



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Alpha and Omega Adult Foster Care II, LLC
Alpha and Omega Adult Foster Care II, LLC
PO Box 873940
Vancouver, WA 98687

RE: Alpha and Omega Adult Foster Care II, LLC License # 752311

Dear Provider:

This letter addresses Compliance Determination(s) 55931 (Completion Date 03/07/2025) and 52869 (Completion Date 01/23/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/07/2025 and found that you have corrected the violations listed in the Full report dated 01/23/2025. Your home is back in compliance as of 01/29/2025 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 388-76-10475-1, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-iv

The Department staff who did the on-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit F
Residential Care Services



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800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 752311	Compliance Determination # 52869
Plan of Correction	Alpha and Omega Adult Foster Care II, LLC	Completion Date
Page 1 of 3	Licensee: Alpha and Omega Adult Foster Care II, LLC	01/23/2025

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 01/09/2025 of:

Alpha and Omega Adult Foster Care II, LLC
12521 NE 22nd St
Vancouver, WA 98684

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Sarah Bjork, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

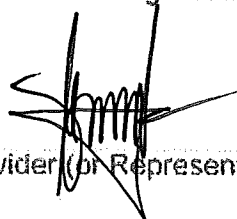
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 Residential Care Services

01.27.2025

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)

1.29.2025
 Date

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

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (3) Ensure the medication log includes:
 - (c) Documentation of any changes or new prescribed medications including:
 - (i) The change;
 - (iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home failed to ensure medication administration logs (MARs) accurately documented current medications and doses for two of two sampled residents (Resident 1/R1, and Resident 3/R3). This failure placed both residents (R1, R3) at risk for medication errors.

Findings included...

R1's medications were observed, and R1's MARs and doctor's orders were reviewed and discussed with the provider at 2:29 pm, during a full inspection of the adult family home on 01/09/2025. R1's January 2025 MAR documented R1 was to receive one (500 milligram/mg) tab of Metformin daily (a medication used control blood sugar levels for people with diabetes). R1's June 2024 order and the medication supply noted R1 was to receive one (1,000 mg) tab of Metformin daily. The provider was observed to correct this documentation error in the MAR.

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.



01.27.2025

Residential Care Services

Date

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R3's medications were observed, and R3's MARs and doctor's orders were reviewed and discussed with the provider at 3:00 pm on 01/09/2025. R3's January 2025 MAR documented R3 was prescribed one (325 mg) tab of Ferrous Sulfate (an iron supplement) daily. R3's medication supply and physician orders dated 12/2024 showed R3 was to receive one (125/65 mg) tab of Ferrous Sulfate daily.

R3's January 2025 MAR showed two (500 mg) tabs of Metformin twice daily. R3's medication supply and physician orders dated 12/2024 showed R3 was to receive two (1,000 mg) tabs of Metformin twice daily.

R3's January 2025 MAR showed one (1,000 microgram/mcg) tab of Vitamin B-12 daily. R3's medication supply and 12/2024 orders showed R3 was to receive two (1,000 mcg) tabs of Vitamin B-12 daily. R3's January 2025 documented R3 was prescribed one puff of Symbicort (an inhaler) twice daily. Fluticasone Propionate Salmeterol Inhalation (232 mcg) was to be used twice daily was observed in R3's medication supply and had not been documented on R3's MAR. The provider stated neither inhaler was being used, as R3 was to now use an inhaler called Trelegy. The provider was not able to locate a recent medication list which verified the changes in medications or the currently prescribed inhaler. The provider stated he would update the MAR to note all dosage changes and would request a current medication list and update the MAR as required.

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, Alpha and Omega Adult Foster Care II, LLC is or will be in compliance with this law and / or regulation on (Date) 1.29.2025.

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


Provider (or Representative)

1.29.2025
Date

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

R3's medications were observed, and R3's MARs and doctor's orders were reviewed and discussed with the provider at 3:00 pm on 01/09/2025. R3's January 2025 MAR documented R3 was prescribed one (325 mg) tab of Ferrous Sulfate (an iron supplement) daily. R3's medication supply and physician orders dated 12/2024 showed R3 was to receive one (125/65 mg) tab of Ferrous Sulfate daily.

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Provider (or Representative)

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

01/27/2025

Alpha and Omega Adult Foster Care II, LLC
Alpha and Omega Adult Foster Care II, LLC
PO Box 873940
Vancouver, WA 98687

RE: Alpha and Omega Adult Foster Care II, LLC # 752311

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/23/2025 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:

Michael Burdick, AFH Nurse Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax:

Email:

Optional method:

800 NE 136th Ave, Suite 200

Vancouver, WA 98684

- 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 388-76-10750 Safety and maintenance. The adult family home must:

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

The heater vent and window screen in Resident 1's bedroom were broken and the window screen and wooden frame around Resident 2's bedroom window were broken. The provider stated he would ensure everything is repaired promptly.

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.

Resident 1's admission agreement was last reviewed and signed on 04/25/2022. A copy of Resident 1's admission agreement, signed and dated on 01/11/2025, was received on 01/22/2025.

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

- (1) Current residents living in the adult family home; and

Three PRN (as needed) medications in Resident 3's medication supply were expired. The provider stated he would dispose the expired medications, request a discontinue order for the medications not used by the resident, and would request a new supply for the ones that were used.

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:

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

The provider was unable to locate a recent Washington state criminal background check for themselves. The provider had evidence of a national fingerprint background check dated 02/09/2024, which indicated an interim (or Washington state criminal background check) had been conducted. The provider stated he would try to locate a copy of the interim background check.

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)450-1218.

Sincerely,



Michael Burdick, AFH Nurse Field Manager
Region 3, Unit F
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:

Michael Burdick, AFH Nurse Field Manager

Residential Care Services

Region 3, Unit F

Preferred methods:

eFax:

Email:

Optional method:

800 NE 136th Ave, Suite 200

Vancouver, WA 98684

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/icr>

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