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

Verisa's Nest AFH LLC

Verisa's Nest AFH LLC
1314 Hyak Ct NE
Olympia, WA 98516

RE: Verisa's Nest AFH LLC License # 757522

Dear Provider:

This letter addresses Compliance Determination(s) 63729 (Completion Date 08/18/2025) and 60166 (Completion Date 06/16/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/18/2025 and found that you have corrected the violations listed in the Full report dated 06/16/2025. Your home is back in compliance as of 06/24/2025 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 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10360

The Department staff who did the off-site verification:
Andria Underwood, LTC Surveyor

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

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 05/27/2025 of:

Verisa's Nest AFH LLC
1314 Hyak Ct NE
Olympia, WA 98516

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:

Andria Underwood, 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

06/16/2025
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.

NATHAN NYABAYO
Provider (or Representative)

06/24/2025
Date

**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;

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

(2) The adult family home must conduct:

(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

**This requirement was not met as evidenced by:**

Based on record review and interview, the adult family home (AFH) failed to complete partial emergency evacuation drills every 60 days and one full evacuation drill every calendar year. This failure placed 3 of 3 residents (Residents 1, 2, and 3) at risk of harm due to not being prepared in the case of emergency evacuation.

Findings included....

Review of department records showed the AFH has been open since 08/15/2024.

Review of evacuation logs provided at on-site inspection on 05/27/2025 revealed one full evacuation drill that was completed on 03/19/2025.

While speaking with Resident Manager on 05/27/2025 at 12:20 PM, they confirmed they

had only completed the one emergency evacuation drill since they had opened.

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, Verisa's Nest AFH LLC is or will be in compliance with this law and / or regulation on (Date) 06/24/2025

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

NATHAN NABAYO
Provider (or Representative)

06/24/2025
Date

**WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.**

**This requirement was not met as evidenced by:**

Based on record review and interview, the adult family home (AFH) failed to complete a negotiated care plan within 30 days of admission for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk of harm from unmet care needs.

Findings included...

Review of Resident 2's resident file revealed their negotiated care plan to be missing. Records showed Resident 2 was admitted to the AFH on [redacted]/2025.

While speaking with Provider and Resident Manager on 05/27/2025 at 11:17 AM, they both confirmed the negotiated care plan for Resident 2 had not been completed yet.

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, Verisa's Nest AFH LLC is or will be in compliance with this law and / or regulation on (Date) 6/24/2025

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

NATHAN NYABAYO
Provider (or Representative)

6/24/2025
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***



Verisa's Nest AFH LLC
Verisa's Nest AFH LLC
1314 Hyak Ct NE
Olympia, WA 98516

RE: Verisa's Nest AFH LLC # 757522

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/16/2025 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.

**WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:**

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

The Adult Family Home failed to add information regarding Resident 1's current behaviors and psychological needs as well as how staff would address these needs in negotiated care plan. Provider added additional information to negotiated care plan and provided updated documentation with 48 hours of inspection, consultation provided.

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

(4) The resident assessment information;

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The adult family home (AFH) failed to keep 2 of 3 resident's (Resident 1 and 2) state assessments and Resident 1's personal belongings inventory in their resident files on-site. Provider said they did not realize state assessments had to be kept in files and they must have misplaced Resident 1's belongings inventory. Provider added these documents to resident's files and provided documentation to Department, consultation provided.

**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:**

(4) Criminal history disclosure and background check results as required.

The adult family home (AFH) failed to keep a copy of Caregiver 1's Washington state name and date of birth background check. Provider said they thought they just needed to keep a paper copy of staff's fingerprint results and did show Department staff the completed Washington state name and date of birth background check saved electronically on their computer. Provider printed out documentation to add to file, consultation provided.

**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;

The adult family home (AFH) failed to keep the external environment free of safety hazards. Resident 2 had multiple glass jars to make their own fermented beverages with, marijuana paraphernalia with marijuana and small hand swords that were accessible to all residents on the back porch of the AFH. As these were Resident 2's belongings, Provider immediately obtained a large locked storage container to store all of Resident 2's belongings. AFH staff and Resident 2 have a key to this container. Provider sent photos of items in container and the lock and key to Department, consultation provided.

**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:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20**

**working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225