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

Belinda's Adult Family Home, LLC
Belinda's Adult Family Home
10223 Hipkins Rd SW
Lakewood, WA 98498

RE: Belinda's Adult Family Home License # 756133

Dear Provider:

This letter addresses Compliance Determination(s) 56922 (Completion Date 03/25/2025) and 52438 (Completion Date 02/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/25/2025 and found that you have corrected the violations listed in the Complaint report dated 02/19/2025. Your home is back in compliance as of 03/19/2025 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 388-76-10225-1-b-iii, WAC 388-76-10225-1-b, WAC 388-76-10225-2-a, WAC 388-76-10485-1

The Department staff who did the on-site verification:
Laura Newberry

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

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit G
Residential Care Services

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

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 01/02/2025 of:

Belinda's Adult Family Home
10223 Hipkins Rd SW
Lakewood, WA 98498

This document references the following complaint number(s): 159725

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

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.

Jennifer LeMaster
Residential Care Services

02/26/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number:

(iii) A missing resident.

(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:

(a) The resident's family;

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to report to the department's toll-free hotline and to the resident's family when 1 of 6 residents (Resident 1 [R1]) went missing from the AFH. This failure resulted in R1 having repeated episodes of going missing that went unreported to the department and family, and placed them at risk for harm.

Findings included...

Review of R1's record, titled "Assessment", dated 12/07/2024 showed they had trouble with their memory, wandered and had exit seeking behaviors, and required supervision outside of the AFH including keeping them within line-of-sight.

Review of R1's record, titled "Negotiated Care Plan", dated 07/20/2023, showed they had a behavior of wandering and exit seeking and believing their spouse was still alive

and needed to run errands. Record showed AFH staff were to redirect R1 and ensure they are okay.

On 01/02/2025 at 11:51 AM, Caregiver 1 (CG1) stated that R1 had gone missing around 4 times when AFH staff did not hear the alarm on the front door go off. CG1 stated it was their mistake to only call 911 when R1 went missing and should have called R1's family and the department's toll free hotline.

On 01/02/2025 at 12:06 PM, Provider stated that R1 would try to leave the AFH daily and that R1 liked to go on walks. Provider stated that the AFH had an alarm on the door and a gate that locked in front of the AFH driveway. Provider stated that when R1 would leave the AFH they would report it to 911 but no one else. Provider stated that they were aware this was a mistake and they needed to report R1 missing to the departments toll free hotline and their family.

On 02/05/2025 at 1:39 PM, R1's representative (RR) stated that the AFH had been "losing" R1, over 7 times, but was never informed when R1 was missing. RR stated that they felt this was wrong and moved R1 to a new facility after they were informed of R1 going missing on 12/18/2024 from a department staff member.

Review of AFH record, titled "Incident log", showed R1 went missing from the AFH on 10/21/2023, 4/11/2024, 11/30/2024 and 12/18/2024.

Review of police records, dated 03/04/2024, 12/4/2024, and 12/18/2024, showed R1 was reported missing from the AFH.

Review of department records showed the AFH made one report of R1 missing on 12/18/2024, no other reports were made.

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, Belinda's Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

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

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview the adult family home (AFH) failed to keep 1 of 6 resident's (Resident 2 [R2]) medication in locked storage. This failure placed all residents at risk for a medication error.

Findings included...

Review of R2's record, titled "Assessment", dated 12/18/2024 showed they required assistance with their medication, forgets to take their medication, unable to read or see labels and is unaware of their medication dosages.

On 1/2/2025 at 12:03 PM, observed R2 in their bed with two cups of pills sitting in front of them containing the same seven white pills identified as acetaminophen (a medication for pain relief).

Review of R2's record, titled "Medication order", dated 12/27/2024, showed R2 had an order for acetaminophen 325mg, two tablets, twice daily as needed for pain.

On 01/02/2025 at 12:26 PM, interview with Caregiver 1 (CG1) and the Provider were unable to provide an explanation as to why R2 had 7 of the same medication in their room when their order is for two tablets at a time. Provider stated that they had passed two pills to R2 earlier that day and were aware of the extra tablets sitting on R2's table.

On 02/04/2025 at 11:35 AM, Collateral contact 1 (CC1) (who is a registered nurse delegator) stated that CG1 and the Provider were delegated to pass medications to R2 and were trained in the 5 rights (right patient, right drug, right dose, right route, and right time) of medication pass and to not leave medications with a resident.

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, Belinda's Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

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6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Belinda's Adult Family Home, LLC
Belinda's Adult Family Home
10223 Hipkins Rd SW
Lakewood, WA 98498

RE: Belinda's Adult Family Home # 756133

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 02/19/2025 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manger
Residential Care Services

Region 3, Unit G
Preferred methods:
eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
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 388-76-10695 Building codes Structural requirements.

(3) The home must ensure that every area used by residents:

(a) Has direct access to at least one exit which does not pass through other areas such as a room or garage subject to being locked or blocked from the opposite side; and

The adult family home (AFH) failed to ensure their was an exit that was not blocked on the other side when the AFH installed a lock on the driveway gate. The AFH made immediate corrective action, consultation was 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)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit G

Residential Care Services

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:
Jennifer LeMaster, Community Nurse Field Manger
Residential Care Services
Region 3, Unit G
Preferred methods:
eFax: (360) 664-8451
Email: rcsregion3email@dshs.wa.gov
Optional method:
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

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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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225