



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3611 River Road, Suite 200, Yakima, WA 98902

February 25, 2019

CERTIFIED MAIL

7017 2400 0000 3921 0240

Grandridge Meadows AFH LLC
Grandridge Meadows AFH LLC
207 N QUEBEC ST
KENNEWICK, WA 99336

RE: Grandridge Meadows AFH LLC License #753389

Dear Provider:

The Department completed a full inspection of your Adult Family Home on February 21, 2019 and found that your home does not meet the adult family home licensing requirements listed below.

The Department staff who did the inspection and provided consultation:
Jo Whitney, AFH Licensor
Lorrinda Peterson, Adult Family Home Licensor

Consultation:

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

- (2) Include in each medication log the:
 - (b) Name of all prescribed and over-the-counter medications;
 - (c) Dosage of the medication;
 - (d) Frequency which the medications are taken; and
 - (e) Approximate time the resident must take each medication.
- (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
 - (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.
- (4) Ensure that the changed or new medication is received from the pharmacy.

On 02/19/19, the home did not clarify current medication orders and ensure the medication log listed all prescribed medications.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

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You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.


You May:

- 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) 225-2823.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chana White', written in a cursive style.

Chana White, Field Manager
Region 1, Unit C
Residential Care Services

Enclosure