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

CEDAR HILLS ADULT RESIDENTIAL CARE INC
OAKRIDGE SOUTH
1603 DRAKE COURT
YAKIMA, WA 98902

RE: OAKRIDGE SOUTH License # 707300

Dear Provider:

This letter addresses Compliance Determination(s) 52482 (Completion Date 01/02/2025) and 50437 (Completion Date 12/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/02/2025 and found that you have corrected the violations listed in the Full report dated 12/19/2024. Your home is back in compliance as of 12/30/2024 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

The Department staff who did the off-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, 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 #: 707300	Compliance Determination #50437
Plan of Correction	OAKRIDGE SOUTH	Completion Date
Page 1 of 3	Licensee: CEDAR HILLS ADULT RESIDENTIAL CARE INC	12/19/2024

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 11/18/2024 and 12/19/2024 of:
OAKRIDGE SOUTH
1608 Drake Ct Apt A
Yakima, WA 98902

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

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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

12/20/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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Residential Care Services

Date

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Paul Russ
Provider (or Representative)

12/30/2024
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 record review and interview, the Adult Family Home (AFH) failed to ensure staff with unsupervised access to residents did not have a background check result over two years old for 1 of 6 staff (Staff E). This failed practice placed the residents at potential risk from unqualified staff.

Findings included...

Staff record review on 11/18/2024 showed:
Staff E, Maintenance, had a background result dated 10/07/2022, expiring 10/07/2024. The current result was dated 10/29/2024, 22 days late.

Staff I, Administrative Assistant, collected and managed staff records. Interviewed 11/18/2024 at 3:30 PM, Staff I stated they entered renewal dates into an electronic program that reported due dates for credential and qualification renewal in advance of expiration. Reviewing their data entry for Staff E's background result showed an entry error contributed to the late renewal.

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, OAKRIDGE SOUTH is or will be in compliance with this law and / or regulation on (Date) 12/30/2024.

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

Provider (or Representative) _____ Date _____

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Page 3 of 3	Licensee: CEDAR HILLS ADULT RESIDENTIAL CARE INC	12/19/2024

Paul Reese
Provider (or Representative)

12/30/2024
Date

Provider (or Representative) Date