STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Pendo Homecare LLC
PENDO HOMECARE LLC
2128 W LAKESIDE DR
Moses Lake, WA 98837

RE: PENDO HOMECARE LLC License # 757465

Dear Provider:

This letter addresses Compliance Determination(s) 62464 (Completion Date 07/11/2025) and 59350 (Completion Date 05/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/11/2025 and found that you have corrected the violations listed in the Follow up report dated 05/14/2025. Your home is back in compliance as of 05/20/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-2-d, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 757465	Compliance Determination # 59350
Plan of Correction	PENDO HOMECARE LLC	Completion Date
Page 1 of 3	Licensee: Pendo Homecare LLC	05/14/2025

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 follow-up on 05/08/2025 of:
PENDO HOMECARE LLC
2128 W LAKESIDE DR
Moses Lake, WA 98837

This document references the following SOD dated: 05/14/2025

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 757465	Compliance Determination # 59350
Plan of Correction	PENDO HOMECARE LLC	Completion Date
Page 2 of 3	Licensee: Pendo Homecare LLC	05/14/2025

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Michelle Ann Garbrough
Residential Care Services

05/19/2025
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.

Isaac Ngugi
Provider (or Representative)

5/20/2025
Date

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure prescribed medication was on the electronic medication log as ordered for 1 of 5 residents (Resident 5). This failure placed the resident at risk for medication errors.

Findings included . . .

Resident 5 – The assessment dated 02/07/2025 showed Resident 5 needed assistance with medications. On 05/08/2025 at 5:40 PM, the medication supply, prescriber orders, and medication log were reconciled.

Resident record included a discharge summary and medication count from R5's previous facility dated 05/01/2025. The medication list included:

- Venlafaxine (mood stabilizing anti-depressant) 100 milligrams (mg) daily by mouth (PO).

Venlafaxine supply was observed but not listed on the medication log created by the

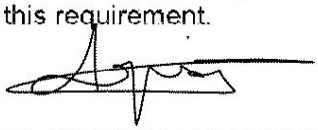
facility.

In an interview on 05/08/2025 at 5:50 PM, Staff A, Provider, stated they created the medication log for Resident 5 based on the discharge orders. Staff A stated that the medication had been given to Resident 5 daily even though it was not listed on the medication log.

This is an uncorrected deficiency previously cited on 03/18/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, PENDO HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 5/20/2025 .

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



Isaac Ngugi

Provider (or Representative)

5/20/2025

Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 757465	Compliance Determination #55784
Plan of Correction	PENDO HOMECARE LLC	Completion Date
Page 1 of 3	Licensee: Pendo Homecare LLC	03/18/2025

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

The department completed data collection for the unannounced on-site full inspection on 03/03/2025 and 03/04/2025 of:
PENDO HOMECARE LLC
2128 W LAKESIDE DR
Moses Lake, WA 98837

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:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Ann Yarbrough
Residential Care Services

03/20/2025
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)

4/3/2025
Date

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure prescribed medication was added to the medication log, a supply received, and staff gave the medication as ordered for 1 of 3 residents (Resident 1). This failed practice placed the resident at risk due to a medication error.

Findings included...

Resident 1. The assessment dated 01/28/2025 showed they needed assistance with medications. On 03/03/2025 at 4:00 PM, the medication supply, prescriber orders and the medication log were reconciled.

Resident record included an "After Visit Summary" from the prescriber dated 02/05/2025. The summary showed starting a new medication (Hyzaar-used to treat high blood pressure) and included a "Medication List as of 02/05/2025." The list included:
-Trazodone (an antidepressant medication used to treat major depressive disorder, anxiety disorders, and insomnia) 100 milligrams (mg) take 1 tablet every evening.

The March 2025 medication log (created by the AFH) did not show Trazodone as a

prescribed medication. The AFH did not have a supply of Trazodone.

On 03/03/2025 at 4:00 PM, Staff A, Provider, stated the Trazodone was not ordered when Resident 1 admitted into the AFH. They received the 02/05/2025 orders but "missed seeing" the listed Trazodone; they did not add it onto the medication log or contact the pharmacy about a medication supply.

On 03/07/2025, the AFH contacted the prescriber to verify the Trazodone order. The Trazodone 100 mg give each evening was reordered.

On 03/14/2025, at 1:30 PM, the pharmacy was contacted regarding prescribed medications. The Trazodone was not included in the list of medications at admission. The pharmacy was notified to provide the Trazodone on 03/07/2025. The pharmacy had received the new medication ordered on 02/05/2025, but not the list of other prescribed medications. They were unaware the Resident 1 did not have all prescribed medications.

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, PENDO HOMECARE LLC is or will be in compliance with this law and / or regulation on (Date) 4/03/2025 .

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

Isaac Ngugi — Provider (or Representative)

4/03/2025 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Pendo Homecare LLC
PENDO HOMECARE LLC
2128 W LAKESIDE DR
Moses Lake, WA 98837

RE: PENDO HOMECARE LLC # 757465

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/18/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:

eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10015 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

On 03/03/2025, qualified Adult Family Home (AFH) staff were delegated to perform blood glucose testing for Resident 3 before each meal three times daily. The AFH did not have the required Medical Test Site Waiver per WAC 246-338-020 to perform tests the resident could not do for themselves. This deficiency was corrected.

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

(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;

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

The Adult Family Home (AFH) did not complete emergency evacuation drills during the six months the AFH was empty. The AFH completed an emergency evacuation drill 35 days after the first resident admitted to the AFH. This deficiency was corrected.

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 (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
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:
Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

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

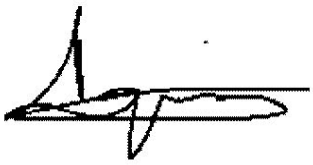
Plan of Correction

This defficiency was corrected on 3/19/2025. The provider followed up with the clinic and brought their attention that they had the wrong Phamacy on their sysytem. This provider provided the correct Phamacy.

A new Trazodone order was issued and Faxed to Phamacy. Phamacy delivered the medication the next day. Provider update the MAR with new order.

Future Plan processing new orders

1. Discharge paperwork and ordres from doctors visits will be filled immediately after returning to the AFH on a ORDERS AND DISCHARGE PAPERWORK BINDER
2. Caregiver will file any faxed orders from Provider on the ORDERS AND DISCHARGE PAPERWORK BINDER
3. Caregiver will report to the provider on any new orders that has come in on a dairy basis
4. All orders received shall be faxed immediately to Phamacy by the caregivers or provider without delay.
5. Provider and Caregiver will follow with phamacy to ensure Medication ordered are delivered.
6. Caregiver will report on any delays to the provider
7. Provider will ensure all new orders ate entered on MAR and any changes are effected on MAR



03/19/2025

Isaac Ngugi