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

CAROL PETTIBONE
COUNTRY LANE ADULT CARE
1840 GRAY LYNN DR
WALLA WALLA, WA 99362

RE: COUNTRY LANE ADULT CARE License # 310601

Dear Provider:

This letter addresses Compliance Determination(s) 71545 (Completion Date 01/15/2026) and 67980 (Completion Date 11/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/15/2026 and found that you have corrected the violations listed in the Full report dated 11/14/2025. Your home is back in compliance as of 01/15/2026 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 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10360, WAC 388-76-10475, WAC 388-76-10475-1, WAC 388-76-10475-2-b, WAC 388-76-10475-3, WAC 388-76-10475-3-a, WAC 388-76-10485, WAC 388-76-10485-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c

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
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 10/29/2025 of:
COUNTRY LANE ADULT CARE
1840 GRAY LYNN DR
WALLA WALLA, WA 99362

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:

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

11/26/2025
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.

Carol A Pettibone
Provider (or Representative)

12/15/25
Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written plan for 4 of 4 residents (Resident 1, 2, 3 & 4) addressing who would provide care and services to residents in the event the provider was unable to fulfill their duties. This failure placed the residents at risk of not having their care and service needs met.

Observation on 10/29/2025 from 11:30 AM to 3:00 PM showed Resident 1, 2, 3 & 4 received care and services from Staff A, Provider.

Record review of AFH administrative documents on 10/29/2025 at 2:00 PM found no written plan showing who would provide care and services to the residents if the provider was unable to fulfill their duties.

On 10/29/2025 at 2:15 PM, Staff A stated they had not developed a succession plan.

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

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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written plan for 4 of 4 residents (Resident 1, 2, 3 & 4) addressing who would provide care and services to residents in the event the provider was unable to fulfill their duties. This failure placed the residents at risk of not having their care and service needs met.

Observation on 10/29/2025 from 11:30 AM to 3:00 PM showed Resident 1, 2, 3 & 4 received care and services from Staff A, Provider.

Record review of AFH administrative documents on 10/29/2025 at 2:00 PM found no written plan showing who would provide care and services to the residents if the provider was unable to fulfill their duties.

On 10/29/2025 at 2:15 PM, Staff A stated they had not developed a succession plan.

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, COUNTRY LANE ADULT CARE is or will be in compliance with this law and / or regulation on (Date) NOV 12, 2025

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

Carol A. Pettibone — Provider (or Representative)

12/15/25 — 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 observation, Interview and record review, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) for 1 of 4 residents (Resident 3). This failure placed the resident at risk of not having their care needs met.

Observation on 10/29/2025 from 11:30 AM to 3:00 PM showed Resident 3 received care and services from Staff A, Provider.

Review of records for Resident 3 showed an admission date of [redacted]/2025. Resident 3's Records did not include a NCP.

On 10/29/2025 at 1:00 PM Staff A, Provider, stated that they had not developed an NCP for Resident 3 because they were unable to locate the AFH's NCP template.

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, COUNTRY LANE ADULT 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

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 observation, Interview and record review, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) for 1 of 4 residents (Resident 3). This failure placed the resident at risk of not having their care needs met.

Observation on 10/29/2025 from 11:30 AM to 3:00 PM showed Resident 3 received care and services from Staff A, Provider.

Review of records for Resident 3 showed an admission date of [redacted]/2025. Resident 3's Records did not include a NCP.

On 10/29/2025 at 1:00 PM Staff A, Provider, stated that they had not developed an NCP for Resident 3 because they were unable to locate the AFH's NCP template.

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, COUNTRY LANE ADULT CARE is or will be in compliance with this law and / or regulation on (Date) Nov 3, 2025.

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

Carol A Pettibone — Provider (or Representative)

12/15/25 — 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:

(b) Name of all prescribed and over-the-counter medications;

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the medication log included all prescribed medications and ensure the log was initialed by the staff who provided medication to 1 of 4 residents (Resident 3). This failure placed the resident at risk of medication errors.

Observation on 10/29/2025 at 1:20 PM found the following medications in Resident 3's medication supply:

- Buproprion 150 mg (used to assist with cessation of smoking)
- Metoprolol 25 mg (used to treat high blood pressure)
- Pantoprazole 40 mg (used to treat gastroesophageal reflux)
- Atorvastatin 80 mg (used to treat high cholesterol)
- Spiriva inhaler (used to prevent narrowing of the airways in the lungs)
- Famotidine (used to treat gastroesophageal reflux)

Review of Resident 3's Physician orders dated 10/01/2025 found an order for Albuterol (used to prevent narrowing of the airways in the lungs) HFA 90 microgram (mcg) inhaler.

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, COUNTRY LANE ADULT 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

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:

(b) Name of all prescribed and over-the-counter medications;

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the medication log included all prescribed medication [redacted] ensure the log was initialed by the staff who provided medication to 1 of 4 residents (Resident 3). This failure placed the resident at risk of medication errors.

Observation on 10/29/2025 at 1:20 PM found the following medications in Resident 3's medication supply:

- Buproprion 150 mg (used to assist with cessation of smoking)
- Metoproplol 25 mg (used to treat high blood pressure)
- Pantoprazole 40 mg (used to treat gastroesophageal reflux)
- Atorvastatin 80 mg (used to treat high cholesterol)
- Spiriva inhaler (used to prevent narrowing of the airways in the lungs)
- Famotidine (used to treat gastroesophageal reflux)

Review of Resident 3's Physician orders dated 10/01/2025 found an order for Albuterol (used to prevent narrowing of the airways in the lungs) HFA 90 microgram (mcg) inhaler.

Review of Resident 3's medication log for October 2025 found no initials on the log. Medication log did not include the medication Albuterol HFA 90 microgram (mcg) inhaler.

During an interview on 10/29/2025 at 1:25 PM, Staff A, Provider, stated that the medication Albuterol HFA 90 mcg inhaler was not included on the medication log and there were no initials on the log because they were behind on their paperwork.

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, COUNTRY LANE ADULT CARE is or will be in compliance with this law and / or regulation on (Date) Oct 31, 2025

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

Carol A Pettibone — Provider (or Representative)

12/15/25 — Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication was kept in locked storage for 1 of 4 residents (Resident 3), this failure placed the resident at risk for medication errors.

Review of Resident 3's Department assessment dated 08/25/2025 showed they required assistance with medication administration.

Review of Physician orders dated 10/01/2025 found an order for Albuterol HFA 90 microgram (mcg) inhaler (used to treat narrowing of the airways in the lungs).

Observation on 10/29/2025 at 1:20 PM of Resident 3's medication supply found no supply of the Albuterol HFA 90 mcg Inhaler.

Review of Resident 3's medication log for October 2025 found no initials on the log. Medication log did not include the medication Albuterol HFA 90 microgram (mcg) inhaler.

During an interview on 10/29/2025 at 1:25 PM, Staff A, Provider, stated that the medication Albuterol HFA 90 mcg inhaler was not included on the medication log and there were no initials on the log because they were behind on their paperwork.

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, COUNTRY LANE ADULT 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 _____

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure medication was kept in locked storage for 1 of 4 residents (Resident 3), this failure placed the resident at risk for medication errors.

Review of Resident 3's Department assessment dated 08/25/2025 showed they required assistance with medication administration.

Review of Physician orders dated 10/01/2025 found an order for Albuterol HFA 90 microgram (mcg) inhaler (used to treat narrowing of the airways in the lungs).

.

Observation on 10/29/2025 at 1:20 PM of Resident 3's medication supply found no supply of the Albuterol HFA 90 mcg Inhaler.

During an interview on 10/29/2025 at 1:25 PM Staff A, Provider stated that Resident 3 kept the Albuterol HFA 90 mcg inhaler in their pocket and self-administered.

During an interview on 10/29/2025 at 1:40 PM, Resident 3 stated they kept the inhaler in their pants pocket and the only time they needed it was when they walked to the mailbox.

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, COUNTRY LANE ADULT CARE is or will be in compliance with this law and / or regulation on (Date) 10/29/25.

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

Carol A. Pettibone — Provider (or Representative)

12/15/25 — Date

WAC 388-76-10660 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a safety assessment was completed for [redacted] or identify [redacted] in the negotiated care plan (NCP) for 1 of 4 residents (Resident 2). This placed the resident at risk for injury.

Observation on 10/29/2025 at 11:45 AM found [redacted] installed on Resident 2's bed.

Review of Resident 2's negotiated care plan, dated 07/25/2025, showed no documentation of the [redacted]. There was no documentation in Resident 2's record to show completion of a safety assessment for [redacted]

During an interview on 10/29/2025 at 1:25 PM Staff A, Provider stated that Resident 3 kept the Albuterol HFA 90 mcg inhaler in their pocket and self-administered.

During an interview on 10/29/2025 at 1:40 PM, Resident 3 stated they kept the inhaler in their pants pocket and the only time they needed it was when they walked to the mailbox.

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, COUNTRY LANE ADULT 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 _____

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a safety assessment was completed for [redacted] or identify [redacted] in the negotiated care plan (NCP) for 1 of 4 residents (Resident 2). This placed the resident at risk for injury.

Observation on 10/29/2025 at 11:45 AM found [redacted] installed on Resident 2's bed.

Review of Resident 2's negotiated care plan, dated 07/25/2025, showed no documentation of the [redacted]. There was no documentation in Resident 2's record to show completion of a safety assessment for [redacted].

On 10/29/2025 at 2:17 PM, Staff A, Provider, stated they had a consent for [redacted]. Staff A stated they were unaware that an assessment for [redacted] was required. Staff A stated the [redacted] were not included in the NCP because they were just added to the bed and Resident 2 had requested them.

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, COUNTRY LANE ADULT CARE is or will be in compliance with this law and / or regulation on
(Date) Jan 15 or before 01/15/2026

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

Carol A. Pettibone — Provider (or Representative)

12/15/25 — Date

BIC date confirmed as 01/15/2026, via telephone with Facility Provider, Carol Pettibone and Field Manager, Shelly Yarbrough.

On 10/29/2025 at 2:17 PM, Staff A, Provider, stated they had a consent for [redacted]. Staff A stated they were unaware that an assessment for [redacted] was required. Staff A stated the [redacted] were not included in the NCP because they were just added to the bed and Resident 2 had requested them.

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, COUNTRY LANE ADULT 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