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

May Valley AFH LLC
May Valley Adult Family Home
5816 Road 4.4 NE
Moses Lake, WA 98837

RE: May Valley Adult Family Home License # 757785

Dear Provider:

This letter addresses Compliance Determination(s) 64194 (Completion Date 08/14/2025) and 61346 (Completion Date 06/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/14/2025 and found that you have corrected the violations listed in the Full report dated 06/24/2025. Your home is back in compliance as of 06/25/2025 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 388-76-10475-1, WAC 388-76-10475-2, WAC 388-76-10475-2-d

The Department staff who did the on-site verification:
Lisa Beason, 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

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 06/18/2025 of:
May Valley Adult Family Home
5816 Road 4.4 NE
Moses Lake, WA 98837

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

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor
Lisa Beason, 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 Garbrough
Residential Care Services

06/27/2025
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)

07/07/2025
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.

(2) Include in each medication log the:

(d) Frequency which the medications are taken, and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the AFH (Adult Family Home) failed to keep a current medication log for 1 of 4 residents (Resident 1). This failure placed residents at risk for medication errors.

Findings included. . .

Record review and observation of the medication pharmacy label on 06/18/2025 at 12:35 PM showed Resident 2's Oxycodone HCL (medication used to treat pain) 5 milligrams (mg) label had instructions to take one tablet by mouth twice daily as needed.

Record review of Resident 2's physician orders, dated 02/24/2025 showed order stating Oxycodone 5mg as needed at bedtime.

Record review of Resident 2's AFH produced Medication log for June 2025 showed instruction for Oxycodone HCL 5mg: 1 oral tablet BID (twice a day) as needed. Take one tablet once a day at bedtime as needed.

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

06/27/2025
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 388-76-10475 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.

(2) Include in each medication log the:

(d) Frequency which the medications are taken; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the AFH (Adult Family Home) failed to keep a current medication log for 1 of 4 residents (Resident 1). This failure placed residents at risk for medication errors.

Findings included. . .

Record review and observation of the medication pharmacy label on 06/18/2025 at 12:35 PM showed Resident 2's Oxycodone HCL (medication used to treat pain) 5 milligrams (mg) label had instructions to take one tablet by mouth twice daily as needed.

Record review of Resident 2's physician orders, dated 02/24/2025 showed order stating Oxycodone 5mg as needed at bedtime.

Record review of Resident 2's AFH produced Medication log for June 2025 showed instruction for Oxycodone HCL 5mg: 1 oral tablet BID (twice a day) as needed. Take one tablet once a day at bedtime as needed.

During an interview on 06/16/2025 at 12:40 PM, Staff A, Provider, stated that the medication had been changed several times.

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, May Valley Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 06/25/2025 .

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

Provider (or Representative) — Date: 07/07/2025

I have obtained a correct label from the pharmacy that now matches the doctor's orders.To ensure accuracy and safety moving forward, I commit to the following:

I will ensure that the label, doctor's orders, and medication log are consistently matched at all times.

I will contact the doctor to confirm that there have been no changes to the orders.

I will verify that any medication I pick up from the pharmacy or that is delivered matches the orders.

In instances where relabeling is not possible, I will dispose of any medication that does not match by following the facility's medication disposal policy.

Before I or my staff administers medication to any resident, we will ensure that all three components match and adhere to the five rights of medication administration to prevent any potential errors.

I understand the importance of accurate medication management and am dedicated to maintaining the highest standards of care.

During an interview on 06/18/2025 at 12:40 PM, Staff A, Provider, stated that the medication had been changed several times.

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, May Valley Adult Family Home 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

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

May Valley AFH LLC
May Valley Adult Family Home
5816 Road 4.4 NE
Moses Lake, WA 98837

RE: May Valley Adult Family Home # 757785

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/24/2025 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

(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 provide a current signed personal possessions inventory for Resident 2. This deficiency was corrected.

The Adult Family Home (AFH) failed to have access to Resident 1,2 & 4's Social Security numbers. 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

---

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