STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 complaint investigation on 11/18/2025 and 11/25/2025 of:

Asante Group LLC
812 COWLITZ RD
CENTRALIA, WA 98531

This document references the following complaint number(s): 200714, 200758

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Jonel Tuckett, AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 388-76-10220 Incident log. The adult family home must keep a log of:

(2) Accidents or incidents affecting a resident's welfare; and

(3) Any injury to a resident.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to keep an Incident Log for 1 of 3 residents [Resident 1 (R1)] This failure resulted in R1 not having their incidents documented by the AFH.

Findings included...

A review of Department records on 11/17/2025 at 10:10 AM showed that R1 admitted to the AFH on [redacted]/2025.

A record review on 11/18/2025 at 10:18 AM of R1's hospital records dated 11/01/2025 showed that R1 had bruising noted around the right eye, consistent with reported trauma from hitting their head on a [redacted].

During an interview on 11/25/2025 at 11:09 AM. Caregiver A (CGA) stated that R1 had bruising to their forehead from a past injury two weeks after R1 admitted to the AFH, when CGA found R1 hitting their head against their wall. CGA stated that they took off R1's [redacted] because R1 recently hit their eye but did not know how the eye injury occurred.

During an interview on 11/25/2025 at 11:35 AM, CGA stated that R1 showed a change in condition two days after their black eye. R1 was not eating and had low blood pressure and slower movements, so CGA called R1's representative and they sent R1 to the hospital.

During an interview on 11/25/2025 at 12:00 PM, the provider stated that CGA called them off site and sent them a photo of R1's eye injury on 10/30/2025.

During a record review on 11/25/2025 at 12:10 PM, when asked for the AFH Incident Log, the provider could not produce one.

During an interview on 11/05/2025 at 12:10 PM, the provider stated that they did not have an Incident Log for R1 because they did not consider R1's eye injury an incident because R1 hurt themself so frequently.

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

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(c) The resident's health care provider;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to report a serious injury to the resident's health care provider for 1 of 3 residents (Resident 1 [R1]). This failure put R1 at risk of not having their health care needs met.

Findings included...

A review of Department records on 11/17/2025 at 10:10 AM showed that R1 admitted to the AFH on [redacted]/2025.

A record review on 11/18/2025 at 10:18 AM of R1's hospital records dated 11/01/2025 showed that R1 had bruising noted around the right eye, consistent with reported trauma from hitting their head on a [redacted]

During an interview on 11/25/2025 at 11:09 AM, Caregiver A (CGA) stated that they had found R1 in the morning around 8:00AM on 10/30/2025 with a black eye and the [redacted] were exposed and the pillows were on the ground. CGA stated that they called the

provider and R1's representative. CGA stated that they did not call R1's doctor because the provider said that they would do so.

During an interview on 11/25/2025 at 11:35 AM, CGA stated that R1's eye was swollen, dark and not open as wide as usual when CGA found R1 in R1's bed. CGA stated that they were worried about a head injury but did not call 911 (emergency services) because R1 was acting normally, ate normally, and was moving normally. CGA stated that they did not call R1's doctor because the provider said they would take care of it.

During an interview on 11/25/2025 at 12:00 PM, the provider stated that CGA called them off site and sent them photo of R1's eye injury on 10/30/2025. The provider stated that they did not report R1's eye injury to R1's doctor. The provider stated that R1 had an upcoming appointment on 11/05/2025 and they figured they would have him (the doctor) look at it then.

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

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 ensure that the Negotiated Care Plan (NCP) was agreed to and signed and dated by the resident and the AFH for 1 of 1 residents (Resident 1[R1]). This failure put R1 at risk for not receiving agreed upon care.

Findings included...

A review of Department records on 11/17/2025 at 10:10 AM showed that R1 admitted to

the AFH on [redacted]/2025.

A record review on 12/01/2025 at 7:79 AM of R1's NCP dated 10/13/2025 showed that the NCP was not signed and dated by the resident or the AFH.

During an interview on 12/04/2025 at 2:01 PM, when asked why R1's NCP was not signed by the resident or the AFH, the provider stated that they emailed a digital copy to R1's representative two weeks after R1 moved in and they had not received it back. The provider stated that they were waiting until they received it back to sign it and had never followed up with R1's representative in an attempt to receive the signed copy.

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

WAC 388-76-10430 Medication system.

(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.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to have a system in place to ensure the services provided met the medication needs for 1 of 1 resident (Resident 1[R1]). This failure put R1 at risk for not receiving their medications as ordered.

Findings included...

A review of Department records on 11/17/2025 at 10:10 AM showed that R1 admitted to the AFH on [redacted]2025.

A record review on 11/25/2025 at 12:29 PM of R1's Medication Administration Record

(MAR) dated October 2025 showed R1 was prescribed antianxiety medication (Lorazepam) three times a day. The MAR showed the AFH had not logged the medication as administered on R1's MAR for 83 doses as ordered between 10/04/2025 and 10/31/2025.

During an interview on 11/25/2025 at 12:29 PM, when asked why R1's Lorazepam was not administered as ordered between 10/04/2025 and 10/31/2025, the provider stated that they did not know and called Caregiver A (CGA) into the room.

During an interview on 11/25/2025 at 12:29 PM, when asked why R1's Lorazepam was not administered as ordered between 10/04/2025 and 10/31/2025, CGA stated that they gave it but must have not logged it.

This is a repeated deficiency previously cited on 12/30/2024 and 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)_____ .

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:

(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 interview and record review, the adult family home (AFH) failed to ensure that the medication log for each resident included the initials of the staff who assisted or gave each resident their medications for 1 of 1 resident (Resident 1 [R1]). This failure resulted in inaccurate medication logs and put R1 at risk for incorrect medication administration.

Findings included...

A review of Department records on 11/17/2025 at 10:10 AM showed that R1 admitted to the AFH on [redacted]/2025.

A record review on 11/25/2025 at 12:29 PM of R1's Medication Administration Record (MAR) dated October 2025 showed tick marks for all of R1's medication administration between 10/01/2025 and 10/31/2025. The MAR failed to contain staff signatures, initials, and titles on the key. The MAR failed to contain the initials of staff who assisted or gave R1 their medication for all administrations.

During an interview on 11/25/2025 at 12:29 PM, when asked why R1's MAR between 10/01/2025 and 10/31/2025 did not include the initials of the staff who gave R1 their medication, the provider stated that they did not know that they needed to but would start immediately.

During an interview on 11/25/2025 at 12:29 PM, when asked why R1's MAR between 10/01/2025 and 10/31/2025 did not include the initials of the staff who gave R1 their medication, the CGA stated that they did not know that they needed to but would start immediately.

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

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

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure that an assessment was completed to identify the resident's need and ability

to safely use a medical device, ensure that the resident's Negotiated Care Plan (NCP) included how the resident would use the medical device, and ensure that the medical device was properly installed before the medical device with a known safety risk was used by 1 of 1 residents (Resident 1[R1]). These failures resulted in R1 using [redacted] without required safety measures in place and put R1 at risk of harm from their medical device.

Findings included...

A review of Department records on 11/17/2025 at 10:10 AM showed that R1 admitted to the AFH on [redacted]/2025.

A record review on 11/17/2025 at 10:34 AM of R1's Assessment dated 10/17/2024 showed that R1 was using [redacted] at the time of the assessment, while R1 resided in another AFH. The record also showed that Department case management had informed the current AFH provider to find an alternative as R1 was not able to use [redacted] safely and recommended that the provider speak to R1's health care provider about getting an order from physical therapy to discuss alternatives. This record showed that Department case management discussed their safety concerns of [redacted] for R1 with R1's representative and provided R1's representative with a bed rail safety brochure, and that R1's representative agreed to work with R1's health care provider to find an alternative. The Assessment showed R1 had a diagnosis of [redacted]

A record review on 11/18/2025 at 10:18 AM of R1's hospital records dated 11/01/2025 showed that R1 had bruising noted around the right eye, consistent with reported trauma from hitting their head on a bed railing.

During an interview on 11/25/2025 at 10:56 AM, the provider stated that the AFH used a pad against the wall with pillows and wedges under R1's mattress and [redacted] on the outside to keep R1 from hurting themself during their spastic movements related to their illness. The provider stated that R1's bed rail was in place at the AFH from the beginning (admission) and they padded it with pillows.

An observation on 11/25/2025 at 11:06 AM of R1's bed showed that R1's bed was pushed against a padded wall with a side bed rail on the outside and two wedges between the mattress and the bed frame on the outside.

During an interview on 11/25/2025 at 11:09 AM, Caregiver A (CGA) stated that R1 had another bed rail on the side with the mattress (against the wall), but the AFH took it off because R1 hit their eye but did not know how the eye injury occurred.

CGA stated that the AFH left the outside rail with the cushions underneath. CGA stated that R1 was strong enough to hit their own head and “moved heavy,” even when seated, in a split second.

During an interview on 11/25/2025 at 12:00 PM, the provider stated that R1 had [redacted] in place when they admitted to the AFH. The provider stated that the [redacted] the AFH used for R1 belonged to the AFH, and R1 had already been using [redacted] per their

assessment at their previous residence.

During a record review on 11/25/2025 at 12:29 PM, when requested, the provider could not produce a physician's order for [redacted] for R1.

A record review on 12/01/2025 at 7:37 AM of R1's NCP dated 10/13/2025 showed that the AFH failed to address R1's safety assessment, alternatives explored, and how to keep the resident safe while in bed with a [redacted]

A record review on 12/04/2025 at 7:37 AM of faxed communication from the provider to the Department showed that the provider denied that they had a written order for [redacted] for R1.

During an interview on 12/04/2025 at 8:22 AM, R1's representative stated that R1 did not have an order for [redacted]

During an interview on 12/04/2025 at 2:01 PM, when asked if anyone completed an assessment of R1's need and ability to safely use [redacted], the provider stated that it had not been completed for R1 while they were at the AFH. When asked if anyone ensured that the [redacted] in use for R1 at the AFH were properly installed, the provider stated no. When asked why [redacted] were not part of R1's NCP since they were actively in use at the AFH, the provider stated that was a good question and they did not know.

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