



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND LONG-TERM SUPPORT ADMINISTRATION  
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 96800	Completion Date
Plan of Correction	NORTH RIDGE HOUSE	February 26, 2016
Page 1 of 2	Licensee: NORTH RIDGE HOUSE	

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:  
 2/23/2016

NORTH RIDGE HOUSE  
 745 N 180TH ST  
 SHORELINE, WA 98133

The department staff that inspected the adult family home:  
 Brenda Mooney, M.A., Licensors

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit E  
 20425 72nd Avenue S, Suite 400  
 Kent, WA 98032-2388  
 (253)234-6033

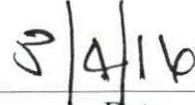
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

  
 Residential Care Services

  
 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

RECEIVED  
 MAR - 8 2016  
 DSHS/ADSA/RCS

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

(1) Resident; and

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

Based on interview and record review, the home did not ensure that the combined assessment and care plan was signed by the resident/resident's representative for one of two residents (Resident #1). Failure to ensure that the care plan was signed is a failure to ensure that the plan was consented to.

**Findings include:**

On 2/23/16, a review of resident records revealed that Resident #1, a resident with a diagnosis of [REDACTED] had an assessment/care plan dated 10/19/15. The assessment/care plan addressed Resident #1's needs and detailed the care plans for Resient #1's challenging behaviors but had no consenting signature.

Caregiver A said that Resident #1's representative had been in communication with staff on a regular basis, however the signing of the care plan was an oversight.

**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, NORTH RIDGE HOUSE is or will be in compliance with this law and / or regulation on (Date) 2/25/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

RUSSELL J. HELP  
Provider (or Representative)

3/4/16  
Date

WAS SIGNED/FAXED TO LICENSOR.

RECEIVED  
MAR - 8 2016  
DSHS/ADSA/RCS



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 19, 2016

NORTH RIDGE HOUSE INC  
NORTH RIDGE HOUSE  
745 N 180TH ST  
SHORELINE, WA 98133

RE: NORTH RIDGE HOUSE License #96800

Dear Provider:

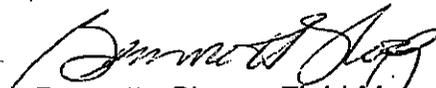
On April 18, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated February 26, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Brenda Mooney, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

  
Bennetta Shoop, Field Manager  
Region 2, Unit E  
Residential Care Services