



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
316 W Boone Ave Ste 170, Spokane, WA 99201

February 21, 2020

Weeping Ridge West Inc  
Weeping Ridge West, Inc  
2455-B W Bench Rd  
Othello, WA 99344

RE: Weeping Ridge West, Inc License #751171

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 20, 2020 for the deficiency or deficiencies cited in the report/s dated January 23, 2020 and found no deficiencies.

The Department staff who did the inspection:  
Scott Sorensen, AFH Licenser

If you have any questions please, contact me at (509) 323-7321.

Sincerely,

Carmen Church, Field Manager  
Region 1, Unit E  
Residential Care Services



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 316 W Boone Ave Ste 170, Spokane, WA 99201

Statement of Deficiencies	License #: 751171	Completion Date
Plan of Correction	Weeping Ridge West, Inc	January 23, 2020
Page 1 of 5	Licensee: Weeping Ridge West Inc	

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: 1/2/2020 and 1/3/2020

Weeping Ridge West, Inc  
 2455-B W Bench Rd  
 Othello, WA 99344

The department staff that inspected the adult family home:

Rose Anderson, RN, BSN, Licensor  
 Raleigh Stowe, AFH Licensor

From:

DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 1, Unit E  
 316 W Boone Ave Ste 170  
 Spokane, WA 99201  
 (509)323-7321

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.

*Carmen Church*

Residential Care Services

*2/4/2020*

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.

*Shirley R. Long*  
 Provider (or Representative)

*2/10/2020*

Date

Statement of Deficiencies	License #: 751171	Completion Date
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**WAC 388-76-10181 Background checks Employment Nondisqualifying information.**

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

- (a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and
- (b) Document in writing the basis for making the decision, and make it available to the department upon request.

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home failed to obtain the detailed findings from a fingerprint check to complete the character, competency and suitability review for one of twelve former caregivers (F). This resulted in residents receiving care from a person with potentially disqualified findings. Findings included...

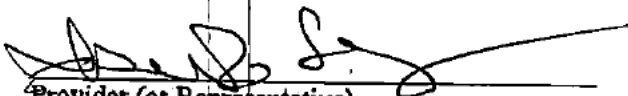
Per review of employee files, Staff F, Caregiver, was hired 11/01/19. His [redacted] 19 date of birth background results identified he had convictions and/or negative actions that were not automatically disqualifying. One source of the convictions and/or negative actions was identified as the national fingerprint background check. The results did not include details or specifics for the crimes and/or negative actions that showed on Staff B's fingerprint check.

There was no documentation to show the home had taken additional steps to obtain the detailed findings from the fingerprint background check for Staff F. Per an email dated 01/13/2020, Staff B, Registered Nurse, identified there was no other information regarding Staff F's background findings.

Staff A, Provider, was interviewed per telephone on 01/16/2020 at 3:25 PM and was unable to provide further information regarding the details of the findings for Staff F.

**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, Weeping Ridge West, Inc is or will be in compliance with this law and / or regulation on (Date) 2/11/2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

2/10/2020  
 Date

**WAC 388-76-10193 Liability insurance required Professional liability insurance coverage. The adult family home must have professional liability insurance or errors and omissions insurance if the adult family home licensee has a professional license, or employs professionally licensed staff. The insurance must include:**

- (1) Coverage for losses caused by errors and omissions of the adult family home, its employees, and volunteers; and

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- (2) Minimum limits of:
- (a) Each occurrence at five hundred thousand dollars; and
  - (b) Aggregate at one million dollars.

**This requirement was not met as evidenced by:**  
 Based on observation, interview and record review, the adult family home failed to maintain professional liability insurance when they employed six professionally licensed staff. This placed the residents at risk of not being covered in case of errors or omissions caused by the professional staff. Findings included:

The adult family home was licensed in December of 2008 to care for six residents and had speciality designations including intellectual disabilities, dementia, and mental health. The home provided care to residents with significant medical needs

On 01/02/2020 and 01/03/2020, six residents lived in the home and had medical needs including; ventilators (breathing machine), tube feedings, tracheostomies (a hole in the throat to breath), urinary catheters, and required routine licensed nurse observations/interventions.

The home's records were reviewed and identified the licensed nurses carried their own liability insurance to cover themselves. However, the home's liability insurance did not include professional liability insurance to cover the licensed staff that were employed by the home.

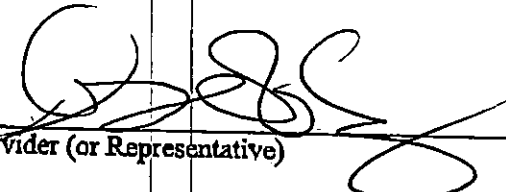
Staff A, Provider, was interviewed per telephone on 01/10/2020 at 9:20 AM, verified he did not have professional liability insurance, said he thought he had the coverage and would obtain it as soon as possible.

A representative from the insurance company was interviewed per telephone on 01/10/2020 at 11:15 AM regarding the home's professional liability insurance. She stated the home did not obtain professional liability coverage until 01/10/2020 (after the licenser identified the concern).

This issue was previously cited during a full inspection 09/07/18.

**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, Weeping Ridge West, Inc is or will be in compliance with this law and / or regulation on (Date) 1/23/2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 \_\_\_\_\_  
 Provider (or Representative)

2/10/2020  
 \_\_\_\_\_  
 Date

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 751171	Completion Date
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**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 observation, interview, and record review, the adult family home failed to ensure medications were given as ordered and medication logs were current for two of two residents reviewed for medications (#1,2), in a sample of six. This resulted in medication errors for both residents. Findings included...

1. Resident #2, per review of the June 2019 assessment, was alert/oriented and required medications to be administered by nurse delegated staff.

Staff D, Caregiver, was observed to administer medications to the resident on 01/02/2020 at 1:20 PM.

The resident's medication supply was compared to the January 2020 medication log. The supply contained a medication to decrease stomach acid (Pepcid), but the medication was not listed on the log and there was no documentation to show the medication was given.

Staff B, Registered Nurse, was interviewed on 01/03/2020 at 10:55 AM regarding the Pepcid. She stated the medication was a current order and should have been given. Staff B said the medication was written on the December 2019 log but was not added to the January log. Staff B said she did not give the medication and was planning on following up with the discrepancy that day.

2. Resident #1, per review of the July 2019 assessment, had memory problems, difficulty with communication, and required medications to be administered by nurse delegated staff.

**EYE DROPS**

According to the 10/15/19 practitioner orders, the resident was to receive artificial tear eye drops to each eye three times a day.

The January 2020 medication log listed the artificial tears as ordered and staff routinely initialed the artificial tears were given.

Staff D, Caregiver, was observed to administer medications to Resident #1 on 01/02/2020 at 2:55 PM. The medications included eye drops and the caregiver administered Refresh eye drops to each of the resident's eyes.

Staff B, Registered Nurse, was interviewed on 01/03/2020 at 10:30 AM regarding the eye drops. She stated the pharmacy sent the Refresh eye drops and said Refresh eye drops were not the same as artificial tears.

**STOMACH MEDICATION**

The January 2020 medication log identified the resident was to receive a medication to assist with

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treating/managing stomach ulcers (Glycopyrrolate) three times per day. The instructions directed the staff to give the medication sublingual (under the tongue). The 10/15/19 practitioner order listed the medication and directed it to be given sublingual.

Staff D, Caregiver, was observed to administer Resident #1's medications on 01/02/2020 at 2:55 PM via the feeding tube. The caregiver gave the Glycopyrrolate per the feeding tube not under the tongue as ordered.

When the medication log was reviewed on 01/03/2020, the instructions to the Glycopyrrolated were updated and directed the staff to give the medication via the feeding tube. Staff B was interviewed the same day at 10:30 AM, stated she spoke with the practitioner and the order was changed to reflect the appropriate route (tube feeding).

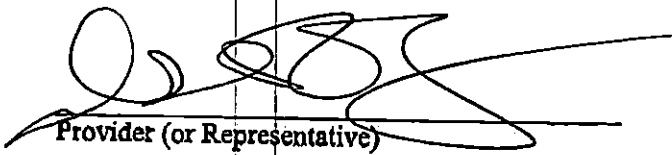
**MOUTH WASH**

The January 2020 medication log documented the resident received a prescription mouth wash (Chlorhexidine) to be administered twice a day. However, the Chlorhexidine was listed on the medication log twice, staff initiated both entries, so it looked as if the resident received the medication four times a day.

Staff B was interviewed on 01/03/2020 at 10:30 AM, stated staff only used the mouthwash twice a day and said she would update the medication log.

**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, Weeping Ridge West, Inc is or will be in compliance with this law and / or regulation on (Date) 1/23/2020. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

2/10/2020  
 Date

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STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
316 W Boone Ave Ste 170, Spokane, WA 99201

February 6, 2020  
**CERTIFIED MAIL**  
7019 2280 0002 0013 2797

Weeping Ridge West Inc  
Weeping Ridge West, Inc  
2455-B W Bench Rd  
Othello, WA 99344

RE: Weeping Ridge West, Inc License #751171

Dear Provider:

The Department completed a full inspection of your Adult Family Home on January 23, 2020 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction within 45 days, or sooner if directed by the Department; and
- Sign and date the first page of the enclosed report; and
- Return the first page with your plan; and
- Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10895 Emergency evacuation drills Frequency and participation.  
The adult family home must ensure:**

(1) Emergency evacuation drills occur during random staffing shifts at least every two months; and

Staff B, Registrar Nurse, was interviewed on 01/02/2020 at noon and stated the home

Weeping Ridge West Inc  
Weeping Ridge West, Inc License #751171  
February 6, 2020  
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worked 12 hour shifts from 7:00 AM to 7:00 PM. Fire drill documentation was reviewed, the home completed drills every two months, but did not perform the drills on alternate shifts (7:00 PM to 7:00 AM).

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

**The Department:**

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.


**You May:**

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an 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.

**If You Have Any Questions:**

- Please contact me at (509) 323-7321.

Sincerely,



Carmen Church, Field Manager  
Region 1, Unit E  
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: Carmen Church, Field Manager  
Residential Care Services  
Region 1, Unit E  
316 W Boone Ave Ste 170  
Spokane, WA 99201

**Informal Dispute Resolution [RCW 70.128]**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after 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 Pilot page at:

<https://www.dshs.wa.gov/altsa/informal-dispute-resolution-adult-family-home-pilot-project>

All documents supporting your dispute must be included with the corresponding form. **The IDR will not consider any documents submitted after the 10 working day deadline.**

Send your request to: Adult Family Home IDR Program  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**You may also scan and/or e-mail materials within 10 working days to**  
[rcsidr@dshs.wa.gov](mailto:rcsidr@dshs.wa.gov)