



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

| | | |
|---------------------------|---------------------------|-------------------|
| Statement of Deficiencies | License #: 692500 | Completion Date |
| Plan of Correction | WOODRIDGE HAVEN LLC | February 17, 2016 |
| Page 1 of 2 | Licensee: WOODRIDGE HAVEN | |

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:
 2/17/2016

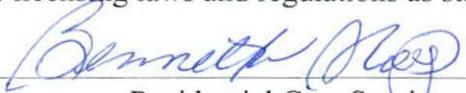
WOODRIDGE HAVEN LLC
 12985 SE 23RD ST
 BELLEVUE, WA 98005

The department staff that inspected the adult family home:
 Patricia Bautista, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

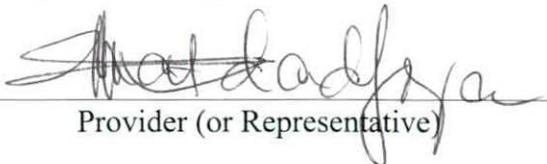
RECEIVED
 MAR 16 2016
 DSHS/ADS/RCS

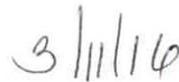
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


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

- (1) In locked storage;
- (2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Provider failed to store all over the counter medications in a locked storage for 1 of 5 residents (Resident #3). This failure placed all the mobile residents (Residents #1, #2, #4 and #5) at risk of harm or injury had they accessed the medications that were not for them and used them improperly.

Findings include:

All observation, record review and staff interview occurred 02/17/16 unless otherwise noted.

Observation during the home tour with the Provider, found an unlabeled bottle of [redacted] and a bottle of Vitamin C in Resident #3's bedside table drawer. The unlocked medications were accessible to anyone that would enter and open Resident #3's bedside table drawer and would allow for potential access of the medications by unauthorized persons.

Residents #1, #2, #3, #4 and #5 ambulated independently around the home. All these residents were able to open the bedside table drawer independently.

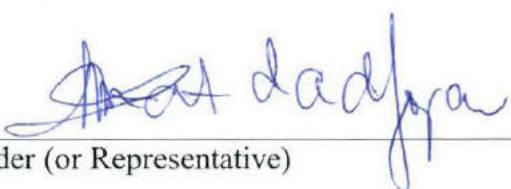
Review of Resident #1, #2, #3, #4 and #5's assessments revealed all these residents had cognitive impairments related to [redacted] and or [redacted]. Review of Resident #3's care plan and assessment did not indicate that Resident #3 was capable of taking the medication safely.

On interview, the Provider stated Resident #3's mother wanted the medication to be available for her daughter to use anytime she wants. The Provider agreed that all these medications should be labeled and stored in a locked cabinet. She said she would schedule a meeting to discuss this matter with Resident # 3's mother.

RECEIVED
MAR 16 2016
DSH/ASB/PCS

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, WOODRIDGE HAVEN LLC is or will be in compliance with this law and / or regulation on (Date) 3-30-16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

3/11/16

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 28, 2016

WOODRIDGE HAVEN LLC
WOODRIDGE HAVEN LLC
12985 SE 23RD ST
BELLEVUE, WA 98005

RE: WOODRIDGE HAVEN LLC License #692500

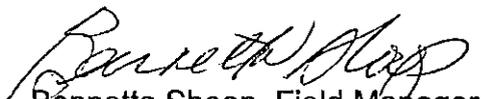
Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 20, 2016 for the deficiency or deficiencies cited in the report/s dated February 17, 2016 and found no deficiencies.

The Department staff who did the inspection:
Patricia Bautista, Licensors

If you have any questions please, contact me at (253) 234-6033.

Sincerely,


Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services