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

FLORENCIA UCOL MARTINEZ
LMAR AFH CARE
8848 38TH AVE S
SEATTLE, WA 98118

RE: LMAR AFH CARE License # 476200

Dear Provider:

This letter addresses Compliance Determination(s) 57481 (Completion Date 04/10/2025) and 55072 (Completion Date 03/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/10/2025 and found that you have corrected the violations listed in the Full report dated 03/05/2025. Your home is back in compliance as of 04/01/2025 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 388-76-10485-3, WAC 388-76-10161-2-b

The Department staff who did the on-site verification:
Rivi Stella Perez

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
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 02/20/2025 of:

LMAR AFH CARE
8848 38TH AVE S
SEATTLE, WA 98118

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

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

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

Statement of Deficiencies	License #: 476200	Compliance Determination # 55072
Plan of Correction	LMAR AFH CARE	Completion Date
Page 2 of 4	Licensee: FLORENCIA UCOL MARTINEZ	03/05/2025

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 — 03/06/2025 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.

Florencia U. Martinez — Provider (or Representative)

03-16-2025 — Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a refrigerated medication stored in the AFH garage refrigerator was placed in a secured area or a locked box for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1's refrigerated medication at risk for unauthorized access or misuse by people who can go into the AFH's garage.

Findings included...

Review of the AFH records showed Resident 1 was admitted to the AFH on [redacted]/2015 with multiple diagnosis including [redacted].

During an interview on 02/20/205 at 10:00 AM, Staff A, Representative/Resident Manager, stated that there were 4 household members. Household Members 1 and Household Member 2 were adults, Household Member 3 was 12 years old and Staff B, on-call Caregiver.

Observation on 02/20/2025 at 11:25 AM, showed Resident 1's Lantus (fast acting insulin used to control high blood sugar in adults with [redacted] insulin medication was in a brown bag inside the refrigerator in the garage. The insulin medication was not in a locked box

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

03/06/2025
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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure a refrigerated medication stored in the AFH garage refrigerator was placed in a secured area or a locked box for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1's refrigerated medication at risk for unauthorized access or misuse by people who can go into the AFH's garage.

Findings included...

Review of the AFH records showed Resident 1 was admitted to the AFH on [redacted]/2015 with multiple diagnosis including [redacted].

During an interview on 02/20/205 at 10:00 AM, Staff A, Representative/Resident Manager, stated that there were 4 household members. Household Members 1 and Household Member 2 were adults, Household Member 3 was 12 years old and Staff B, on-call Caregiver.

Observation on 02/20/2025 at 11:25 AM, showed Resident 1's Lantus (fast acting insulin used to control high blood sugar in adults with [redacted] insulin medication was in a brown bag inside the refrigerator in the garage. The insulin medication was not in a locked box

and there was no lock for the refrigerator in the garage.

During an interview on 02/20/2025, Staff A stated that they put the Lantus insulin on the refrigerator in the garage to prevent them from mistaking it with another insulin that was stored on a locked box inside the refrigerator in the kitchen. Staff A stated Residents 1 and Resident 2 do not go into the garage.

During an interview on 03/04/2025 at 11:18 AM, Staff A stated that they had bought a lock box for the refrigerator in the garage and were waiting for delivery.

During an interview on 03/05/2025 at 11:39 AM, Staff stated that Household members would go to the garage sometimes. Staff A stated that Household Member 3 would go to the garage to assist Household Member 1 with the groceries. Staff A stated Household Member 1 was present when Household Member 3 helped with the groceries.

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, LMAR AFH CARE is or will be in compliance with this law and / or regulation on (Date) 03/07/2025

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

Florencia M. Martinez — Provider (or Representative)

03-16-2025 — Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure a Fingerprint Background Check (FBC) was completed timely and available on file for 1 of 2 Staff (Staff B, On-call Caregiver). This failure placed Residents 1 and Resident 2 at risk of receiving care from a caregiver who may have a disqualifying background.

and there was no lock for the refrigerator in the garage.

During an interview on 02/20/2025, Staff A stated that they put the Lantus insulin on the refrigerator in the garage to prevent them from mistaking it with another insulin that was stored on a locked box inside the refrigerator in the kitchen. Staff A stated Residents 1 and Resident 2 do not go into the garage.

During an interview on 03/04/2025 at 11:18 AM, Staff A stated that they had bought a lock box for the refrigerator in the garage and were waiting for delivery.

During an interview on 03/05/2025 at 11:39 AM, Staff stated that Household members would go to the garage sometimes. Staff A stated that Household Member 3 would go to the garage to assist Household Member 1 with the groceries. Staff A stated Household Member 1 was present when Household Member 3 helped with the groceries.

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, LMAR AFH CARE 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 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure a Fingerprint Background Check (FBC) was completed timely and available on file for 1 of 2 Staff (Staff B, On-call Caregiver). This failure placed Residents 1 and Resident 2 at risk of receiving care from a caregiver who may have a disqualifying background.

Statement of Deficiencies	License #: 476200	Compliance Determination # 55072
Plan of Correction	LMAR AFH CARE	Completion Date
Page 4 of 4	Licensee: FLORENCIA UCOL MARTINEZ	03/05/2025

Findings included...

Review of the AFH Personnel file for Staff B, received on 03/05/2025, showed Staff B was oriented to the AFH on 12/01/2022. Staff B's interim (temporary) FBC report showed it was completed on 02/28/2025, 26 months after the orientation date. The interim FBC report showed no record.

During an interview on 03/05/2025 at 1:05 PM, Staff A, Representative/Resident Manager, stated they were aware of the requirement to complete FBC for caregivers.

During an interview on 03/05/2025 at 1:06 PM, Staff A's Designee stated that Staff B had their FBC done when Staff B had applied for their nursing license. Staff A's Designee stated that Staff B could not remember the date when the prior FBC was done or where the copy of the FBC record was.

During an interview on 03/05/2025 at 1:08 PM, Staff A's Designee stated that they could not locate a copy of Staff B's FBC, so an interim FBC was completed.

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, LMAR AFH CARE is or will be in compliance with this law and / or regulation on (Date) 04/01/2025

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

Florencia U. Martinez
Provider (or Representative)

03-16-2025
Date

Findings included...

Review of the AFH Personnel file for Staff B, received on 03/05/2025, showed Staff B was oriented to the AFH on 12/01/2022. Staff B's interim (temporary) FBC report showed it was completed on 02/28/2025, 26 months after the orientation date. The interim FBC report showed no record.

During an interview on 03/05/2025 at 1:05 PM, Staff A, Representative/Resident Manager, stated they were aware of the requirement to complete FBC for caregivers.

During an interview on 03/05/2025 at 1:06 PM, Staff A's Designee stated that Staff B had their FBC done when Staff B had applied for their nursing license. Staff A's Designee stated that Staff B could not remember the date when the prior FBC was done or where the copy of the FBC record was.

During an interview on 03/05/2025 at 1:08 PM, Staff A's Designee stated that they could not locate a copy of Staff B's FBC, so an interim FBC was completed.

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, LMAR AFH CARE 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