



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

09/05/2025

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:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 65151 (Completion Date 09/05/2025) and 59595 (Completion Date 06/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/05/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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;

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(c) The resident's health care provider;

(d) Other appropriate professionals working with the resident;

(f) The resident's case manager if the resident is a department client.

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

The Department staff who did the On Site verification:
Hannah Carmichael, Nursing Consultant Institutional

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

Sincerely,

A handwritten signature in cursive script that reads "Jennifer LeMaster".

Jennifer LeMaster, Community 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

Statement of Deficiencies	License #: 756722	Compliance Determination #59595
Plan of Correction	Rose Rock Adult Family Home LLC	Completion Date
Page 1 of 6	Licensee: Rose Rock Adult Family Home LLC	06/13/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 05/15/2025 of:

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

This document references the following complaint number(s): 177774

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:

Hannah Carmichael, Nursing Consultant Institutional

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 LaMaster
Residential Care Services

06/18/2025
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.

[Signature]

Provider (or Representative)

7/10/2025
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 and interview, the Adult Family Home (AFH) failed to keep medications in locked storage while 3 of 3 residents (Resident 1 [R1], Resident 2 [R2], and Resident 3 [R3]) were home. This failure placed all residents at risk for harm due to having access to unsecured medications.

Findings included...

Review of R1's record titled "Assessment", dated 03/19/2025, showed that R1 required assistance with medication management, R1's ability fluctuated, they had poor coordination, and they would forget to take their medications.

Review of R1's record titled "Negotiated Care Plan (NCP)", dated 05/04/2025, showed that R1 required nurse delegation for medication administration and showed caregiver instructions to keep medications in a locked area.

Review of R2's record titled "Assessment", dated 12/05/2024, showed R2 required assistance with medication management and R2 would forget to take their medications.

On 05/15/2025 at 12:01 PM, observation showed that the AFH's medication supply was kept in a white medication cabinet in the main living room/TV area of the AFH. Drawer #6, labeled on the white medication cabinet, was unlocked and opened by Provider when they pulled on it. The drawer contained medications. The Provider struggled with the lock, to show that the lock worked, for multiple minutes.

On 05/15/2025 at 12:01 PM, Provider stated that drawer #6 contained "extra

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

06/18/2025
Date

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

Provider (or Representative)

Date

WAC 388-76-10485 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 and interview, the Adult Family Home (AFH) failed to keep medications in locked storage while 3 of 3 residents (Resident 1 [R1], Resident 2 [R2], and Resident 3 [R3]) were home. This failure placed all residents at risk for harm due to having access to unsecured medications.

Findings included...

Review of R1's record titled "Assessment", dated 03/19/2025, showed that R1 required assistance with medication management, R1's ability fluctuated, they had poor coordination, and they would forget to take their medications.

Review of R1's record titled "Negotiated Care Plan (NCP)", dated 05/04/2025, showed that R1 required nurse delegation for medication administration and showed caregiver instructions to keep medications in a locked area.

Review of R2's record titled "Assessment", dated 12/05/2024, showed R2 required assistance with medication management and R2 would forget to take their medications.

On 05/15/2025 at 12:01 PM, observation showed that the AFH's medication supply was kept in a white medication cabinet in the main living room/TV area of the AFH. Drawer #6, labeled on the white medication cabinet, was unlocked and opened by Provider when they pulled on it. The drawer contained medications. The Provider struggled with the lock, to show that the lock worked, for multiple minutes.

On 05/15/2025 at 12:01 PM, Provider stated that drawer #6 contained "extra

medications" and stated that sometimes this drawer did not lock properly.

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) 7/10/2025.

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



Provider (or Representative)

7/10/2025

Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep the daily medication log for 1 of 3 residents (Resident 1 [R1]) up to date. This failure placed R1 at risk for not receiving the correct dosage of their medications.

Findings included...

Review of R1's record titled "Assessment", dated 03/19/2025, showed that R1 required assistance with medication management, R1's ability fluctuated, they had poor coordination, and they would forget to take their medications. Relevant diagnoses included [REDACTED]

Review of R1's record titled "Negotiated Care Plan" (NCP), dated 05/04/2025, showed R1 was admitted to the AFH on [REDACTED]/2025. Record also showed R1 required nurse delegation for medication administration for insulin and inhalers. Record showed caregiver instructions to log all medications given and consumed by resident on the medication administration record (MAR).

Review of R1's record titled "Physician's Orders", dated 05/2025, showed an order for Humalog (Lispro) (a fast-acting insulin that helps people with diabetes control their blood sugar, especially after meals) 100 units/M (measurement for insulin) with instructions to inject 12 units subcutaneously (under the skin) three times daily before meals. The orders showed Humalog (Lispro) was also prescribed via sliding scale (a method of administering insulin that is based on the individual's blood sugar just before

medications" and stated that sometimes this drawer did not lock properly.

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 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep the daily medication log for 1 of 3 residents (Resident 1 [R1]) up to date. This failure placed R1 at risk for not receiving the correct dosage of their medications.

Findings included...

Review of R1's record titled "Assessment", dated 03/19/2025, showed that R1 required assistance with medication management, R1's ability fluctuated, they had poor coordination, and they would forget to take their medications. Relevant diagnoses included [REDACTED]

Review of R1's record titled "Negotiated Care Plan" (NCP), dated 05/04/2025, showed R1 was admitted to the AFH on [REDACTED] 2025. Record also showed R1 required nurse delegation for medication administration for insulin and inhalers. Record showed caregiver instructions to log all medications given and consumed by resident on the medication administration record (MAR).

Review of R1's record titled "Physician's Orders", dated 05/2025, showed an order for Humalog (Lispro) (a fast-acting insulin that helps people with diabetes control their blood sugar, especially after meals) 100 units/M (measurement for insulin) with instructions to inject 12 units subcutaneously (under the skin) three times daily before meals. The orders showed Humalog (Lispro) was also prescribed via sliding scale (a method of administering insulin that is based on the individual's blood sugar just before

administration) (max dose 72 units per day). Orders showed the Humalog (Lispro) sliding scale instructions stated if R1's blood sugar (BS) is:

- for blood sugar between 151-199 = give 0 units
- for blood sugar between 200-249 = give 2 units
- for blood sugar between 250-299 = give 4 units
- for blood sugar between 300-349 = give 6 units
- for blood sugar between 350-400 = give 8 units
- for blood sugar above 400 Call MD (Medical Doctor)
- Notify Provider if blood sugar is below 70 or above 400

Review of R1's record titled "April 2025 MAR" showed on 04/04/2025 R1's lunch BS was 280 and showed R1 received 2 units of insulin.

On 06/05/2025 at 3:48 PM, Provider stated this was a documentation error and stated that R1 got the required 4 units of insulin.

Review of R1's record titled "May 2025 MAR" showed on 05/01/2025 R1's lunch BS was 190 and showed R1 received 2 units of insulin. Record showed on 05/02/2025 R1's lunch BS was 107 and showed R1 received 1 unit of insulin. Record showed on 05/03/2025 R1's lunch BS was 181 and showed R1 received 1 unit of insulin. Record showed on 05/04/2025 R1's lunch BS was 191 and showed R1 received 1 unit of insulin. Record showed on 05/02/2025 R1's dinner BS was 111 and showed R1 received 4 units of insulin. Record showed on 05/03/2025 R1's dinner BS was 181 and showed R1 received 4 units of insulin. Record showed on 05/04/2024 R1's dinner BS was 190 and showed R1 received 4 units of insulin.

On 06/05/2025 at 3:48 PM, Provider stated it was a documentation error on 05/01/2025 and stated they knew that if R1's BS was 190, they should receive no sliding scale insulin. Provider stated the 1 unit of insulin given for R1's lunch BS on 05/02/2025 - 05/04/2025 was a documentation error and stated R1 did not receive those 1-unit doses. Provider stated the 4 units of insulin given for R1's dinner BS on 05/02/2025 - 05/04/2025 was another documentation error, denied R1 received the 4 units on those days, and stated, "I don't know what happened, it's documented wrong".

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) 7/10/2025.

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



Provider (or Representative)

7/10/2025

Date

administration) (max dose 72 units per day). Orders showed the Humalog (Lispro) sliding scale instructions stated if R1's blood sugar (BS) is:

- for blood sugar between 151-199 = give 0 units
- for blood sugar between 200-249 = give 2 units
- for blood sugar between 250-299= give 4 units
- for blood sugar between 300-349 = give 6 units
- for blood sugar between 350-400 = give 8 units
- for blood sugar above 400 Call MD (Medical Doctor)
- Notify Provider if blood sugar is below 70 or above 400

Review of R1's record titled "April 2025 MAR" showed on 04/04/2025 R1's lunch BS was 280 and showed R1 received 2 units of insulin.

On 06/05/2025 at 3:48 PM, Provider stated this was a documentation error and stated that R1 got the required 4 units of insulin.

Review of R1's record titled "May 2025 MAR" showed on 05/01/2025 R1's lunch BS was 190 and showed R1 received 2 units of insulin. Record showed on 05/02/2025 R1's lunch BS was 107 and showed R1 received 1 unit of insulin. Record showed on 05/03/2025 R1's lunch BS was 181 and showed R1 received 1 unit of insulin. Record showed on 05/04/2025 R1's lunch BS was 191 and showed R1 received 1 unit of insulin. Record showed on 05/02/2025 R1's dinner BS was 111 and showed R1 received 4 units of insulin. Record showed on 05/03/2025 R1's dinner BS was 181 and showed R1 received 4 units of insulin. Record showed on 05/04/2024 R1's dinner BS was 190 and showed R1 received 4 units of insulin.

On 06/05/2025 at 3:48 PM, Provider stated it was a documentation error on 05/01/2025 and stated they knew that if R1's BS was 190, they should receive no sliding scale insulin. Provider stated the 1 unit of insulin given for R1's lunch BS on 05/02/2025 - 05/04/2025 was a documentation error and stated R1 did not receive those 1-unit doses. Provider stated the 4 units of insulin given for R1's dinner BS on 05/02/2025 - 05/04/2025 was another documentation error, denied R1 received the 4 units on those days, and stated, "I don't know what happened, it's documented wrong".

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 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

- (c) The resident's health care provider;
- (d) Other appropriate professionals working with the resident;
- (f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to notify 1 of 3 resident's (Resident 1 [R1]) health care provider, registered nurse delegator, and department case manager when they had a status change resulting in hospitalization. This failure put R1 at risk of delay in coordinating care when their health care provider, registered nurse delegator, and case manager were not notified of R1's multiple day hospitalization.

Findings included...

Review of R1's record titled "Assessment", dated 03/19/2025, showed R1's emergency contact and case manager listed. Relevant diagnoses included [REDACTED]

and [REDACTED]

Review of R1's record titled "Negotiated Care Plan (NCP)", dated 05/04/2025, showed R1 was admitted to the AFH on [REDACTED]/2025.

Review of R1's record titled "After Visit Summary (AVS)", dated [REDACTED] 2025-[REDACTED] 2025, showed R1 was admitted to the hospital with the primary diagnosis stated as [REDACTED]

[REDACTED] R1's hospital diagnoses also included [REDACTED]

and [REDACTED]

On 05/16/2025 at 8:28 AM, Collateral Contact 1 (CC1), R1's case manager, stated their department was never notified of R1's hospital stay from [REDACTED] 2025-[REDACTED] 2025. CC1 stated they would email R1's previous case manager and both of their supervisors to see if anyone else was notified of the hospital visit. On 05/16/2025 at 12:47 PM, CC1 stated that they followed up with their team and no one in their department was notified about R1's significant change and hospitalization.

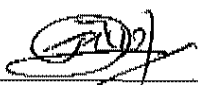
On 05/16/2025 at 12:18 PM, Provider stated that R1 went to the hospital on [REDACTED]/2025-[REDACTED] 2025. Provider stated they reported the hospitalization to R1's case manager, the nurse delegator, and R1's physician, but could not provide documentation showing when these parties were notified.

On 06/11/2025 at 2:53 PM, Collateral Contact 2 (CC2), Nurse Delegator, stated that the Provider did not report R1's hospital stay to them.

On 06/13/2025 at 12:46 PM, review of an email sent by the Provider showed documentation dated [REDACTED]/2025 which stated R1's health care provider, case manager, and nurse delegator were notified of R1's hospital visit, two days after R1 was admitted to the hospital.

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) 7/10/2025

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



Provider (or Representative)

7/10/2025

Date

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

On 05/16/2025 at 12:18 PM, Provider stated that R1 went to the hospital on [REDACTED]/2025-[REDACTED]/2025. Provider stated they reported the hospitalization to R1's case manager, the nurse delegator, and R1's physician, but could not provide documentation showing when these parties were notified.

On 06/11/2025 at 2:53 PM, Collateral Contact 2 (CC2), Nurse Delegator, stated that the Provider did not report R1's hospital stay to them.

On 06/13/2025 at 12:46 PM, review of an email sent by the Provider showed documentation dated [REDACTED] 2025 which stated R1's health care provider, case manager, and nurse delegator were notified of R1's hospital visit, two days after R1 was admitted to the hospital.

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

Rose Rock Adult Family Home LLC

7924 Onyx CT SW. Lakewood, WA-98498

License:756722 Phone:253-352-7074

PLAN OF CORRECTION

WAC 388-76-10225 Reporting requirements.

Rose Rock Adult Family Home LLC will ensure all staff report the suspect abuse, neglect, exploitation or abandonment of a resident, potential event requiring any resident to be evacuation, condition that threaten to the providers or entity representative's ability to continue provide care or services to each resident, missing resident, when there is significant change in resident's condition or a serious injury trauma, or death of the resident to the department by calling the complaint toll free hotline number 1800-562-6078 or will complete an online report.

CG is instructed to monitor on client's ability on daily ADLs, CG will notify to his/her CM, PCP, POA, RND if any significant changes or concerns on client's livings. Update to NCP, date and sign. If the client is in danger call 911 and will follow the appropriate resources.

Provider Signature and date

G 07-04-2025

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

Rose Rock Adult Family Home LLC

7924 Onyx CT SW. Lakewood, WA-98498

License:756722 Phone:253-352-7074

PLAN OF CORRECTION

WAC 388-76-10485 (medication storage/In locked storage)

The Rose Rock Adult Family Home LLC will ensure all the prescribed and over the counter medication will store in the locked storage with its original container with legible and original labels. Appropriately for each medication such as if refrigeration is required for a medication and the medication will keep in refrigerator in locked storage.

I have changed the location of the medication storage to the laundry room. Provider and its Caregivers will keep medications in locked storage with labeled name of each resident all the time.

Provider signature and date

 07-04-2025

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

Rose Rock Adult Family Home LLC

7924 Onyx CT SW, Lakewood, WA-98498

License:756722 Phone:253-352-7074

PLAN OF CORRECTION

WAC 388-76-10475 Medication Log

Rose Rock Adult Family Home LLC will keep up to date daily medication log for each resident except for residents assessed as medication independent with self-administration.

Caregivers are to follow the PCP's order and RND instructions. CGs will follow 5 rights of medications (right person, right medication, right time, right route, right dose), hand medications in med cup with water/juice, remind and cue to swallow medication, monitor medication adverse reaction. Document all medications are given, maintain medication supplies, keep up to date daily medication log, reorder medication as needed. Report changes to his/her PCP immediately. Keep medications in secure/in locked storage with medication log.

Signature and date

Provider

 07-04-2025

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