



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20311 52nd Ave W, Suite 100, Lynnwood, WA 98036**

Green Park I AFH LLC  
Green Park I AFH LLC  
11714 NE 137th St  
Kirkland, WA 98034

RE: Green Park I AFH LLC License # 755346

Dear Provider:

This letter addresses Compliance Determination(s) 59750 (Completion Date 05/16/2025) and 57463 (Completion Date 04/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/16/2025 and found that you have corrected the violations listed in the Full report dated 04/22/2025. Your home is back in compliance as of 04/10/2025 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 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10380-2, WAC 388-76-10430-1, WAC 388-76-10463-3, WAC 388-76-10485-1, WAC 388-76-10490-2-b-i, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10730-2-b

The Department staff who did the on-site verification:

Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

*Alfredo Brown*

Alfredo Brown, Allied Health Field Manager  
Region 2, Unit K

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

Green Park I AFH LLC # 755346

05/16/2025

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Residential Care Services

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STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20311 52nd Ave W, Suite 100, Lynnwood, WA 98036**

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Statement of Deficiencies	License #: 755346	Compliance Determination # 57463
Plan of Correction	Green Park I AFH LLC	Completion Date
Page 1 of 12	Licensee: Green Park I AFH LLC	04/22/2025

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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 04/03/2025 of:

Green Park I AFH LLC  
11714 NE 137th St  
Kirkland, WA 98034

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2 , Unit K  
20311 52nd Ave W, Suite 100  
Lynnwood, WA 98036

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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.

*Alfredo Brown*  
Residential Care Services

04/24/2025  
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.	
<i>JANIEZA SAS</i> Provider (or Representative)	<i>4/24/25</i> Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

- (10) A current inventory of the resident's personal belongings dated and signed by:
  - (a) The resident; and
  - (b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents (Resident 2) had a completed Personal Belongings Inventory List in their resident record, signed by the resident and the AFH. This failure placed Resident 2 at risk for lost, stolen or misplaced personal property.

Findings included...

Record review showed the AFH admitted Resident 2 on [REDACTED]/2023.

Record review showed that Resident 2 had an undated Personal Belongings Inventory List with no signatures from Resident 1 or Staff A, Provider, in their record.

During an interview on 04/03/2025 at 2:20 PM, Staff B, Resident Manager, stated that the family did not fill out the Personal Belongings Inventory List when they brought in Resident 2's possessions.

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.

*Alfredo Brown*  
Residential Care Services

04/24/2025  
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)

Date

**WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

- (10) A current inventory of the resident's personal belongings dated and signed by:
- (a) The resident; and
  - (b) The adult family home.

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

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents (Resident 2) had a completed Personal Belongings Inventory List in their resident record, signed by the resident and the AFH. This failure placed Resident 2 at risk for lost, stolen or misplaced personal property.

Findings included...

Record review showed the AFH admitted Resident 2 on [REDACTED]/2023.

Record review showed that Resident 2 had an undated Personal Belongings Inventory List with no signatures from Resident 1 or Staff A, Provider, in their record.

During an interview on 04/03/2025 at 2:20 PM, Staff B, Resident Manager, stated that the family did not fill out the Personal Belongings Inventory List when they brought in Resident 2's possessions.

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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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/9/25.

*Personal Belongings form completed and signed.*

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

DANIEZA JAS, [Signature]  
Provider (or Representative)

4/24/25  
Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

- (2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on record review, observation and interviews, the Adult Family Home (AFH) failed to develop a system to revise the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) to reflect the current care needs of the resident. This failure placed Resident 1 at risk of not receiving up-to-date care and services.

Findings included...

The review of the AFH records showed the AFH admitted Resident 1 on [redacted]/2022.

Record review showed that Resident 1 had a document entitled "Nursing Assessment and Preliminary Negotiated Care Plan for Adult Family Home Initial Assessment" completed on 10/20/2022 by a registered nurse. Review of the Activities of Daily Living (ADL) Assessment showed undated handwritten entries in the same ADL sections as the typed entries, and no entries were crossed out to identify or indicate Resident 1's current level of care. For Positioning, it showed a typed entry of "X Standby for safety, cueing, monitoring or encouragement" along with an undated handwritten entry that stated, "Total help with positioning, at the table for meals and at bedtime." For Ambulation, it showed a typed entry of "Offer short walks with frequent rest periods. Able to walk approximately 300 feet with seated rest breaks" along with undated handwritten entries that stated, "Total help with ambulation, using wheelchair for ambulation. Not able to walk safely for resident and caregiver even with hands on assist." The Preliminary Negotiated Care Plan for Adult Family Home Initial Assessment showed similar typed entries and undated handwritten entries were made for Toilet Use, Bathing, Transfers, Bathing, Personal Hygiene, Dressing, and Mobility. The document was signed and dated by the Provider and Resident Representative on 11/10/2022, 11/10/2023, 12/07/2023 and 12/01/2024.

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

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

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

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

\_\_\_\_\_  
 Date

**WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:**

- (2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

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

Based on record review, observation and interviews, the Adult Family Home (AFH) failed to develop a system to revise the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) to reflect the current care needs of the resident. This failure placed Resident 1 at risk of not receiving up-to-date care and services.

**Findings included...**

The review of the AFH records showed the AFH admitted Resident 1 on [REDACTED]/2022.

Record review showed that Resident 1 had a document entitled "Nursing Assessment and Preliminary Negotiated Care Plan for Adult Family Home Initial Assessment" completed on 10/20/2022 by a registered nurse. Review of the Activities of Daily Living (ADL) Assessment showed undated handwritten entries in the same ADL sections as the typed entries, and no entries were crossed out to identify or indicate Resident 1's current level of care. For Positioning, it showed a typed entry of "X Standby for safety, cueing, monitoring or encouragement" along with an undated handwritten entry that stated, "Total help with positioning, at the table for meals and at bedtime." For Ambulation, it showed a typed entry of "Offer short walks with frequent rest periods. Able to walk approximately 300 feet with seated rest breaks" along with undated handwritten entries that stated, "Total help with ambulation, using wheelchair for ambulation. Not able to walk safely for resident and caregiver even with hands on assist." The Preliminary Negotiated Care Plan for Adult Family Home Initial Assessment showed similar typed entries and undated handwritten entries were made for Toilet Use, Bathing, Transfers, Bathing, Personal Hygiene, Dressing, and Mobility. The document was signed and dated by the Provider and Resident Representative on 11/10/2022, 11/10/2023, 12/07/2023 and 12/01/2024.

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In an interview on 04/03/2025 at 1:10 PM, Staff B, Resident Manager, stated that they don't have an NCP for the caregivers to read. They tell the caregivers what care to provide to the Residents.

In an interview on 04/03/2025 at 1:10 PM, Staff C, Caregiver, stated that they started using the "Nursing Assessment and Preliminary Negotiated Care Plan for Adult Family Home Initial Assessment" dated 10/20/2022 as the NCP. Interview with Staff B and Staff C indicated that they could not identify what part of the "Nursing Assessment and Preliminary Negotiated Care Plan for Adult Family Home Initial Assessment" was the Assessment and what part was the NCP. Staff B stated that they wrote the handwritten updates on the document but could not remember the dates they had wrote them.

In an interview on 04/03/2025 at 11:25 AM, Staff B stated that Resident 1 was no longer able to walk, Staff B stated that Resident 1 needed a wheelchair to get around.

A joint observation with Staff B on 04/03/2025 at 2:00 PM showed Resident 1 ambulated by using a front wheeled walker from their wheelchair located in the hallway to the bathroom toilet with assistance from Staff B. On 04/03/2025 at 2:05 PM, Resident 1 ambulated from the bathroom toilet to the wheelchair using the front wheeled walker and assistance from Staff B.

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/24/25.

*NCP made for this resident.*

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

*DANIELA JAS,*  
Provider (or Representative)

Date 4/24/25

**WAC 388-78-10430 Medication system.**

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

Based on record review, observations and interviews, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents' (Resident 1 and Resident 2) medications

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

In an interview on 04/03/2025 at 1:10 PM, Staff B, Resident Manager, stated that they don't have an NCP for the caregivers to read. They tell the caregivers what care to provide to the Residents.

In an interview on 04/03/2025 at 1:10 PM, Staff C, Caregiver, stated that they started using the "Nursing Assessment and Preliminary Negotiated Care Plan for Adult Family Home Initial Assessment" dated 10/20/2022 as the NCP. Interview with Staff B and Staff C indicated that they could not identify what part of the "Nursing Assessment and Preliminary Negotiated Care Plan for Adult Family Home Initial Assessment" was the Assessment and what part was the NCP. Staff B stated that they wrote the handwritten updates on the document but could not remember the dates they had wrote them.

In an interview on 04/03/2025 at 11:25 AM, Staff B stated that Resident 1 was no longer able to walk. Staff B stated that Resident 1 needed a wheelchair to get around.

A joint observation with Staff B on 04/03/2025 at 2:00 PM showed Resident 1 ambulated by using a front wheeled walker from their wheelchair located in the hallway to the bathroom toilet with assistance from Staff B. On 04/03/2025 at 2:05 PM, Resident 1 ambulated from the bathroom toilet to the wheelchair using the front wheeled walker and assistance from Staff B.

<p>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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____</p> <p>Provider (or Representative)</p>	<p>_____</p> <p>Date</p>

**WAC 388-76-10430 Medication system.**

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

Based on record review, observations and interviews, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents' (Resident 1 and Resident 2) medications

were available in the facility. This failure placed Resident 1 and Resident 2 at risk for not receiving medications as prescribed.

Findings included...

#### Resident 1

Record review showed the AFH admitted Resident 1 on [REDACTED]/2022. Resident 1's assessment dated 07/09/2024 showed that assistance with medication management was needed.

Record review of Resident 1's April 2025 Medication Log showed physician orders written on 03/15/2023 for Acetaminophen 650 milligrams tablets (medication to treat pain or elevated temperature) by mouth every four hours as needed, Melatonin 5 milligrams (medication used for insomnia) ordered 02/14/2023 to be given orally at bedtime as needed, Milk of Magnesia 30 milliliters (medication to treat constipation) ordered 02/14/2023 to be given orally in the morning as needed, and Polyethylene Glycol 17 grams (medication to treat constipation) ordered 03/15/2023 to be given orally once a day as needed.

In a joint observation on 04/03/2025 at 4:17 PM, with Staff B, Resident Manager, of Resident 1's medication supply showed the Acetaminophen, Melatonin, Milk of Magnesia and Polyethylene Glycol were not available in the AFH.

During an interview, on 04/03/2025 at 4:18 PM, Staff B stated that the family was supposed to supply those medications, but never did after the AFH made several attempts to the family. Staff B stated that Resident 1 had not received those medications since they were ordered, and they are waiting for the doctor to discontinue the medications.

#### Resident 2

Record review showed the AFH admitted Resident 2 on [REDACTED]/2023. Resident 2's assessment dated 07/20/2024 showed that assistance with medication management was needed.

Record review of Resident 2's April 2025 Medication Log showed physician orders written on 12/10/2024 for Oxycodone HCL 5 milligrams tablets (medication to treat pain) by mouth every six hours as needed.

In a joint observation on 04/03/2025 at 4:45 PM, with Staff B, Resident Manager, of Resident 2's medication supply showed the Oxycodone HCL was not available in the AFH.

During an interview, on 04/03/2025 at 4:46 PM, Staff B stated that Oxycodone HCL had

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not been available since Resident 2 returned to the AFH from a skilled nursing facility in [REDACTED] 2024 after being hospitalized for wrist surgery. Staff B stated that the pharmacy would not refill the medication, and that Resident 1's doctor wrote an order to discontinue the Oxycodone HCL, but they cannot locate the order. Staff B stated that they have asked the pharmacy several times to remove the Oxycodone HCL from the Medication Log, but they haven't done it yet.

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/9/24.  
**DISCONTINUE ORDER RECEIVED ON 4/9/24**

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

*David Clark*  
 Provider (or Representative)

Date 4/24/25

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

**WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:**

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

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

Based on record review, observation and interview, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 sampled residents (Resident 1) in their negotiated care plan (NCP). This failure placed Resident 1 at risk of harm due to unmet mental health care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [REDACTED]/2022, with multiple disabling diagnoses including: [REDACTED] and [REDACTED].

Observation, on 04/03/2025 at 4:17 PM, showed Resident 1's medication bin contained Fluoxetine HCL (medication for mood disorders), 40 milligrams (mg), one capsule by mouth every morning.

During an interview, on 04/03/2025 at 4:18 PM, Staff B, Resident Manager, stated that the Fluoxetine HCL was for Resident 1's depression.

not been available since Resident 2 returned to the AFH from a skilled nursing facility in [REDACTED] 2024 after being hospitalized for wrist surgery. Staff B stated that the pharmacy would not refill the medication, and that Resident 1's doctor wrote an order to discontinue the Oxycodone HCL, but they cannot locate the order. Staff B stated that they have asked the pharmacy several times to remove the Oxycodone HCL from the Medication Log, but they haven't done it yet.

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

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

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

\_\_\_\_\_  
Date

**WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:**

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

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

Based on record review, observation and interview, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 sampled residents (Resident 1) in their negotiated care plan (NCP). This failure placed Resident 1 at risk of harm due to unmet mental health care needs.

**Findings included...**

Record review showed the AFH admitted Resident 1 on [REDACTED]/2022, with multiple disabling diagnoses including: [REDACTED] and [REDACTED].

Observation, on 04/03/2025 at 4:17 PM, showed Resident 1's medication bin contained Fluoxetine HCL (medication for mood disorders), 40 milligrams (mg), one capsule by mouth every morning.

During an interview, on 04/03/2025 at 4:18 PM, Staff B, Resident Manager, stated that the Fluoxetine HCL was for Resident 1's depression.

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Review of Resident 1's NCP, reviewed 12/01/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 1's mood disorder or depression for which the mood disorder medication was prescribed.

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/4/25.  
*NCP updated with the psychopharmacological medication*

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

David S. [Signature] 4/24/25  
 Provider (or Representative) Date

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

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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that medications were stored in a locked storage for 1 of 6 residents (Resident 3). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk for accidental ingestion or improper use of medication.

Findings included...

A joint observation with Staff B, Resident Manager, on 04/03/2025 at 10:40 AM, showed in the kitchen's refrigerator, 3 boxes of Humulin N Quickpens (medication used to treat elevated blood sugar), containing 5 insulin pens on the inside shelf, not in a locked container.

In an interview on 04/03/2025 at 10:41 AM, Staff B stated that the insulin pens belonged to Resident 3. Staff B stated that they did not have a locked container to lock up medications inside the refrigerator.

Review of Resident 1's NCP, reviewed 12/01/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 1's mood disorder or depression for which the mood disorder medication was prescribed.

<p>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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____	_____
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;

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

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that medications were stored in a locked storage for 1 of 6 residents (Resident 3). This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk for accidental ingestion or improper use of medication.

**Findings included...**


A joint observation with Staff B, Resident Manager, on 04/03/2025 at 10:40 AM, showed in the kitchen's refrigerator, 3 boxes of Humulin N Quickpens (medication used to treat elevated blood sugar), containing 5 insulin pens on the inside shelf, not in a locked container.

In an interview on 04/03/2025 at 10:41 AM, Staff B stated that the insulin pens belonged to Resident 3. Staff B stated that they did not have a locked container to lock up medications inside the refrigerator.

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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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/9/25.  
*Locked Medication box purchased.*

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

*Daniela Sars*,   
 Provider (or Representative) 4/24/25  
Date

**WAC 388-76-10490 Medication disposal Written policy Required.**

- (2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must
  - (b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and
  - (i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

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

Based on record review, observation and interview, the Adult Family Home (AFH) failed to dispose of expired medications for 1 of 2 sampled residents (Resident 2). This failure placed the residents at risk of receiving expired medications.

**Findings included...**

Record Review of the AFH's undated "Medication Disposal Procedure" stated "All expired, outdated, or discontinued medications shall be removed from the AFH premises within 30 days of discontinuation of use."

A joint observation on 04/03/2025 at 4:40 PM with Staff B, Resident Manager, of Resident 2's medication supply showed a bingo card of Senna-Time (medication used for constipation) 17.2 grams tablets with an expiration date of 01/28/2024.

During an interview on 04/03/2025 at 4:41 PM, Staff B stated that they thought the expiration date was the date that the refilled expired, so they had been giving Resident 2 the medication from that bingo card.

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

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

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

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

\_\_\_\_\_  
 Date

**WAC 388-76-10490 Medication disposal Written policy Required.**

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

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

Based on record review, observation and interview, the Adult Family Home (AFH) failed to dispose of expired medications for 1 of 2 sampled residents (Resident 2). This failure placed the residents at risk of receiving expired medications.

**Findings included...**

Record Review of the AFH's undated "Medication Disposal Procedure" stated "All expired, outdated, or discontinued medications shall be removed from the AFH premises within 30 days of discontinuation of use."

A joint observation on 04/03/2025 at 4:40 PM with Staff B, Resident Manager, of Resident 2's medication supply showed a bingo card of Senna-Time (medication used for constipation) 17.2 grams tablets with an expiration date of 01/28/2024.

During an interview on 04/03/2025 at 4:41 PM, Staff B stated that they thought the expiration date was the date that the refilled expired, so they had been giving Resident 2 the medication from that bingo card.

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Observation on 04/03/2025 at 4:42 PM, showed Staff B contacted the pharmacist who explained that the expiration date on the prescription label was the last date that the resident should receive the medication, and the medication needed to be disposed of after the expiration date.

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, Green Park | AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/4/25.  
*Expired meds disposed of*

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

*Daniela Sar*  
 Provider (or Representative)

Date 4/24/25

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

**WAC 388-76-10650 Medical devices.**

(2) Before a medical device with a known safety risk is used by a resident, the home must:

- (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
- (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
- (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and
- (d) Ensure the medical device is properly installed.

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

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place for 2 of 6 residents (Resident 1 and 3) to ensure an assessment was completed, the resident was given information on the safety risks associated with [REDACTED], and the Negotiated Care Plan included how the resident will use the [REDACTED] before a medical device with a known safety risk was used. This failure placed Resident 1 and 3 at risk for injury from improper use of the medical device.

Findings included...

Observation on 04/03/2025 at 4:42 PM, showed Staff B contacted the pharmacist who explained that the expiration date on the prescription label was the last date that the resident should receive the medication, and the medication needed to be disposed of after the expiration date.

<p>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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____ Provider (or Representative)	_____ Date

**WAC 388-76-10650 Medical devices.**

(2) Before a medical device with a known safety risk is used by a resident, the home must:

- (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
- (b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;
- (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and
- (d) Ensure the medical device is properly installed.

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

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place for 2 of 6 residents (Resident 1 and 3) to ensure an assessment was completed, the resident was given information on the safety risks associated with [REDACTED], and the Negotiated Care Plan included how the resident will use the [REDACTED] before a medical device with a known safety risk was used. This failure placed Resident 1 and 3 at risk for injury from improper use of the medical device.

Findings included...

### Resident 1

Record review showed the AFH admitted Resident 1 on [REDACTED]/2022, with multiple disabling diagnoses.

In a joint observation with Staff B, Resident Manager, on 04/03/2025 at 11:05 AM, showed Resident 1's bed with upper half [REDACTED] elevated.

Record review of Resident 1's Assessment dated 07/09/2024 showed that Resident 1 required one-person physical assistance from the caregiver with bed mobility and required one-person total dependence from the caregiver for transfers. The Assessment showed no information about the resident's need or use of a [REDACTED] for bed mobility or transfers. No Assessment about Resident 1's ability to safely use the [REDACTED] was found. The AFH record for Resident 1 showed no documentation the resident or resident representative had been given any information regarding the risks associated with a [REDACTED] device.

Record review of the Negotiated Care Plan (NCP) reviewed 12/01/2024 showed no information about [REDACTED] or Resident 1's ability to use the [REDACTED], no instructions to caregivers about the use of [REDACTED], and no information to show that the [REDACTED] was properly installed.

During an interview on 04/03/2025 at 2:30 PM, Staff B stated that they could find an assessment by a qualified assessor of Resident 1's ability to safely use the [REDACTED], they could not find a signed consent for the use of the [REDACTED], and they could not locate any installation instructions for the [REDACTED]. Staff B stated that the family brought in [REDACTED] shortly after Resident 1's admission to the AFH because Resident 1 used the [REDACTED] when they were at their home.

### Resident 3

Record review showed the AFH admitted Resident 3, on [REDACTED]/2022 with multiple disabling diagnoses.

In a joint observation with Staff B, Resident Manager, on 04/03/2025 at 10:55 AM, showed Resident 3 in bed with upper half [REDACTED] elevated.


Record review of Resident 3's Assessment dated 03/20/2025 showed that Resident 3 required one-person total dependence from the caregiver with bed mobility and required one-person total dependence from the caregiver for transfers. The Assessment defined total dependence as "Full Caregiver performance at all times." The Assessment showed no information about the resident's need or use of a [REDACTED] for bed mobility or transfers. No Assessment about Resident 3's ability to safely use the [REDACTED] was found. The AFH record for Resident 3 showed no documentation the resident or resident representative had been given information regarding the risks associated with a [REDACTED] device.

Statement of Deficiencies	License #: 755346	Compliance Determination # 57463
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Record review of the NCP reviewed 04/20/2024 showed no information about [redacted] or Resident 3's ability to use the [redacted], no instructions to caregivers about the use of [redacted], and no information to show that the [redacted] was properly installed. The NCP's section entitled "Use of Medical Devices" showed no checkmark next to "[redacted]".

During an interview on 04/03/2025 at 2:42 PM, Staff B stated that they could find an assessment by a qualified assessor of Resident 3's ability to safely use the [redacted], they could not find a signed consent for the use of the [redacted], and they could not locate any installation instructions for the [redacted]. Staff B stated that they forgot to update the NCP. Staff B stated that did not know why Resident 3 needed the [redacted] when they required total dependence with bed mobility.

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/24/25.  
*Bedside rails placed for Joyce Hoover.*  
*Grab pole removed.*  
 In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) *Dawida Lar*,  Date 4/24/25

**WAC 388-76-10730 Grab bars and hand rails.**

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(b) Each side of any toilet used by residents.

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

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have properly installed grab bars by the toilet in 4 of 4 bathrooms (Bathroom 1, 2, 3 and 4). This failure placed Resident 1, Resident 2, Resident 3, Resident 4, Resident 5 and Resident 6 at risk for injury during toileting.

Findings included...

Record review of Department records showed the AFH was licensed on 01/11/2022.

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

Record review of the NCP reviewed 04/20/2024 showed no information about [REDACTED] or Resident 3's ability to use the [REDACTED], no instructions to caregivers about the use of [REDACTED], and no information to show that the [REDACTED] was properly installed. The NCP's section entitled "Use of Medical Devices" showed no checkmark next to "[REDACTED]".

During an interview on 04/03/2025 at 2:42 PM, Staff B stated that they could find an assessment by a qualified assessor of Resident 3's ability to safely use the [REDACTED], they could not find a signed consent for the use of the [REDACTED], and they could not locate any installation instructions for the [REDACTED]. Staff B stated that they forgot to update the NCP. Staff B stated that did not know why Resident 3 needed the [REDACTED] when they required total dependence with bed mobility.

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

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

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

\_\_\_\_\_  
Date

**WAC 388-76-10730 Grab bars and hand rails.**

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(b) Each side of any toilet used by residents.

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

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have properly installed grab bars by the toilet in 4 of 4 bathrooms (Bathroom 1, 2, 3 and 4). This failure placed Resident 1, Resident 2, Resident 3, Resident 4, Resident 5 and Resident 6 at risk for injury during toileting.

Findings included...

Record review of Department records showed the AFH was licensed on 01/11/2022.

Statement of Deficiencies	License #: 755346	Compliance Determination # 57463
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A joint observation with Staff B, Resident Manager, on 04/03/2025 at 10:52 AM showed Bathroom 1 had no grab bars installed next to the toilet.

A joint observation with Staff B, Resident Manager, on 04/03/2025 at 11:01 AM showed Bathroom 2 had no grab bars installed next to the toilet.

A joint observation with Staff B, Resident Manager, on 04/03/2025 at 11:10 AM showed Bathroom 3 had no grab bars installed next to the toilet.

A joint observation with Staff B, Resident Manager, on 04/03/2025 at 11:10 AM showed Bathroom 4 had no grab bars installed next to the toilet.

Observation on 04/03/2025 at 12:20 PM showed Staff B, Resident Manager, assisted Resident 2 in Bathroom 4 onto the toilet with an elevated commode with handrails on each side, placed over the toilet.

In an interview on 04/03/2025 at 10:58 AM, Staff B and Staff C, Caregiver, stated that they thought that the toilets didn't need grab bars installed next to the toilets because the AFH was grandfathered in.

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/10/25.

*Grabbers installed at each toilet.*

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

*David Las*  
Provider (or Representative)

4/24/25  
Date

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

A joint observation with Staff B, Resident Manager, on 04/03/2025 at 10:52 AM showed Bathroom 1 had no grab bars installed next to the toilet.

A joint observation with Staff B, Resident Manager, on 04/03/2025 at 11:01 AM showed Bathroom 2 had no grab bars installed next to the toilet.

A joint observation with Staff B, Resident Manager, on 04/03/2025 at 11:10 AM showed Bathroom 3 had no grab bars installed next to the toilet.

A joint observation with Staff B, Resident Manager, on 04/03/2025 at 11:10 AM showed Bathroom 4 had no grab bars installed next to the toilet.

Observation on 04/03/2025 at 12:20 PM showed Staff B, Resident Manager, assisted Resident 2 in Bathroom 4 onto the toilet with an elevated commode with handrails on each side, placed over the toilet.

In an interview on 04/03/2025 at 10:58 AM, Staff B and Staff C, Caregiver, stated that they thought that the toilets didn't need grab bars installed next to the toilets because the AFH was grandfathered in.

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, Green Park I AFH LLC is or will be in compliance with this law and / or regulation on (Date)\_\_\_\_\_.

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

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

\_\_\_\_\_  
Date