



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) 59029 (Completion Date 05/06/2025) and 56135 (Completion Date 03/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/06/2025 and found that you have corrected the violations listed in the Complaint report dated 03/14/2025. Your home is back in compliance as of 04/02/2025 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 388-76-10198-2, WAC 388-76-10315-1-g, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10380-4, WAC 388-76-10161-2-b, WAC 388-76-10161-2-a, WAC 388-76-10161-2, WAC 388-76-10485-1

The Department staff who did the on-site verification:
Jonel Tuckett, AFH Complaint Investigator

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

This document was prepared by Residential Care Services for the Locator website.



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6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 756722	Compliance Determination # 56135
Plan of Correction	Rose Rock Adult Family Home LLC	Completion Date
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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 an unannounced on-site complaint investigation on 03/12/2025 of:

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

This document references the following complaint number(s): 169776, 172090

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jonel Tuckett, AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

This document was prepared by Residential Care Services for the Locator website.

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

03/24/2025

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)

03-31-2025

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep documents related to staff readily accessible to authorized department staff for 6 of 6 staff members (Provider, Resident Manager, Caregiver A, Caregiver B, Caregiver C, and Caregiver D). This failure placed residents at risk of receiving care from unqualified staff.

Findings included...

An observation on 13/12/2025 at 1:09 PM showed that Caregiver A was the only staff working in the home currently. Caregiver A was unable to provide staff training records to department staff when requested.

During an interview on 03/12/2025 at 4:00 PM, Resident Manager stated that Provider, Resident Manager, Caregiver A, Caregiver B, Caregiver C, and Caregiver D all work at the AFH and relieve caregiver's days off, and that all staff have all of their training requirements. Resident Manager stated that they would provide all personnel training records electronically to department staff by the end of the next business day, 03/13/2025.

A record review on 03/14/2025 at 8:00 AM of department staff electronic mail records showed that the Resident Manager had failed to provide personnel training records to department staff as agreed.

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) 04/02/2025

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



Provider (or Representative)

03/31/2025

Date

WAC 388-76-10315 Resident record Required. The adult family home must:

- (1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:
- (g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure that resident records were available so that department staff may view them when requested for 2 of 3 residents (Resident 2 and Resident 3). This failure caused resident records to be unavailable to direct resident care in the AFH.

Findings included...

An observation on 03/12/2025 at 12:39 PM showed that Caregiver A was the only staff working in the AFH currently. Caregiver A provided resident records to department staff for Resident 1 when requested but could not locate records for other residents living in the home.

During an interview on 03/12/2025 at 12:34 PM, Caregiver A stated that Resident 2's Assessment was on site, and they had read Resident 2's Assessment, but maybe Caregiver C had Resident 2's records.

During an interview on 03/12/2025 at 12:34 PM, Caregiver A stated that the nurse was there and completed Resident 3's Assessment on Monday, but maybe Caregiver C had Resident 3's records.

During a record review on 03/12/2025 at 12:34 PM, Caregiver A was unable to provide Resident 2's Assessment to department staff when requested.

During a record review on 03/12/2025 at 12:34 PM, Caregiver A was unable to provide Resident 3's Assessment to department staff when requested.

During an interview on 03/12/2025 at 4:00 PM, Resident Manager stated that they would provide Resident 2's records and Resident 3's records electronically to department staff by the end of the next business day, 03/13/2025.

A record review on 03/14/2025 at 8:00 AM, electronic mail records showed that the Resident Manager failed to provide resident records for Resident 2 and Resident 3 to department staff as agreed.

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) 04-02-2025

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



Provider (or Representative)

03/31/2025

Date

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.

This requirement was not met as evidenced by:

Based on interview, and record review, the adult family home (AFH) failed to ensure that Negotiated Care Plans (NCPs) were agreed to, signed, and dated by the resident and the AFH for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk for

not receiving agreed upon care and services in the AFH.

Findings included...

A record review on 03/12/2025 at 12:39 PM showed that Resident 1's NCP dated 03/02/2024 was not reviewed, signed, and dated by the resident or the AFH.

During an interview on 03/12/2025 at 12:39 PM, when asked, Caregiver A stated that they did not know why Resident 1's NCP had not been signed and that Resident Manager was working on it.

During an interview on 03/12/2025 at 4:00 PM, when asked, Resident Manager stated that Caregiver C was working on Resident 1's NCP and Resident Manager did not know why Resident 1's NCP had never been signed.

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) 04-02-2025

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



Provider (or Representative)

03/31/2025

Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure that the Negotiated Care Plan (NCP)s were reviewed and revised at least every twelve months for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of not receiving currently assessed care and services in the AFH.

Findings included...

This document was prepared by Residential Care Services for the Locator website.

A record review on 03/12/2025 at 12:39 PM showed that Resident 1's current NCP was dated 03/02/2024 and had not been reviewed and revised within twelve months.

During an interview on 03/12/2025 at 12:39 PM, when asked, Caregiver A stated that they did not know why Resident 1's NCP had not been reviewed and revised within twelve months and that Resident Manager was working on it.

During an interview on 03/12/2025 at 4:00 PM, when asked, Resident Manager stated that Caregiver C was working on Resident 1's NCP and Resident Manager did not know why R1's NCP had not been reviewed and revised.

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) 04-02-2025

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



Provider (or Representative)

03/31/2025

Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure that all caregivers, resident manager and provider had Washington State Name and Date of Birth Background Checks and National Fingerprint Background Checks for 6 of 6 staff in the AFH (Provider, Resident Manager, Caregiver A, Caregiver B, Caregiver C, and Caregiver D). This failure placed residents at risk of receiving care from unqualified staff.

An observation on 03/12/2025 at 1:09 PM showed that Caregiver A was the only staff in the AFH currently. Caregiver was unable to provide any staff background check records when requested by department staff.

During an interview on 03/12/2025 at 11:34 AM, when asked, Caregiver A stated that Provider, Resident Manager, Caregiver B, and Caregiver D worked in the AFH.

During an interview on 03/12/2025 at 11:45 AM, when asked, Caregiver A stated that they had completed Fingerprint and DSHS (Department of Social and Health Services) background checks in order to work in the AFH.

During an interview on 03/12/2025 at 1:09 PM, when asked, Caregiver A stated that they did not have access to any background checks and could not provide for review as they were all kept by Resident Manager.

During a record review on 03/12/2025 at 1:09 PM, when requested, Caregiver A was unable to provide any of their own background checks for review by department staff.

During an interview on 03/12/2025 at 4:00 PM, Resident Manager stated that Provider, Resident Manager, Caregiver A, Caregiver B, Caregiver C, and Caregiver D all currently worked in the AFH and relieved caregiver's days off, and that all staff have their DSHS and Fingerprint background checks to work in the AFH. Resident Manager stated that they would provide all staff background checks electronically to department staff by the end of the next business day, 03/13/2025.

A record review on 03/14/2025 at 8:00 AM of department staff electronic mail records showed that the Resident Manager had failed to provide staff background check records to department staff as agreed.

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) 04-02-2025

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



Provider (or Representative)

03/31/2025

Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to keep resident medications in locked storage for 3 of 3 residents (Resident 1, Resident 2, and Resident 3). This failure placed all residents at risk for harm from taking medication incorrectly.

Findings included...

An observation on 03/12/2025 at 1:16 PM showed that the AFH kept all resident medications in an unlocked dresser drawer in the main living area of the AFH.

A record review on 03/11/2025 at 5:25 PM of Resident 1's Assessment dated 12/05/2024 showed that Resident 1 required that their medication be administered by the caregiver because Resident 1 forgot to take medications and had short-term memory problems, putting Resident 1 at risk of harm from taking unlocked medication incorrectly.

During an interview on 03/12/2025 at 1:16 PM, Caregiver A stated that they considered the resident's medication to be secured because none of the residents knew that the medications were there.

During a record review on 03/12/2025 at 2:01 PM, the AFH Safety Plan showed that resident medications will be kept locked in a storage cabinet in the garage and the caregiver will keep the key secured in their pocket.

Statement of Deficiencies	License #: 756722	Compliance Determination # 56135
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An observation on 03/12/2025 at 1:48 PM showed that all resident medications were locked and secured in a cabinet drawer in the garage and caregiver had the key secured in their pocket.

During an interview on 03/12/2025 at 4:00 PM, Resident Manager stated that resident medications had been stored in the unlocked drawer because the locking cabinet that was previously used had been moved to the garage.

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) 04-02-2025

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



Provider (or Representative)

03/31/2025

Date

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