:20 P.M., the Provider reported Caregiver B had the records for the contact information, current CPR/First Aid documents and the tuberculosis testing results for staff.

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, Rose Rock 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

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on record review, and interview, the adult family home (AFH) failed to have a succession plan in place to ensure an emergency plan is available for the home as required for 3 of 3 residents (Resident 1 [R1], Resident 2 [R2] and Resident 3 [R3]). This failure placed three residents at risk for the home functioning without a qualified provider or entity representative in the event of provider unavailability.

Findings included…

Record review on 06/09/2025 at 1:47 P.M., of Administrative Records for the AFH showed no evidence of a succession plan.

Observation at 1:49 P.M. on 06/09/2025 showed the Provider looking for the missing succession plan.

During an interview on 06/09/2025 at 1:50 P.M. the Provider stated they were unaware of having a succession plan and confirmed not having one in place for the home.

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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/8/2025

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

Provider (or Representative) 7/24/2025 Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the adult family home (AFH) failed to have a Medical Test Site Waiver in place to ensure the home can perform tests on a resident for the purpose of diagnosis, treatment, or prevention of disease as required for 1 of 3 residents (Resident 1 [R1]). This failure placed R1 at risk for inaccurate testing.

Findings included...

Observation on 06/09/2025 at 12:55 P.M., of R1's medication supply showed they were prescribed Insulin (an injectable medication used to treat diabetes [disease causing high and low blood sugar]) and required AFH staff to test their blood sugar regularly.

Record review on 06/09/2025 at 1:49 P.M., of Administrative Records for the AFH showed no evidence of a Medical Test Site Waiver.

During an interview on 06/09/2025 at 1:50 P.M. the Provider stated they were unaware of needing a Medical Test Site Waiver for blood sugar testing and confirmed not having

During an interview on 06/09/2025 at 1:50 P.M. the Provider stated they were unaware of having a succession plan and confirmed not having one in place for the home.

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, Rose Rock 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

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the adult family home (AFH) failed to have a Medical Test Site Waiver in place to ensure the home can perform tests on a resident for the purpose of diagnosis, treatment, or prevention of disease as required for 1 of 3 residents (Resident 1 [R1]). This failure placed R1 at risk for inaccurate testing.

Findings included…

Observation on 06/09/2025 at 12:55 P.M., of R1's medication supply showed they were prescribed Insulin (an injectable medication used to treat diabetes [disease causing high and low blood sugar]) and required AFH staff to test their blood sugar regularly.

Record review on 06/09/2025 at 1:49 P.M., of Administrative Records for the AFH showed no evidence of a Medical Test Site Waiver.

During an interview on 06/09/2025 at 1:50 P.M. the Provider stated they were unaware of needing a Medical Test Site Waiver for blood sugar testing and confirmed not having

one in place for the home.

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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/8/2025.

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

Provider (or Representative) — Date 7/24/2025

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure 1 of 3 caregivers (Provider) had current required current credentials. This failure placed all residents at risk of harm by receiving care and services from caregiving staff with expired credentials.

Findings included....

Record review on 06/09/2025 at 2:15 P.M., of Administrative Records for the AFH showed no evidence of current Department of Health credentials for the Provider. The Provider's staff record showed a Department of Health Nursing Assistant Certification (NAC) that expired on 11/08/2024.

During an interview on 06/09/2025 at 1:50 P.M. the Provider said they were unsure why the current credential records were not in the files.

one in place for the home.

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, Rose Rock 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

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure 1 of 3 caregivers (Provider) had current required current credentials. This failure placed all residents at risk of harm by receiving care and services from caregiving staff with expired credentials.

Findings included....

Record review on 06/09/2025 at 2:15 P.M., of Administrative Records for the AFH showed no evidence of current Department of Health credentials for the Provider. The Provider's staff record showed a Department of Health Nursing Assistant Certification (NAC) that expired on 11/08/2024.

During an interview on 06/09/2025 at 1:50 P.M. the Provider said they were unsure why the current credential records were not in the files.

Statement of Deficiencies	License # 756722	Compliance Determination # 60924
Plan of Correction	Rose Rock Adult Family Home LLC	Completion Date
Page 17 of 17	Licensee: Rose Rock Adult Family Home LLC	06/25/2025

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, Rose Rock Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 08/2025

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

Provider (or Representative)

7/24/2025
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, Rose Rock 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

Rose Rock Adult Family Home LLC
Rose Rock Adult Family Home LLC
7924 Onyx Ct SW
Lakewood, WA 98498

RE: Rose Rock Adult Family Home LLC # 756722

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/25/2025 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 Manager
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.

RCW 70.128.120 Adult family home provider, resident manager -- Minimum qualifications. Each adult family home provider and each resident manager shall have the following minimum qualifications, except that only providers are required to meet the provisions of subsection of this section:

(6) Satisfactory completion of department-approved basic training and continuing education training as specified by the department in rule, based on recommendations of the community long-term care training and education steering committee and working in collaboration with providers, consumers, caregivers, advocates, family members, educators, and other interested parties in the rule-making process;

The Adult Family Home failed to have continuing education for 1 of 3 staff in the home. The Provider's documented training hours were used though the Washington State Training Department. These courses are for one time use only. This resulted in no resident harm. Consultation given.

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

Jennifer LeMaster, Community Nurse 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:
Jennifer LeMaster, Community Nurse Field Manager
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

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Provider Process for Choosing a Panel or Traditional IDR:

Sincerely,

Jennifer LeMaster, Community Nurse 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:
Jennifer LeMaster, Community Nurse Field Manager
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

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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