



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

SEAN HUMPHREY HOUSE
SEAN HUMPHREY HOUSE
1630 H Street
Bellingham, WA 98225

RE: SEAN HUMPHREY HOUSE License # 303200

Dear Provider:

This letter addresses Compliance Determination(s) 61525 (Completion Date 06/10/2025) and 57944 (Completion Date 04/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/10/2025 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 05/30/2025 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 388-76-10750-1, WAC 388-76-10750-5-e, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:

Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit B
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 303200	Compliance Determination # 57944
Plan of Correction	SEAN HUMPHREY HOUSE	Completion Date
Page 1 of 6	Licensee: SEAN HUMPHREY HOUSE	04/22/2025

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 04/15/2025 of:

SEAN HUMPHREY HOUSE
1630 H Street
Bellingham, WA 98225

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:

Toni Bolo, Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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	_____ 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 388-76-10750 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;
- (5) Provide safe and functioning systems for:
 - (e) Plumbing;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a shower used by 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6) was maintained in good repair. The AFH failed to ensure Resident 1 and 2's bedroom doors were easily opened and closed. These failures placed the residents' safety at risk by having a shower with broken tile and exposed wood. Resident 1 and 2's safety and quality of life were at risk.

Findings included...

Observation on 04/15/2025 at 9:16 AM, showed two staff (Staff C, Caregiver & Staff M, Intern) working at the AFH. Staff C stated that the AFH had six residents.

Observation of AFH Bathroom 1 on 04/15/2025 at 9:45 AM, showed a shower stall that had a six-inch square area above the shower knob that had missing tile and exposed broken wood that was covered in a white and brown substance. Below the shower knob showed a six by eight-inch area that was covered by white tape.

Interview on 04/15/2025 at 10:30 AM, Staff A (Executive Director) stated that they were aware of the damage to the shower and were working on getting a new contractor to

work on the repairs.

Observation of Room ■■■, Resident 1's bedroom door, on 04/15/2025 at 1:15 PM, showed that Resident 1's bedroom door required it to be vigorously pulled and pushed to be opened and closed.

Interview on 04/15/2025 at 1:15 PM, Resident 1 stated that their door had been like that for a while.

Observation of Room ■■■, Resident 2's bedroom door, on 04/15/2025 at 1:25 PM, showed that Resident 2's bedroom door required it to be vigorously pulled and pushed to be opened and closed.

Interview on 04/15/2025 at 1:25 PM, Resident 2 stated that they did not remember how long their door had been like that.

Interview on 04/17/2025 at 11:24 AM, Staff A stated that they were not aware that Resident 1 and 2's bedroom doors were difficult to open and close.

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, SEAN HUMPHREY HOUSE 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 388-76-10430 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.

(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 record review and interview, the Adult Family Home (AFH) failed to ensure the medication logs (ML) were initialed, correct, and contained all necessary documentation for 6 of 6 residents (Resident 1, 2, 3, 4, 5 & 6). The AFH failed to ensure Resident 4 received their medications as prescribed. These failures placed residents at risk for medication errors and resulted in Resident 4 receiving more of their protein shake than prescribed.

Findings included...

RESIDENT 1

Record review showed the AFH admitted Resident 1 on [REDACTED]/2019 with multiple medical diagnoses. Resident 1's assessment, dated 07/19/2024, showed Resident 1 required caregiver assistance with medications.

Record review of Resident 1's April 2025 ML showed Betamethasone (medication used to treat inflammation) as needed (PRN) initialed as given on 04/02/2025 at 4:00 PM and 04/12/2025 at 6:30 PM. Resident 1's April 2025 ML showed AFH staff did not complete the "results" column for documentation of PRN Betamethasone.

RESIDENT 2

Record review showed the AFH admitted Resident 2 on [REDACTED]/2016 with multiple medical diagnoses. Resident 2's assessment, dated 12/20/2024, showed Resident 2 required caregiver assistance with medications.

Record review of Resident 2's April 2025 ML showed Montelukast (medication used to treat swelling of the airways) 10mg (milligram) take one tablet by mouth nightly. Resident 2's April 2025 ML showed no staff initial as Montelukast given on 04/12/2025 at 9:00 PM.

Resident 2's April 2025 ML showed Fluticasone (medication used to treat swelling of nasal lining) inhale on puff into lungs twice daily. Resident 2's April 2025 ML showed no staff initial as Fluticasone given on 04/14/2025 at 9:00 PM.

Resident 2's April 2025 ML showed Calcium Antacid (medication used to treat heartburn) PRN initialed as given on 04/01, 04/07, 04/08 at 5:00 PM and 04/09 at 4:00 PM. Resident 2's April 2025 ML showed AFH staff did not complete the "results" column

for documentation of PRN Calcium Antacid.

RESIDENT 3

Record review showed the AFH admitted Resident 3 on [REDACTED]/2019 with multiple medical diagnoses. Resident 3's assessment, dated 05/08/2024, showed Resident 3 required caregiver assistance with medications.

Record review of Resident 3's April 2025 ML showed Hydroxyzine (medication used to treat anxiety) take one tablet daily PRN initialed as given daily from 04/01/2025 to 04/14/2025. Resident 3's April 2025 ML showed no documentation for PRN Hydroxyzine, that included time, dose, reason, and results.

RESIDENT 4

Record review showed the AFH admitted Resident 4 on [REDACTED]/2016 with multiple medical diagnoses. Resident 4's assessment, dated 01/17/2025, showed Resident 4 required caregiver assistance with medications.

Record review of Resident 4's April 2025 ML showed Protein shake drink once daily PRN was initialed as given twice on 04/01, 04/07, and 04/12 and initialed as given once on 04/04, 04/05, 04/08, 04/09, 04/11, 04/13, 04/14, and 04/15. Resident 4's April 2025 ML showed no documentation of PRN Protein shake that included, time, dose, reason, and results.

Interview on 04/15/2025 at 11:15 AM, Staff C (Caregiver) stated that Resident 4 was known to skip meals, so Resident 4 had supplemental Protein shakes daily.

Record review of Resident 4's April 2025 ML showed Acetaminophen (medication used to treat aches and pain) PRN was initialed as given on 04/02, 04/13, 04/14, and 04/15. Resident 4's April 2025 ML showed no documentation of PRN Acetaminophen that included time, dose, reason, and results.

Record review of Resident 4's April 2025 ML showed Lidocaine (medication used to treat aches and pain) PRN was initialed as given on 04/02 at 5:00 PM. Resident 4's April 2025 ML showed AFH staff did not complete the "results" column for documentation of PRN Lidocaine.

RESIENT 5

Record review showed the AFH admitted Resident 5 on [REDACTED]/2013 with multiple

medical diagnoses. Resident 5's assessment, dated 07/19/2024, showed Resident 5 required caregiver assistance with medications.

Record review of Resident 5's April 2025 ML showed Lorazepam (medication used to treat anxiety) PRN was initialed as given on 04/11 at 6:00 PM. Resident 5's April 2025 ML showed AFH staff did not complete the "results" column for documentation of PRN Lorazepam.

RESIENT 6

Record review showed the AFH admitted Resident 6 on [REDACTED]/2021 with multiple medical diagnoses. Resident 6's assessment, dated 04/08/2024, showed Resident 6 required caregiver assistance with medications.

Resident 6's April 2025 ML showed Ciclopirox (medication used to treat infections caused by fungus) apply to big toenails once daily. Resident 6's April 2025 ML showed no staff initial as Ciclopirox given on 04/12/2025 at 8:00 PM.

Interview on 04/15/2025 at 5:15 PM, Staff A (Executive Director) stated that they were not aware the AFH staff did not complete documentation of medications. Staff A stated they would ensure AFH staff had additional training.

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, SEAN HUMPHREY HOUSE 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