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

From The Heart AFH Inc

From The Heart AFH Inc
4408 Artesia Dr
Pasco, WA 99301

RE: From The Heart AFH Inc License # 752703

Dear Provider:

This letter addresses Compliance Determination(s) 80288 (Completion Date 07/10/2026) and 77868 (Completion Date 05/28/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/10/2026 and found that you have corrected the violations listed in the Follow up report dated 05/28/2026. Your home is back in compliance as of 07/01/2026 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 388-76-10265-1-d, WAC 388-76-10650-2-a

The Department staff who did the off-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

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

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 an unannounced on-site follow-up on 05/21/2026 of:

From The Heart AFH Inc
4411 Segovia Dr
Pasco, WA 99301

This document references the following SOD dated: 05/28/2026

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

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

Statement of Deficiencies	License #: 752703	Compliance Determination #77866
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 2 of 4	Licensee: From The Heart AFH Inc	05/28/2026

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.

Selena Clemons
Residential Care Services

06/03/2026
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.

[signature]
Provider (or Representative)

6/10/2026
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 5 caregiving staff (Staff R) had tuberculosis (a contagious respiratory disease affecting primarily the lungs) (TB) testing within three days of hire. This failure placed residents at risk for exposure to TB. Findings included . . .

Record review on 05/21/2026 showed Staff R, Caregiver, was re-hired on 03/24/2026 and TB testing was not started until 04/02/2026, 9 days after re-hire.

In an interview on 05/21/2026 at 10:50 AM, Staff A, Provider, stated that the Registered Nurse for the AFH who placed TB skin testing for employees had been hospitalized and unable to complete TB skin testing on Staff R until 04/02/2026.

This is an uncorrected deficiency previously cited on 03/30/2025.

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

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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 caregiving staff (Staff R) had tuberculosis (a contagious respiratory disease affecting primarily the lungs) (TB) testing within three days of hire. This failure placed residents at risk for exposure to TB. Findings included . . .

Record review on 05/21/2026 showed Staff R, Caregiver, was re-hired on 03/24/2026 and TB testing was not started until 04/02/2026, 9 days after re-hire.

In an interview on 05/21/2026 at 10:50 AM, Staff A, Provider, stated that the Registered Nurse for the AFH who placed TB skin testing for employees had been hospitalized and unable to complete TB skin testing on Staff R until 04/02/2026.

This is an uncorrected deficiency previously cited on 03/30/2026.

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

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 7.1.2026.

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

Provider (or Representative) — Date: 6/10/26.

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home failed to ensure that a medical device assessment was completed for 1 of 6 residents (Resident 6). This failure placed the resident at risk of injury when using the medical device that was not assessed for safe use.

Findings included ...:

Observation on 05/21/2026at 10:00 AM, during the follow-up inspection of the AFH showed, [redacted] were seen on the bed of Resident 6.

Record review for Resident 6 on 05/21/2026 showed no medical device assessment for [redacted]

In an interview on 05/21/2026 at 10:55 AM, Staff A, Provider, stated that they thought the Registered Nurse for the AFH had completed the [redacted] assessment for Resident 6.

This is an uncorrected deficiency previously cited on 03/30/2026

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

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, From The Heart AFH Inc 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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home failed to ensure that a medical device assessment was completed for 1 of 6 residents (Resident 6). This failure placed the resident at risk of injury when using the medical device that was not assessed for safe use.

Findings included . . .

Observation on 05/21/2026at 10:00 AM, during the follow-up inspection of the AFH showed, [redacted] were seen on the bed of Resident 6.

Record review for Resident 6 on 05/21/2026 showed no medical device assessment for [redacted].

In an interview on 05/21/2026 at 10:55 AM, Staff A, Provider, stated that they thought the Registered Nurse for the AFH had completed the [redacted] assessment for Resident 6.

This is an uncorrected deficiency previously cited on 03/30/2026.

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

Statement of Deficiencies	License #: 752703	Compliance Determination #77868
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 4 of 4	Licensee: From The Heart AFH Inc	05/28/2026

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 7.1.24.

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

Provider (or Representative) — Date 6/10/24

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

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, From The Heart AFH Inc 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

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

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 03/19/2026 of:

From The Heart AFH Inc
4411 Segovia Dr
Pasco, WA 99301

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
Lisa Beason, AFH Licensor

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

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

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

03/30/2026
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.

Provider (or Representative)

3/30/2026
Date

WAC 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(2) Adult family home entity representatives and resident managers before they assume the duties of their position in the adult family home.

(3) Long-term care workers in adult family homes within one hundred twenty days of date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Assisted living facilities.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 caregiving staff had completed the home care aide (HCA) certification process within 120 days of hire. This failure placed residents at risk of receiving care from an unqualified caregiver.

Findings included . . .

On 03/19/2026 from 2:18 PM to 3:30 PM, Staff B, Resident Manager, was observed providing care in the AFH.

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

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 388-112A-0080 Who is required to complete the seventy-hour long-term care worker basic training and by when? The following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in WAC 388-112A-0090 : Adult family homes.

(2) Adult family home entity representatives and resident managers before they assume the duties of their position in the adult family home.

(3) Long-term care workers in adult family homes within one hundred twenty days of date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training. Assisted living facilities.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 caregiving staff had completed the home care aide (HCA) certification process within 120 days of hire. This failure placed residents at risk of receiving care from an unqualified caregiver.

Findings included . . .

On 03/19/2026 from 2:18 PM to 3:30 PM, Staff B, Resident Manager, was observed providing care in the AFH.

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

Statement of Deficiencies	License #: 752703	Compliance Determination # 74618
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 3 of 8	Licensee: From The Heart AFH Inc	03/30/2026

Record review on 03/19/2026 at 2:45 PM showed Staff B, hired 02/25/2025, had not completed HCA coursework and testing until 01/25/2026, 214 days past the due date of 120 days from hire, and had not submitted application for certification as of 03/19/2026.

In an interview on 03/19/2026 at 2:42 PM with Staff A, Provider, they stated that no one was offering the training when Staff B was within 120 days of hire.

In an interview on 03/30/2026 at 12:10 PM, Staff A stated that Staff B had not been let go and re-hired since 02/25/2025.

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 4/29/26.

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

Provider (or Representative) 3/31/26. Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 caregiving staff (Staff C) had tuberculosis (disease affecting primarily the lungs) (TB) testing within three days of hire. This failure placed residents at risk for exposure to a contagious airborne respiratory illness.

Findings included . . .

Record review on 03/19/2026 showed Staff C, Caregiver, was hired on 11/11/2025 and TB testing was not started until 12/19/2025, 38 days after hire.

In an interview on 03/30/2026 at 2:08 PM Staff A, Provider, stated that Staff C was hired

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

Record review on 03/19/2026 at 2:45 PM showed Staff B, hired 02/25/2025, had not completed HCA coursework and testing until 01/25/2026, 214 days past the due date of 120 days from hire, and had not submitted application for certification as of 03/19/2026.

In an interview on 03/19/2026 at 2:42 PM with Staff A, Provider, they stated that no one was offering the training when Staff B was within 120 days of hire.

In an interview on 03/30/2026 at 12:10 PM, Staff A stated that Staff B had not been let go and re-hired since 02/25/2025.

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, From The Heart AFH Inc 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 6 caregiving staff (Staff C) had tuberculosis (disease affecting primarily the lungs) (TB) testing within three days of hire. This failure placed residents at risk for exposure to a contagious airborne respiratory illness.

Findings included . . .

Record review on 03/19/2026 showed Staff C, Caregiver, was hired on 11/11/2025 and TB testing was not started until 12/19/2025, 38 days after hire.

In an interview on 03/30/2026 at 2:08 PM Staff A, Provider, stated that Staff C was hired

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

during the time the AFH was changing nursing staff and Staff C did not get a TB test done until later.

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 4/29/26.

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

Jenay Ushur — Provider (or Representative)

3/30/26 — 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 interview and record review, the Adult Family Home (AFH) failed to complete a Negotiated Care Plan (NCP) within 30 days of admission for 1 of 6 residents (Resident 4). This failure placed the resident at risk of not understanding the care and services to be provided to them in the home.

Findings included . . .

Record review on 03/19/2026 for Resident 4, admitted to the AFH [redacted] prior on [redacted]/2026, showed a NCP that had not been dated.

In an interview on 03/19/2026 at 2:55 PM, Staff B, Resident Manager, stated that they were new to creating NCPs.

In an interview on 03/19/2026 at 2:56 PM, Staff J, Patient Care Coordinator, stated that they were responsible for reading over NCPs after creation and had missed proofreading the NCP for Resident 4.

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

during the time the AFH was changing nursing staff and Staff C did not get a TB test done until later.

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, From The Heart AFH Inc 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 interview and record review, the Adult Family Home (AFH) failed to complete a Negotiated Care Plan (NCP) within 30 days of admission for 1 of 6 residents (Resident 4). This failure placed the resident at risk of not understanding the care and services to be provided to them in the home.

Findings included . . .

Record review on 03/19/2026 for Resident 4, admitted to the AFH [redacted] prior on [redacted]/2026, showed a NCP that had not been dated.

In an interview on 03/19/2026 at 2:55 PM, Staff B, Resident Manager, stated that they were new to creating NCPs.

In an interview on 03/19/2026 at 2:56 PM, Staff J, Patient Care Coordinator, stated that they were responsible for reading over NCPs after creation and had missed proofreading the NCP for Resident 4.

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

Statement of Deficiencies	License #: 752703	Compliance Determination # 74818
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 5 of 8	Licensee: From The Heart AFH Inc	03/30/2026

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 4/29/26.

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

Provider (or Representative) — Date: 3/31/26

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to complete a Negotiated Care Plan (NCP) within 30 days of admission for 1 of 6 residents (Resident 4). This failure placed the resident at risk of not understanding the care and services to be provided to them in the home.

Findings included . . .

Record review on 03/19/2026 for Resident 4, admitted to the AFH [redacted] prior on [redacted] 2026, showed the NCP had not been dated.

In an interview on 03/19/2026 at 2:55 PM, Staff B, Resident Manager, stated that they were new to creating NCPs.

In an interview on 03/19/2026 at 2:56 PM, Staff J, Patient Care Coordinator, stated that they were responsible for reading over NCPs after creation and had missed proofreading the NCP for Resident 4.

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

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, From The Heart AFH Inc 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to complete a Negotiated Care Plan (NCP) within 30 days of admission for 1 of 6 residents (Resident 4). This failure placed the resident at risk of not understanding the care and services to be provided to them in the home.

Findings included . . .

Record review on 03/19/2026 for Resident 4, admitted to the AFH [redacted] prior on [redacted]/2026, showed the NCP had not been dated.

In an interview on 03/19/2026 at 2:55 PM, Staff B, Resident Manager, stated that they were new to creating NCPs.

In an interview on 03/19/2026 at 2:56 PM, Staff J, Patient Care Coordinator, stated that they were responsible for reading over NCPs after creation and had missed proofreading the NCP for Resident 4.

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

Statement of Deficiencies	License #: 752703	Compliance Determination # 74818
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 6 of 8	Licensee: From The Heart AFH Inc	03/30/2026

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 4/29/26.

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

Provider (or Representative) 3/31/26 Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included behavioral interventions for 1 of 6 residents (Resident 4). This failure placed the resident at risk of not having their care needs met.

Findings included . . .

On 03/19/2026 at 2:50 PM, records were reviewed for Resident 4, admitted to the AFH on [redacted]2026. Resident 4 had physician orders for an antidepressant medication. No behavioral interventions were included in the (undated) NCP for Resident 4.

In an interview on 03/19/2026 at 2:55 PM, Staff B, Resident Manager, stated that they were new to creating NCPs.

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

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, From The Heart AFH Inc 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 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included behavioral interventions for 1 of 6 residents (Resident 4). This failure placed the resident at risk of not having their care needs met.

Findings included . . .

On 03/19/2026 at 2:50 PM, records were reviewed for Resident 4, admitted to the AFH on [redacted]/2026. Resident 4 had physician orders for an antidepressant medication. No behavioral interventions were included in the (undated) NCP for Resident 4.

In an interview on 03/19/2026 at 2:55 PM, Staff B, Resident Manager, stated that they were new to creating NCPs.

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

Statement of Deficiencies	License #: 752703	Compliance Determination # 74618
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 7 of 8	Licensee: From The Heart AFH Inc	03/30/2026

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 4/29/26.

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

Provider (or Representative) 3/30/26 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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home failed to ensure that a medical device assessment was completed for 1 of 6 residents (Resident 1). This failure placed the resident at risk of injury when using the medical device that was not assessed for safe use.

Findings included . . .

On 03/19/2026 during an inspection of the AFH at 2:40 PM, [redacted] were seen on the bed of Resident 1, admitted to the AFH on [redacted]/2022.

Record review on 03/20/2026 included Resident 1's Department assessment dated 09/19/2025. The assessment noted that Resident 1 had and used half [redacted] and DSHS Form 13-906 was provided to the AFH on the date of assessment. No completed Form 13-906 showing safety assessment of the medical device was available when requested by the Department Regulator on 03/24/2026.

In an interview on 03/30/2026 at 12:05 PM, Staff A, Provider, stated that they had been requesting an assessment of the medical device for Resident 1 prior to inspection date.

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

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, From The Heart AFH Inc 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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home failed to ensure that a medical device assessment was completed for 1 of 6 residents (Resident 1). This failure placed the resident at risk of injury when using the medical device that was not assessed for safe use.

Findings included . . .

On 03/19/2026 during an inspection of the AFH at 2:40 PM, [redacted] were seen on the bed of Resident 1, admitted to the AFH on [redacted]/2022.

Record review on 03/20/2026 included Resident 1's Department assessment dated 09/19/2025. The assessment noted that Resident 1 had and used half [redacted] and DSHS Form 13-906 was provided to the AFH on the date of assessment. No completed Form 13-906 showing safety assessment of the medical device was available when requested by the Department Regulator on 03/24/2026.

In an interview on 03/30/2026 at 12:05 PM, Staff A, Provider, stated that they had been requesting an assessment of the medical device for Resident 1 prior to inspection date.

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

Statement of Deficiencies	License #: 752703	Compliance Determination # 74618
Plan of Correction	From The Heart AFH Inc	Completion Date
Page 8 of 8	Licensee: From The Heart AFH Inc	03/30/2026

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, From The Heart AFH Inc is or will be in compliance with this law and / or regulation on (Date) 4/29/26.

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

Provider (or Representative) 3/30/26 Date

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

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, From The Heart AFH Inc 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

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