



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Asante Group LLC
Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

RE: Asante Group LLC License # 755875

Dear Provider:

This letter addresses Compliance Determination(s) 55941 (Completion Date 05/05/2025) and 51677 (Completion Date 12/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/05/2025 and found that you have corrected the violations listed in the Follow up report dated 12/30/2024. Your home is back in compliance as of 02/12/2025 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 388-76-10430-1, WAC 388-76-10430, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10350-2-a, WAC 388-76-10350-2-b, WAC 388-76-10265-1-d, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10161-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b

The Department staff who did the on-site verification:

Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger

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

Asante Group LLC # 755875

05/05/2025

Page 2 of 2

Region 3, Unit G

Residential Care Services

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 755875	Compliance Determination #51677
Plan of Correction	Asante Group LLC	Completion Date
Page 1 of 9	Licensee: Asante Group LLC	12/30/2024

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 12/12/2024 and 12/12/2024 of:

Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

This document references the following SOD dated: 12/30/2024

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Clinton Fridley
Residential Care Services

01/08/2025
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.

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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Statement of Deficiencies	License #: 755875	Compliance Determination # 51677
Plan of Correction	Asante Group LLC	Completion Date
Page 1 of 9	Licensee: Asante Group LLC	12/30/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

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Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

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Andria Underwood, LTC Surveyor

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
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Tumwater, WA 98501

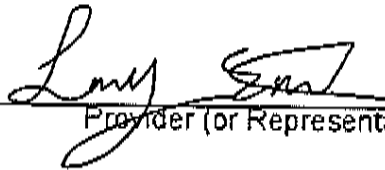
As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

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.

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


 Provider (or Representative)

2/12/25
 Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
 - (c) Medication log is kept current as required in WAC 388-76-10475 ;
 - (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to keep an accurate medication log and medication records for 3 of 3 residents (Resident 1, 2 and 3) and ensure complete medication supply for 1 of 3 residents (Resident 3). These failures placed all residents at risk of harm from not receiving medications as prescribed.

Findings included...

Record review of Resident 1's medication administration record (MAR) for December 2024 revealed missing administration initials for 12 different medications on 12/11/2024 evening doses. MAR also showed missing administration initials for evening dose on 12/07/2024 for two blood pressure medications.

Observations of Resident 1's medication supply, on 12/12/2024 at 11:05 AM, found a depression medication with prescription label stating medication is to be taken as two tablets daily but MAR for December 2024 showed this medication being given as one tablet twice daily.

On 12/12/2024 at 11:15 AM, Caregiver 1 was asked for current medication list for Resident 1 to confirm correct dose of depression medication. Caregiver 1 could not find anything more current than from October of 2024 which stated that for the medication to be given as two tablets once a day. Caregiver 1 stated that they had not gotten

Provider (or Representative)

Date

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around to signing off on any of residents' medications from the evening of 12/11/2024 and must have forgotten to sign for 12/07/2024.

Review of Resident 2's MAR for December 2024 revealed missing administration initials for five different medications on 12/11/2024 evening doses.

Review of Resident 3's MAR for December 2024 revealed missing administration initials for eight different medications on 12/11/2024 evening doses. MAR also showed missing administration initials for evening dose on 12/08/2024 for a pain medication, mental health medication, heartburn medication, constipation medication, iron supplement, potassium supplement, and depression medication. An arthritis pain cream was missing administration initials for 12:00 pm and 9:00 pm doses on 12/08/2024.

Observation of Resident 3's medication supply, on 12/12/2024 at 11:45 AM, found a prescribed as needed pain medication to be missing from supply.

On 12/12/2024 at 11:50 AM, Caregiver 1 stated that they did not have the pain medication for Resident 3 in the medication supply and Resident 3 was present in the AFH on 12/08/2024 so the missing administration initials in the MAR was a mistake.

On 12/12/2024 at 12:00 PM, Provider was asked to provide current physician orders for all residents so the Department could confirm all medication and administration instructions for resident ordered medications. Provider stated that they were on a computer that was not currently present in the AFH so they would email them to the Department.

Department emailed Provider, on 12/18/2024 at 09:01 AM, requesting documents requested on 12/12/2024, as no documents had been provided. As of 12/30/2024, no physician orders have been provided to the Department.

This is an uncorrected deficiency previously cited on 08/22/2024.

Attestation Statement

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 2/12/25.

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

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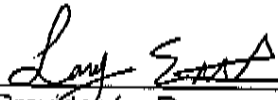
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 Provider (or Representative)

2/12/25
 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to conduct emergency evacuation drills every 60 days and a full evacuation every calendar year for 3 of 3 residents (Resident 1, 2, and 3). This failure placed all residents at risk of harm in the event of an emergency requiring evacuation.

Findings included...

Record review of evacuation logs, provided on 12/12/2024, revealed no partial or full emergency evacuation drills had been completed since the AFH opened on 10/05/2022.

Review of negotiated care plan, from 01/31/2024 for Resident 1, revealed Resident 1 was a two person assist for transfers, uses a [REDACTED], and requires mobility assistance as resident is unable to self-propel a wheelchair.

Review of negotiated care plan, from 04/13/2024 for Resident 3, revealed Resident 3 is unable to stand or walk on there own and is a one to two person assist with all transfers and requires wheelchair use for mobility.

On 12/12/2024 at 11:20 AM, Caregiver 1 stated that they had completed evacuation drills since previous inspection on 08/22/2024 but Provider had all documentation on their computer.

On 12/12/2024 at 12:10 PM, Provider stated that they had evacuation drill logs on their computer but did not have it with them but would email the Department copies of the evacuation drill logs.

_____ Provider (or Representative)	_____ Date
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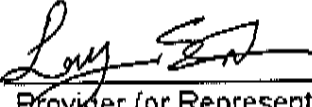
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 _____ Provider (or Representative)	<u>2/12/25</u> _____ Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

- (a) When there is a significant change in the resident's physical or mental condition;
- (b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to update the assessment and negotiated care plan for significant changes for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of harm from not receiving care based on accurate and current needs.

Findings included...

Record review of on-site assessment for Resident 1 showed it was the same assessment and care plan from 01/31/2024 that was seen on 08/22/2024 during annual inspection that revealed none of the change in behaviors spoke about on 08/22/2024 by Caregiver 1 (behaviors included ordering over-the counter pain medication and keeping them in their room, hiding scissors and stabbing container with the scissors and stealing from the nurse delegator that comes to AFH).

On 12/12/2024 at 11:25 AM, Caregiver 1 stated that Provider keeps the most up to date

Department emailed Provider, on 12/18/2024 at 09:01 AM, requesting documents requested on 12/12/2024, as no documents had been provided. As of 12/30/2024, no evacuation drill logs have been provided to the Department.

This is an uncorrected deficiency previously cited on 08/22/2024.

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Findings included...

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On 12/12/2024 at 11:25 AM, Caregiver 1 stated that Provider keeps the most up to date

assessments and care plans on their computer.

On 12/12/2024 at 12:10 PM, Provider stated that they had updated assessments for Resident 1 on their computer but did not have it with them but would email Department copies of the care plan and assessment.

Department emailed Provider, on 12/18/2024 at 09:01 AM, requesting the documents requested on 12/12/2024, as no documents had been provided. As of 12/30/2024, assessment and care plans have been provided to the Department.

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 Provider (or Representative)

2/12/25
 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 record review and interview, the adult family home (AFH) failed to provide verification that caregivers completed tuberculosis testing within three days of employment for 1 of 2 caregivers (Caregiver 2). This failure placed all residents at risk of being cared for by someone with unknown tuberculosis status.

Findings included...

An unannounced follow-up visit was conducted on 12/12/2024.

Record review of personnel file for Caregiver 2 revealed no tuberculosis testing

assessments and care plans on their computer.

On 12/12/2024 at 12:10 PM, Provider stated that they had updated assessments for Resident 1 on their computer but did not have it with them but would email Department copies of the care plan and assessment.

Department emailed Provider ,on 12/18/2024 at 09:01 AM, requesting the documents requested on 12/12/2024, as no documents had been provided. As of 12/30/2034, assessment and care plans have been provided to the Department.

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Provider (or Representative)	Date

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Findings included...

An unannounced follow-up visit was conducted on 12/12/2024.

Record review of personnel file for Caregiver 2 revealed no tuberculosis testing

documentation. Date of hire for Caregiver 2 was reported to be 03/31/2024.

On 12/12/2024 at 11:15 AM, Caregiver 2 stated that Provider had the documentation of their tuberculosis testing.

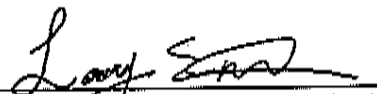
Tuberculosis testing documentation was requested from Provider, in person, on 12/12/2024 and via email on 12/18/2024. As of 12/30/2024 tuberculosis testing documentation had not been provided to the Department.

This is an uncorrected deficiency previously cited on 08/22/2024.

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Provider (or Representative)

2/12/25
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to have staff records, readily accessible to department staff for 3 of 3 staff (Provider, Caregiver 1 and Caregiver 2). These failures resulted in all residents receiving care from individuals who's training, tuberculosis status and criminal history is unknown.

documentation. Date of hire for Caregiver 2 was reported to be 03/31/2024.

On 12/12/2024 at 11:15 AM, Caregiver 2 stated that Provider had the documentation of their tuberculosis testing.

Tuberculosis testing documentation was requested from Provider, in person, on 12/12/2024 and via email on 12/18/2024. As of 12/30/2024 tuberculosis testing documentation had not been provided to the Department.

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Findings included...

During on-site follow up visit on 12/12/2024, review of available on site records revealed no CRP/First Aid card for Provider, no tuberculosis testing results for Caregiver 2 and no valid Washington State name and date of birth background check results for Provider, Caregiver 1 or Caregiver 2.

On 12/12/2024 at 12:10 PM, Provider stated that they had all missing staff documentation on their computer but did not have it with them but would email Department copies of Provider's current CPR/First Aide training, all staff members Washington state name and date of birth background checks and national fingerprint background checks.

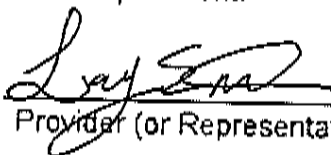
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Provider (or Representative)

2/12/25
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to provide

Findings included...

During on-site follow up visit on 12/12/2024, review of available on site records revealed no CRP/First Aid card for Provider, no tuberculosis testing results for Caregiver 2 and no valid Washington State name and date of birth background check results for Provider, Caregiver 1 or Caregiver 2.

On 12/12/2024 at 12:10 PM, Provider stated that they had all missing staff documentation on their computer but did not have it with them but would email Department copies of Provider's current CPR/First Aide training, all staff members Washington state name and date of birth background checks and national fingerprint background checks.

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This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to provide

verification that Washington State name and date of birth background checks and a national fingerprint background check were completed for 2 of 3 staff members (Caregiver 1 and 2). This failure placed all residents at risk of being cared for by caregivers with unknown criminal history.

Findings included...

During on-site follow up visit on 12/12/2024, review of available staff records revealed no Washington State name and date of birth background checks or national fingerprint background checks for Caregiver 1 or 2. Caregiver 1 was reported to be hired on 03/20/2023 and Caregiver 2 on 03/31/2024.

On 12/12/2024 at 12:10 PM, Provider stated that they had all missing background check and fingerprint documentation on their computer but did not have it with them but would email Department copies of the Washington State name and date of birth background checks and national fingerprint background checks for Caregiver 1 and 2.

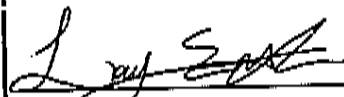
Department emailed Provider, on 12/18/2024 at 09:01 AM, requesting documents requested on 12/12/2024, as no documents had been provided. As of 12/30/2024, no requested staff documents have been provided to the Department.

This is an uncorrected deficiency previously cited on 08/22/2024.

Attestation Statement

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 2/12/25.

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


 Provider (or Representative)

2/12/25
 Date

verification that Washington State name and date of birth background checks and a national fingerprint background check were completed for 2 of 3 staff members (Caregiver 1 and 2). This failure placed all residents at risk of being cared for by caregivers with unknown criminal history.

Findings included...

During on-site follow up visit on 12/12/2024, review of available staff records revealed no Washington State name and date of birth background checks or national fingerprint background checks for Caregiver 1 or 2. Caregiver 1 was reported to be hired on 03/20/2023 and Caregiver 2 on 03/31/2024.

On 12/12/2024 at 12:10 PM, Provider stated that they had all missing background check and fingerprint documentation on their computer but did not have it with them but would email Department copies of the Washington State name and date of birth background checks and national fingerprint background checks for Caregiver 1 and 2.

Department emailed Provider, on 12/18/2024 at 09:01 AM, requesting documents requested on 12/12/2024, as no documents had been provided. As of 12/30/2024, no requested staff documents have been provided to the Department.

This is an uncorrected deficiency previously cited on 08/22/2024.

Attestation Statement

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, Asante Group LLC 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
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 755875	Compliance Determination # 46083
Plan of Correction	Asante Group LLC	Completion Date
Page 1 of 11	Licensee: Asante Group LLC	09/18/2024

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 08/22/2024 and 08/22/2024 of:

Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

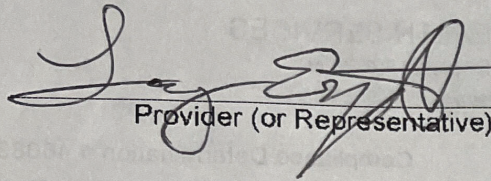
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

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.

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


Provider (or Representative)

11/25/24
Date

WAC 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the adult family home (AFH) failed to keep an accurate medication system, medication log, medication records, and give medications as prescribed for 2 of 6 resident (Resident 3 and 4). This failure placed Resident 3 and 4 at risk of harm from not receiving medications as prescribed.

Findings included...

An unannounced licensing visit was conducted on 08/22/2024.

Review of Resident 3's medication administration record (MAR) for August 2024 revealed a cholesterol medication had been signed off as given from 08/01/2024-08/21/2024 at 9:00 PM.

Observations on 08/22/2024 at 12:20 PM of Resident 3's medication supply found this cholesterol medication to be missing.

While speaking with Caregiver 1 on 08/22/2024 at 12:29 PM, they believed this cholesterol medication was in Resident 3's bubble pack, they looked but did not find anything. Caregiver 1 returned at 12:45 PM and stated the cholesterol medication had been discontinued. Caregiver did not have any documentation of this medication being discontinued. Caregiver 2 said Resident 3 was not getting this medication and signing

off on MAR as an “error”.

Observation on 08/22/2024 at 12:27 PM, found a pain cream to be in Resident 3’s medication supply but this medication was not observed to be on Resident 3’s medication log as prescribed. Prescription label on pain cream said prescription date was 05/09/2024 and to be administered three times a day.

While speaking with Caregiver 1 on 08/22/2024 at 12:31 PM, they said they were giving the pain cream as needed. Caregiver 1 said the doctor had changed this medication to an as needed medication. Caregiver 1 did not have any documentation of medication change. When asked if the doctor changed this medication, Caregiver 1 stated they had always been using it as an as needed medication and was never giving it three times a day.

Review of Resident 3’s August 2024 MAR, revealed this pain cream not to be listed in Resident 3’s daily or as needed medications.

Review of Resident 4’s MAR for August 2024 found prescription instructions for potassium medication to be administered as two tablets twice day.

Observations on potassium medication bottled on 08/22/2024 at 11:50 AM, revealed the prescription label to say this medication is to be administered as 1 tablet three times a day.

While speaking with Caregiver 1 at 11:52 AM, they were not aware the prescription bottle label was different than the MAR, they were giving it two times a day.

Observations of Resident 4’s medication supply found the following medications: anti-itch cream, diarrhea medication, narcotic pain medication and blood pressure medication. None of these medications were noted on the residents MAR for August 2024.

While speaking with Caregiver 1 on 08/22/2023 at 12:00 PM, they did not know why these medications were in the residents supply and stated that it was possible Resident 4 came with these medications. Caregiver 1 said they were not administering these medications.

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

Attestation Statement

Statement of Deficiencies

License #: 755875

Compliance Determination # 46083

Plan of Correction

Asante Group LLC

Completion Date

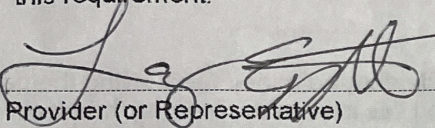
Page 4 of 11

Licensee: Asante Group LLC

09/18/2024

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 11/25/24.

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


Provider (or Representative)11/25/24
Date**WAC 388-76-10895 Emergency evacuation drills Frequency and participation.**

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to conduct emergency evacuation drills every 60 days and a full evacuation every calendar year. This failure placed all residents at risk of harm in the event of an emergency requiring evacuation.

Findings included...

Record review of evacuation logs provided on 08/22/2024, revealed no partial or full emergency evacuation drills had been completed since the AFH opened on 10/05/2022.

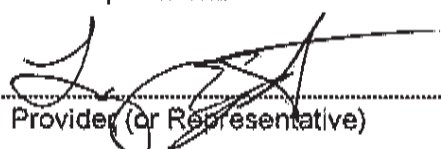
While speaking with Caregiver 2 on 08/22/2024 at 12:53 PM, they stated they normally do an evacuation drill when the Provider is there. When asked when the last fire drill was, Caregiver 2 stated that they did not remember and did not think they had completed one since they worked there.

On 08/22/2024 at 12:57 PM, Caregiver 1 provided another evacuation drill log. Review of this log found the fire drills that were completed were from the previous AFH prior to the change of ownership on 10/05/2022.

While speaking with Caregiver 1 on 08/22/2024 at 12:59 PM, Caregiver 1 stated that they had never completed a partial or full emergency evacuation drill.

Statement of Deficiencies	License #: 755875	Compliance Determination # 46083
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On 09/03/2024 at 06:51 AM, Provider emailed partial emergency evacuation drill forms completed for 02/14/2024, 04/14/2024, 06/15/2024 and 08/27/2024. There has been no other partial or full emergency evacuation drill documentation provided

Attestation Statement	
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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) <u>11/25/24</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Provider (or Representative)	<u>11/25/24</u> Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

- (a) When there is a significant change in the resident's physical or mental condition;
- (b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to update the assessment and negotiated care plan for significant changes for 1 of 6 residents (Resident 4). This failure placed Resident 4 at risk of harm from not receiving care based on accurate and current needs.

Findings included...

While speaking with Caregiver 1 on 08/22/2024 at 11:00 AM, they discussed Resident 4 having behaviors including ordering over-the-counter pain medication and keeping them in their room, hiding scissors and stabbing container with the scissors and stealing from the nurse delegator that comes to AFH.

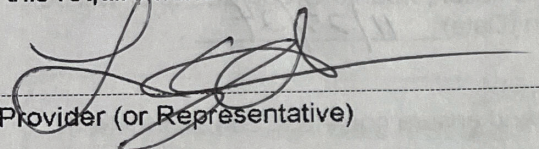
Record review of Resident 4 current assessment and negotiated care plan dated 01/31/2024 revealed none of the behaviors spoken about by Caregiver 1.

Statement of Deficiencies	License #: 755875	Compliance Determination # 46083
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Attestation Statement

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 11/25/24.

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


Provider (or Representative)

11/25/24
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 record review, observation and interview, the adult family home (AFH) failed to keep all medications in locked storage for 1 of 6 residents (Resident 4). This failure placed all residents at risk for harm due to having access to unlocked medications.

Findings included...

An unannounced licensing visit was conducted on 08/22/2024.

Record review of Resident 4's assessment from 01/31/2024, revealed Resident 4 was assessed to need assistance with medications. The assessment or Negotiated Care Plan does not mention that Resident 4 can keep or administered own medications.

During an interview with Caregiver 1 on 08/22/2024 at 10:50 AM, they spoke about the difficulty they are having with Resident 4 ordering their own over-the counter medication, having them delivered and keeping them in their room.

During interview with Resident 4 on 08/22/2024 01:10 PM they confirmed that they order over the counter medications like pain medications and keep them in the top drawer of their dresser (top drawer was not observed to be locked during interview).

During interview with Resident 4 on 08/22.2024 at 01:19 PM, there was an unknown pill

1.25.2024 13:15:59

State of Washington

Statement of Deficiencies	License #: 755875	Compliance Determination # 46083
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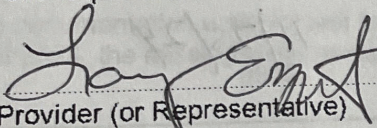
package observed to be sitting on Resident 4's side table to right of chair they were sitting in.

While speaking with Caregiver 1 on 08/22/2024 at 01:30 PM, they stated Resident 4 just keeps ordering these medications even when they remove them. Caregiver 1 stated Resident 4 will get mad and verbally aggressive when they remove medication, so they have just left them in there as they don't know how to handle Resident 4.

Attestation Statement

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 11/25/24.

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


Provider (or Representative)

11/25/24
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 record review and interview, the adult family home (AFH) failed to provide verification that 1 of 2 caregivers (Caregiver 2) completed tuberculosis testing within 3 days of employment. This failure placed all resident at risk of being cared for by someone with unknown tuberculosis status.

Findings included ...

An unannounced licensing visit was conducted on 08/22/2024.

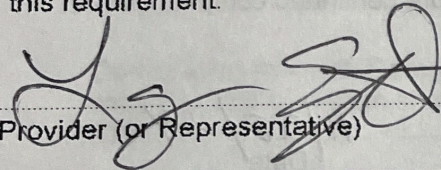
Record review of personnel file for Caregiver 1 revealed no tuberculosis testing documentation.

While speaking with Caregiver 2 about tuberculosis testing on 08/22/2024 at 12:35 PM,

Statement of Deficiencies	License #: 755875	Compliance Determination # 46083
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they stated they believed they completed tuberculosis testing, and the Provider had the documentation. Caregiver 2 said they were hired on 03/31/2024.

Tuberculosis testing documentation was requested from Provider on 08/23/2024 and 09/09/2024, as of 09/18/2024 tuberculosis testing documentation had not been provided to the Department.

Attestation Statement	
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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) <u>11/25/24</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Provider (or Representative)	<u>11/25/24</u> Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
 - (b) Cardiopulmonary resuscitation;
 - (c) First aid; and
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to have staff records, readily accessible to department staff, showing training in cardiopulmonary resuscitation (CPR) and first aid for 1 of 3 AFH staff (Provider), staff records showing tuberculosis testing results for 1 of 3 AFH staff (Caregiver 2), and staff records for criminal history disclosure and background check results for 3 of 3 AFH staff (Provider, Caregiver 1 and Caregiver 2). These failures resulted in all residents receiving care from individuals who's training, tuberculosis status and criminal history is unknown.

Findings included...

Record review of Provider's personnel file revealed no active CPR /first aide training certification and no Character, Competency, and Suitability evaluation completed for Provider's criminal background.

Record review of Caregiver 1's personnel file revealed no documentation of Washington state name and date of birth background check or national fingerprint background check completed.

Record review of Caregiver 2's personnel file revealed no documentation of tuberculosis testing, Washington state name and date of birth background check or national fingerprint background check completed.

During interview with Caregiver 1 and Caregiver 2 on 08/22/2024 at 12:30 PM, both stated all missing documentation should be with the provider and there was no other documentation present in AFH.

All missing documentation was request from the Provider on 08/23/2024 and again on 09/09/2024. As of 09/18/2024, the missing documentation has not been provided to the Department.

Record review of Caregiver 2's personnel file revealed no documentation of Tuberculosis testing, Washington name and date of birth background check or national fingerprint background check completed.

During interview with Caregiver 1 and Caregiver 2 on 08/22/2024 at 12:30 PM, they both stated all missing documentation should be with the provider and there was no other documentation present in AFH.

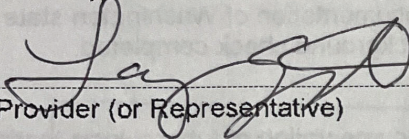
All missing documentation were requested from Provider on 08/23/2024 and 09/09/2024. As of 09/18/2024, the missing documentation has not been provided to the Department.

Attestation Statement

Statement of Deficiencies	License #: 755875	Compliance Determination # 46083
Plan of Correction	Asante Group LLC	Completion Date
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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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 11/30/24.

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


Provider (or Representative)

11/25/24
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (a) A Washington state name and date of birth background check; and
- (b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide verification that Washington State name and date of birth background checks and national fingerprint background check were completed for 2 of 2 caregivers (Caregiver 1 and 2). This failure placed all resident at risk of being cared for by caregiver with unknown criminal history.

Findings included...

An unannounced licensing visit was conducted on 08/22/2024.

Record review of personnel files for Caregiver 1 and 2 revealed no Washington state name and date of birth background checks or national fingerprint background checks on file. Caregiver 1 was hired on 03/20/2023 and Caregiver 2 was hired on 03/31/2024.

During an interview with Caregiver 1 at 12:30 PM, they stated that the Provider would have all the background check information.

Washington name and date of birth background checks and national fingerprint background checks were requested from Provider on 08/23/2024 and 09/09/2024, as of 09/18/2024 background checks have not been provided to the Department.

Statement of Deficiencies

License #: 755875

Compliance Determination # 46083

Plan of Correction

Asante Group LLC

Completion Date

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Licensee: Asante Group LLC

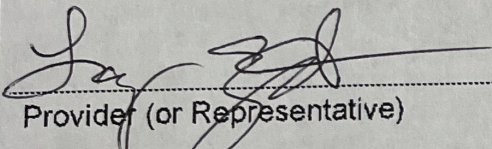
09/18/2024

The Adult Family Home failed to have all medications in locked storage. During environmental tour on 08/22/2024 there were medications found to be unlocked in refrigerator door. Caregiver 1 explained they were going through all the newly delivered medications still and medications are typically in back fridge locked in garage they just hadn't moved them yet. Caregiver 1 moved medications to locked fridge before on-site inspection was completed on 08/22/2024, consultation provided.

Attestation Statement

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, Asante Group LLC is or will be in compliance with this law and / or regulation on (Date) 11/25/24.

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


Provider (or Representative)

11/25/24
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Asante Group LLC
Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

RE: Asante Group LLC # 755875

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/18/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Clinton Fridley, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

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

- (1) In locked storage;

The Adult Family Home failed to have all medications in locked storage. During environmental tour on 08/22/2024 there were medications found to be unlocked in refrigerator door. Caregiver 1 explained they were going through all the newly delivered medications still and medications are typically in back fridge locked in garage they just hadn't moved them yet. Caregiver 1 moved medications to locked fridge before on-site inspection was completed on 08/22/2024, consultation provided.

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.

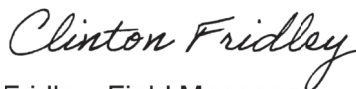
You May:

- 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 (360)746-4675.

Sincerely,



Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

Type text here

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:

Clinton Fridley, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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 IDRs** 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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600

Asante Group LLC # 755875

09/18/2024

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Olympia, WA 98504-5600