STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

August 8, 2025

CERTIFIED MAIL 9489 0090 0027 6340 7258 76

Licensee, Rose Adult Family Home LLC
Rose Adult Family Home LLC
3728 Sunset Way
Longview, WA 98632

Adult Family Home License # **757941**
Entity Representative: Yerusalem Yohannes

IMPOSITION OF CONDITIONS ON A LICENSE AND STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Licensee:

On August 4, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a Complaint Investigation at your facility. This letter is formal notice of the imposition of conditions on a license and stop placement order prohibiting admissions on the license of your adult family home, located at **3728 Sunset Way, Longview,** by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The conditions on a license and stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **August 4, 2025**.

Stop Placement Order Prohibiting Admissions

WAC 388-76-10670(2) Prevention of abuse.

The licensee failed to ensure staff prevented neglect for one resident. This failure resulted in one resident having unmet care needs and not receiving hospice medications as ordered for 15 days after they were admitted to hospice services.

WAC 388-76-10400(1)(2)(3)(a)(b)(c) Care and services.

The licensee failed to ensure care and services were provided in a manner and in an environment that actively supported their safety and quality of life for four residents. This failure resulted in unmet care needs for all residents and placed all residents at risk for harm.

WAC 388-76-10655(1) Physical and mechanical restraints.

The licensee failed to ensure each resident's right to be free from physical restraints used for convenience for one resident. This failure resulted in one resident being physically restrained in their bed and placed them at risk for harm.

WAC 388-76-10430(1)(2)(c)(d) Medication system.

The licensee failed to have a system in place to ensure three residents received their medications as prescribed. This failure resulted in three residents not receiving their medications as prescribed and placed them at risk for harm.

WAC 388-76-10255(1)(2)(3) Infection control.

The licensee failed to ensure infection control practices that emphasized handwashing were followed when care was provided to three residents. This failure placed all residents at risk for infection.

WAC 388-76-10020(1) License — Ability to provide care and services.

The licensee failed to ensure they had the understanding and abilities necessary to meet psychosocial, personal, and special care needs for four residents. This failure placed all residents at risk of harm.

The stop placement order prohibiting admissions to your adult family home is effective immediately upon **verbal** notice to you on **August 7, 2025,** and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Jennifer LeMaster, Field Manager, at (360) 746-4675.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Conditions on License

WAC 388-76-10670(2) Prevention of abuse.

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The licensee failed to ensure infection control practices that emphasized handwashing were followed when care was provided to three residents. This failure placed all residents at risk for infection.

WAC 388-76-10020(1) License — Ability to provide care and services.

The licensee failed to ensure they had the understanding and abilities necessary to meet psychosocial, personal, and special care needs for four residents. This failure placed all residents at risk of harm.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***On or before Wednesday, August 20, 2025, the Adult Family Home (AFH) provider will hire, at their own expense, a qualified, unaffiliated Registered Nurse Consultant (RNC) who is familiar with AFH policies and regulations.***

- ***The AFH provider must provide the RNC with a copy of the Statement of Deficiencies dated August 4, 2025.***

- ***The AFH Provider must provide contact information for the RNC to the Field Manager upon hire.***

- ***The RNC must:***
  - ***Remain available for Department communication.***
  - ***Conduct a comprehensive review of the home's policies and procedures related to care and services, infection control, and the use of restraints.***
  - ***Ensure all policies are updated and aligned with the applicable Washington Administrative Code (WAC).***
  - ***Provide in-person training for the licensee and staff covering:***
    - ***How to assess and respond to general care needs, including individualized needs outlined in resident assessments and Negotiated Care Plans (NCP)***
    - ***Catheter care procedures***
    - ***Proper hand hygiene techniques***
    - ***Universal precautions and infection prevention protocols***
    - ***Implementation and documentation of medication order***
    - ***Procedures for timely medication refills***
    - ***Communication with delegating Registered Nurse, hospice staff, and other responsible parties***
    - ***Definition and identification of physical and chemical restraints***
    - ***Legal and clinical standards for use of restraints***
    - ***Documentation and reporting requirements***
  - ***Submit a written report to the Department on or before Monday, September 22, 2025, that includes a summary of policy updates, and staff training attendance records and materials used.***

- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

These conditions are effective upon **verbal** notice to you on **August 7, 2025,** and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations, which resulted in the conditions on your license and stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Jennifer LeMaster, Field Manager
Region 3, Unit G
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (360) 746-4675 / Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter. You **must** use an **IDR Request Form** for **each** citation or enforcement action you plan to dispute. You can find this **revised** form and guidelines 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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents

submitted after the **20 working day deadline.** For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Please **email** your request(s) and supporting documentation to:

RCSIDR@dshs.wa.gov

OR

FAX to: 360-725-3225

Formal Administrative Hearing

You may contest the conditions and stop placement by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the conditions, and stop placement. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Jennifer LeMaster, Field Manager, at (360) 746-4675.

Sincerely,

Bárbara del Mar Robles-Conklin, J.D., LL.M.
Compliance and Enforcement Unit Manager
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit G
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature **Date**