STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

GUADALUPE QUEZADA
LA COUNTRY CARE
2073 W BENCH RD
OTHELLO, WA 99344

RE: LA COUNTRY CARE License # 103302

Dear Provider:

This letter addresses Compliance Determination(s) 79927 (Completion Date 07/03/2026) and 76437 (Completion Date 05/19/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/03/2026 and found that you have corrected the violations listed in the Full report dated 05/19/2026. Your home is back in compliance as of 05/25/2026 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 388-76-10146-2-d, WAC 388-76-10146-2-b, WAC 388-76-10146-2-e, WAC 388-112A-0110-1, WAC 388-112A-0110-3, WAC 388-112A-0110-4, WAC 388-112A-0110-2, WAC 388-112A-0110, WAC 388-112A-0610-1-f, WAC 388-112A-0610-2, WAC 388-112A-0720-1-c-i, WAC 388-112A-0720-1-c-ii, WAC 388-112A-0720-1-c, WAC 388-76-10165-1-a, WAC 388-76-10490-2-b-i, WAC 388-76-10490-2-b-ii

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

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 04/24/2026 of:

LA COUNTRY CARE
2073 W BENCH RD
OTHELLO, WA 99344

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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Statement of Deficiencies	License # 103302	Compliance Determination # 76437
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 2 of 7	Licensee: GUADALUPE QUEZADA	05/19/2026

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

05/27/2026
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.

Guadalupe Quezada
Provider (or Representative)

6-5-26
Date

WAC 388-112A-0110 May a home employ a long-term care worker who has not completed the 70-hour home care aide training or certification requirements?

(1) If an individual previously worked as a long-term care worker, but did not complete the training or certification requirements under RCW 18.88B.041 , 74.39A.074 , 74.39A.076 , and this chapter, an adult family home, enhanced services facility, or assisted living facility must not employ the individual to work as a long-term care worker until the individual has completed the required training or certification unless the date of hire has been reset as described under subsection (2) of this section.

(2) The original date of hire may be reset according to chapter 246-980 WAC.

(3) Individuals who meet the criteria in subsection (2) of this section are allowed a new 120 days to complete the orientation, safety, and 70-hour home care aide basic trainings and a new 200 days to become certified as a home care aide, if required by WAC 246-980-020 .

(4) Individuals who meet the criteria in subsection (2) of this section must submit a new application and fee to the department of health.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(2) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 .

(3) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is

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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.

Residential Care Services | Date

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Provider (or Representative) | Date

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completed.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(i) Within thirty days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure cardiopulmonary resuscitation (CPR) and first aid, food safety education, continuing education (CE), and Washington State Department of Health (DOH) Home Care Aide (HCA) certification training had been completed within required timeframes for 4 of 5 caregiving staff (Staff B, C, D & E). This failure placed residents at risk from care of unqualified staff.

Findings included . . .

On 04/24/2026 during the time from 11:45 AM to 4:45 PM Staff B, Resident Manager, Staff C, Caregiver, and Staff D, Caregiver were observed providing care and services to residents in the AFH.

Record reviews on 04/24/2026 showed the following:
Staff B had a food handler card that lapsed between 11/02/2024 and 01/05/2025 (64 days overdue);
Staff C had CPR/first aid certification that lapsed between 12/31/2025 and 02/26/2026 (57 days overdue), a food handler card that lapsed between 11/03/2024 and 01/04/2025 (62 days overdue);
Staff D was hired on 09/15/2021 then re-hired on 10/16/2024. Staff D had completed

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coursework for HCA certification though had not completed testing or application to DOH for HCA certification within 120 days of 10/16/2024;
Staff E had a food handler card that lapsed between 11/22/2024 and 01/05/2025; 44 days overdue.

In an interview on 04/24/2026 at 2:30 PM, Staff A, Provider, stated that Staff D had not tested or applied to DOH for HCA certification.

In an interview on 05/19/2026 at 4:00 PM, Staff A stated that Staff D had still been unable to schedule the test for HCA certification before June 2026.

This is a repeated deficiency previously cited on 11/06/2024 for WAC 388-76-10148 (2)(a)(3)(e).

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date) 5-25-26

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

Guadalupe Quezada
Provider (or Representative)

6-5-26
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth background check (WADOB) was submitted to the Department every two years for 1 of 5 caregiving staff (Staff E) and one supporting staff (Staff F). This failure placed residents at risk of receiving care from an unqualified caregiver and an unsupervised staff person.

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coursework for HCA certification though had not completed testing or application to DOH for HCA certification within 120 days of 10/16/2024;
Staff E had a food handler card that lapsed between 11/22/2024 and 01/05/2025, 44 days overdue.

In an interview on 04/24/2026 at 2:30 PM, Staff A, Provider, stated that Staff D had not tested or applied to DOH for HCA certification.

In an interview on 05/19/2026 at 4:00 PM, Staff A stated that Staff D had still been unable to schedule the test for HCA certification before June 2026.

This is a repeated deficiency previously cited on 11/06/2024 for WAC 388-76-10146 (2)(a)(d)(e),

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, LA COUNTRY CARE 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

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth background check (WADOB) was submitted to the Department every two years for 1 of 5 caregiving staff (Staff E) and one supporting staff (Staff F). This failure placed residents at risk of receiving care from an unqualified caregiver and an unsupervised staff person.

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Statement of Deficiencies	License # 103302	Compliance Determination # 78437
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 5 of 7	Licensee: GUADALUPE QUEZADA	05/13/2026

Findings included ...

Record review on 04/24/2026 showed Staff E, Caregiver, had a WADOB that expired on 06/28/2025 and was renewed on 02/26/2026, 243 days overdue. Staff F, Maintenance, had a WADOB that expired on 03/31/2025 and was renewed on 02/26/2026, 332 days overdue.

In an interview on 04/24/2026 at 3:15 PM, Staff A, Provider, stated that the background checks had been missed.

This is a repeated deficiency previously cited on 11/06/2024.

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date) 5-25-26.

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

Guadalupe Quezada 6-5-26

Provider (or Representative) Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

This requirement was not met as evidenced by:

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Findings included . . .

Record review on 04/24/2026 showed Staff E, Caregiver, had a WADOB that expired on 06/28/2025 and was renewed on 02/26/2026, 243 days overdue. Staff F, Maintenance, had a WADOB that expired on 03/31/2025 and was renewed on 02/26/2026, 332 days overdue.

In an interview on 04/24/2026 at 3:15 PM, Staff A, Provider, stated that the background checks had been missed.

This is a repeated deficiency previously cited on 11/06/2024.

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

This requirement was not met as evidenced by:

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to dispose of medication within 30 days for current residents and within 30 days of a resident's death. This failure placed 3 of 6 residents (Residents 1, 3 & 4) at risk from taking expired medication and medication errors.

Findings included . . .

Record review on 04/24/2026 at 2:30 PM showed Resident 3 and Resident 4 were assessed to need assistance with medications.

Record review on 05/19/2026 of medication administration log for Resident 3 for April 2026 showed earwax removal drops were administered 4/10/2026 and 04/27/2026.

Record review on 04/30/2026 showed the medication disposal policy had not been updated since the regulation change on 03/10/2025 with date requirements by which to dispose of medications that were expired or discontinued for both current and deceased residents.

On 04/24/2026 at 1:15 PM during review of resident medications, the following expired medications were seen in a medication cart and a medication storage cabinet mixed with non-expired medications:

Resident 3
Earwax removal drops (aid for earwax removal), two boxes expired 04/09/2025 and 06/2025. No unexpired earwax removal drops were found in the AFH for Resident 3.

Resident 4
Lanthanum (reduces blood levels of phosphate for treating kidney disease), expired 02/19/2026; and Metamucil powder (fiber to aid bowel regularity) expired 06/12/2024.

On 04/24/2026 at 1:25 PM the following medications were seen in a cabinet and a box located in the laundry room:

Resident 1
Aspirin (for pain relief or heart health), expired 03/2023.

Resident 7
Hospice comfort kit that included Haldol (agitation), Lorazepam (anxiety), Morphine Sulfate (pain), Acetaminophen (fever), Prochlorperazine (nausea), Hyoscyamine Sulfate (oral secretions), and Onelax (constipation).

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Statement of Deficiencies	License # 103302	Compliance Determination # 7643/
Plan of Correction	LA COUNTRY CARE	Completion Date
Page 7 of 7	Licensee: GUADALUPE QUEZADA	05/19/2026

In an interview on 04/24/2026 at 1:25 PM, Staff B, Resident Manager, stated that they had intended to dispose of the expired medications on their next day off.

In an interview on 04/30/2026 at 6:19 PM, Staff A, Provider, stated that Resident 7 had died on [redacted]/2025, 425 days prior to the inspection of the AFH on [redacted]/2026.

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date) 5-25-26

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

Guadalupe Quezada
Provider (or Representative)

6-3-26
Date

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In an interview on 04/24/2026 at 1:25 PM, Staff B, Resident Manager, stated that they had intended to dispose of the expired medications on their next day off.

In an interview on 04/30/2026 at 8:18 PM, Staff A, Provider, stated that Resident 7 had died on [redacted]/2025, 425 days prior to the inspection of the AFH on [redacted]/2026.

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, LA COUNTRY CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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