STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

03/12/2026

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:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 73329 (Completion Date 03/12/2026) and 70358 (Completion Date 01/21/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/12/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

The Department staff who did the On Site verification:
Laura Newberry

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 12/19/2025 of:

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

This document references the following complaint number(s): 205611

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

01/28/2026
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
Provider (or Representative)

01-30-2026
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure delegation services were in place for 1 of 4 residents (Resident 1 [R1]). This failure resulted in R1 receiving wound care from staff who were not properly delegated.

Findings included...

Review of Washington Administrative Code (WAC) 246-840-930, Criteria for delegation, showed that before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process and provides details on assessing, planning, implementing and evaluating.

Review of R1's record, titled "Assessment", dated 09/17/2025, showed R1 had wounds that were being cared for by home health and the AFH staff. Record showed R1 had a wound on their bottom and left foot.

On 12/19/2025 at 9:37 AM, Collateral Contact 1 (CC1)(who is a registered nurse delegator) stated that R1 was observed in September 2025 for delegation services for their wounds. CC1 stated their wounds were too advanced for delegation services and R1's wounds required packing (the act of placing wound care material inside the wound) and R1 returned to the hospital. CC1 stated the AFH delayed in calling them for

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Residential Care Services | Date

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Provider (or Representative) | Date

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delegation services as R1 was in the AFH for 2 weeks prior to their visit.

On 12/19/2025 at 10:27 AM, interviewed R1 who was residing at the AFH. R1 stated they receive wound care services for their foot and bottom wound from home health, and stated AFH staff only provide care to their bottom wound. R1 stated that the wound on their bottom requires packing from the AFH staff and that it tunnels (a wound that extends into a deeper layer of skin tissue).

On 12/19/2025 at 11:37 AM, Caregiver 1 (CG1) stated that R1 receives wound care services from home health and that the AFH staff change the dressings as needed. CG1 stated that R1's wound on their bottom goes "deep".

On 01/06/2026 at 2:51 PM, Collateral Contact 2 (CC2)(who is a home health nurse) stated that the AFH staff including CG1 were shown to care for R1's wound including packing of R1's wound on their bottom.

On 01/14/2025 at 12:51 PM, Collateral Contact 3 (CC3)(who is a registered nurse delegator) stated they went to the AFH one week prior to provide delegation services for R1's wounds but the wound was tunneling and they were not able to delegate the care of the wound to the AFH staff.

Review of R1's record, titled "Out patient referral form", dated 11/20/2025 showed they had a referral for home health care for their wounds.

Review of R1's record, titled "Service episode record", dated 11/24/2025 showed R1 returned to the AFH from their hospital stay on [redacted]/2025. Record also showed on 01/05/2026 CC3 was available for delegation services (showing a 6 week delay from hospital discharge to delegation services referral).

Review of R1 record, titled "Visit note report", dated 11/28/2025, showed this was visit number one and R1 had a chronic (long term) wound on their bottom.

Review of R1 record, titled "Visit note report", dated 01/12/2026, showed R1 had a wound (tunneling) on their bottom and the AFH staff (caregiver) was taught how to perform wound care for R1, including packing of the wound, and performed return demonstration during the visit.

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) 01-30-2026

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

Provider (or Representative)

01-31-2026
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, Verisa's Nest AFH 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