



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

Lorelie A. Montgomery
MONTGOMERY AFH
46 ROLAND CT
WALLA WALLA, WA 99362

RE: MONTGOMERY AFH License # 115500

Dear Provider:

This letter addresses Compliance Determination(s) 56174 (Completion Date 03/11/2025) and 53391 (Completion Date 02/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/11/2025 and found that you have corrected the violations listed in the Full report dated 02/06/2025. Your home is back in compliance as of 02/17/2025 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-4

The Department staff who did the on-site verification:
Jo Whitney, AFH Licenser

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services



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

Statement of Deficiencies	License #: 115500	Compliance Determination # 53391
Plan of Correction	MONTGOMERY AFH	Completion Date
Page 1 of 5	Licensee: Lorelie A. Montgomery	02/06/2025

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 01/21/2025 of:

MONTGOMERY AFH
46 ROLAND CT
WALLA WALLA, WA 99362

The following sample was selected for review during the unannounced on-site visit: 4 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licenser

From:
DSHS, Aging and Long-Term Support 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 #: 115500	Compliance Determination # 53391
Plan of Correction	MONTGOMERY AFH	Completion Date
Page 2 of 5	Licensee: Lorelle A. Montgomery	02/06/2025

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 Clemens

Residential Care Services

02/10/2025

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.

Lorelle Montgomery 2-17-2025
 Provider (or Representative) Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure criminal background check results were not over 2 years old for 2 of 2 staff (Staff A and Staff B). This failed practice placed the residents at risk from unqualified staff.

Findings included...

On 01/21/2025 at 11:25 AM, observation showed Staff A, Provider, and Staff B, Caregiver lived on the AFH premises and provided care and services for four residents.

Administrative record review conducted on 01/21/2025 showed:

- Staff A, Provider, had a background check result dated 10/19/2022 (over 2 years old.)
- Staff B, Caregiver, had a background check result dated 10/19/2022 (over 2 years old.)

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.

Selena Clemons

Residential Care Services

02/10/2025

Date

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(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure criminal background check results were not over 2 years old for 2 of 2 staff (Staff A and Staff B). This failed practice placed the residents at risk from unqualified staff.

Findings included...

On 01/21/2025 at 11:25 AM, observation showed Staff A, Provider, and Staff B, Caregiver lived on the AFH premises and provided care and services for four residents.

Administrative record review conducted on 01/21/2025 showed:

- Staff A, Provider, had a background check result dated 10/19/2022 (over 2 years old.)
- Staff B, Caregiver, had a background check result dated 10/19/2022 (over 2 years old.)

Statement of Deficiencies	License #: 115500	Compliance Determination # 53391
Plan of Correction	MONTGOMERY AFH	Completion Date
Page 3 of 5	Licensee: Lorelle A. Montgomery	02/06/2025

On 01/21/2025 at 1:30 PM, Staff A stated they had forgotten to get new background checks in October 2024.

<p>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, MONTGOMERY AFH is or will be in compliance with this law and / or regulation on (Date) <u>2-17-2025</u></p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p><i>Lorelle Montgomery</i> Provider (or Representative)</p>	<p><u>2-17-2025</u> Date</p>

WAC 388-76-10475 Medication Log. The adult family home must:

- (3) Ensure the medication log includes:
 - (c) Documentation of any changes or new prescribed medications including:
 - (iii) A logged call requesting written verification of the change; and
- (4) Ensure that the changed or new medication is received from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure prescribed medications were listed on the medication log and the prescriber was contacted to clarify medication orders when needed for 2 of 2 residents (Resident 3 and 4). This deficient practice placed the residents at risk for medication errors.

Findings included...

<Resident 4>

The assessment dated 05/01/2024 showed Resident 4 needed assistance with medications. On 01/21/2025, the medication log, medication supply, and prescriber orders were reconciled.

The January 2025 log showed:

- Vitamin B-12 (nutritional supplement) 1000 micrograms (mcg) give daily at 9:30 AM. Staff A, Provider initialed the log daily the medication was given. The log prepared by the pharmacy showed the medication was ordered 01/18/2024.

On 01/21/2025 at 1:30 PM, Staff A stated they had forgotten to get new background checks in October 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, MONTGOMERY AFH 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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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure prescribed medications were listed on the medication log and the prescriber was contacted to clarify medication orders when needed for 2 of 2 residents (Resident 3 and 4). This deficient practice placed the residents at risk for medication errors.

Findings included...

<Resident 4>

The assessment dated 05/01/2024 showed Resident 4 needed assistance with medications. On 01/21/2025, the medication log, medication supply, and prescriber orders were reconciled.

The January 2025 log showed:

- Vitamin B-12 (nutritional supplement) 1000 micrograms (mcg) give daily at 9:30 AM. Staff A, Provider initialed the log daily the medication was given. The log prepared by the pharmacy showed the medication was ordered 01/18/2024.

The supply of medication was packaged at the pharmacy in a multi-pill pack.
- Vitamin B-12 1000 mcg was packaged to give daily.

The AFH prepared a list of medications for Resident 4 for review and signature at prescriber appointments. The prescriber corrected medication dosages and how often they should be given at each visit. The latest list was signed on 11/11/2024.
- Vitamin B-12 1000 mcg given daily was not included on the signed prescriber's list of medications.

On 01/21/2025 at 4:00 PM, Staff A stated they had prepared the list for physician signature. Review of previous signed prescriber lists showed the Vitamin B-12 1000 mcg was crossed off the list on 11/16/2023. The next lists prepared by the AFH and signed by the prescriber 02/08/2024, 05/09/2024, and 08/08/2024 did not list the Vitamin B-12 1000 mcg as an ordered medication.

The AFH did not contact the prescriber to clarify medication orders when the supply of medications included Vitamin B-12 or when the log listed the medication.

<Resident 3>

The assessment dated 05/01/2024 showed Resident 3 needed assistance with medications. On 01/21/2025, the medication log (log), medication supply and prescriber orders were reconciled.

The January 2025 log showed:

- Lorazepam (to reduce anxiety) 0.5 milligrams (mg) give nightly as needed for anxiety or insomnia.
- Acetaminophen (for mild to moderate pain) 500 mg give every 4 hours if needed.

The Prescriber's medication list prepared by the AFH signed and dated 12/12/2024 showed:

- Lorazepam 0.5 mg give as sleep aid.
- Acetaminophen 500 mg give twice daily for pain as needed.

On 01/21/2025, at 4:00 PM, Staff A had a supply of over-the-counter acetaminophen, without prescriber directions.

On 01/21/2025 at 4:00 PM, the AFH did not have a supply of Lorazepam for Resident 3. Staff A stated the prescriber had decreased the dose and thought it was discontinued. The AFH was not aware of the discrepancy between the prescriber orders and the medication log. The AFH did not contact the prescriber to clarify the orders.

Statement of Deficiencies	License #: 115500	Compliance Determination # 53391
Plan of Correction	MONTGOMERY AFH	Completion Date
Page 5 of 5	Licensee: Lorelle A. Montgomery	02/05/2025

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, MONTGOMERY AFH is or will be in compliance with this law and / or regulation on (Date) 2-17-2025

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

Provider (or Representative) Lorelle Montgomery Date 2-17-2025

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, MONTGOMERY AFH 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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1200 Alder Street, Union Gap, WA 98903

Lorelie A. Montgomery
MONTGOMERY AFH
46 ROLAND CT
WALLA WALLA, WA 99362

RE: MONTGOMERY AFH # 115500

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/06/2025 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 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 Return the Plan/Attestation Statement and report with signatures to:

Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:

eFax: (509) 454-4160

Email: rcsregion1email@dshs.wa.gov

Optional method:

1200 Alder Street

Union Gap, WA 98903

- 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 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home did not ensure one resident or their representative had signed and dated the Disclosure of Charges standardized form. There was no negative outcome to the resident.

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home did not ensure one resident or their representative reviewed and signed the Notice of Services document every 24 months. There was no negative outcome to the resident.

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 (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Interim Community Field Manager
Region 1, Unit C
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:

Selena Clemons, Interim Community Field Manager
Residential Care Services
Region 1, Unit C

Preferred methods:

eFax: (509) 454-4160

Email: rcsregion1email@dshs.wa.gov

Optional method:

1200 Alder Street

Union Gap, WA 98903

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:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225