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

TRITTLE CORPORATION
HILL PARK FAMILY HOME
2915 17TH AVE S
SEATTLE, WA 98144

RE: HILL PARK FAMILY HOME License # 604300

Dear Provider:

This letter addresses Compliance Determination(s) 63573 (Completion Date 08/04/2025) and 59919 (Completion Date 06/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/04/2025 and found that you have corrected the violations listed in the Full report dated 06/05/2025. Your home is back in compliance as of 07/15/2025 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 388-112A-0610-1-a-i, WAC 388-76-10161-2-b, WAC 388-76-10198-3, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10380-4, WAC 388-76-10430-1, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10650-1, 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 388-76-10650, WAC 388-76-10725-1, WAC 388-76-10725-6-c, WAC 388-76-10725-7, WAC 388-76-10725-7-a, WAC 388-76-10725-7-b, WAC 388-76-10725-10-a, WAC 388-76-10725-10-b, WAC 388-76-10725-10, WAC 388-76-10725-11, WAC 388-76-10725-12, WAC 388-76-10750-9

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
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

Statement of Deficiencies	License #: 604300	Compliance Determination #59919
Plan of Correction	HILL PARK FAMILY HOME	Completion Date
Page 1 of 13	Licensee: TRITTLE CORPORATION	06/05/2025

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 05/20/2025 of:
HILL PARK FAMILY HOME
2915 17TH AVE S
SEATTLE, WA 98144

The following sample was selected for review during the unannounced on-site visit: 2 of 5 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

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

06/09/2025
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)

06/25/2025
Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

This requirement was not met as evidenced by:

Based on record review and interviews, the Adult Family Home (AFH) failed to ensure that 1 of 3 staff (Staff B, Caregiver) completed 12 hours of continuing education (CE) by their birthday each year. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of having a caregiver who was not fully qualified.

Findings included...

Record review of AFH personnel records revealed that Staff B was hired 09/15/2017 and their birthday was March 7th. Record review revealed that there was no evidence they had completed any of the required CE credits between 03/07/2024 and 03/06/2025.

Review of the Department's record show that Staff B was first issued their Nursing Assistant Certification on 04/07/2017 with an expiration date of 03/07/2026.

During an interview on 05/20/2025 at 2:22 PM, Staff A, Provider, stated that they thought only home care aides had to complete 12 hours of CE training each year.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 06/15/2025

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

Provider (or Representative) — Date: 06/15/2025

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 (AFH) failed to have a system in place to ensure that 1 of 3 staff members (Staff B) had a completed national fingerprint background check. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of receiving care from staff and being exposed to individuals in the home whose criminal background history was unknown.

Findings included...

Record review of the AFH's personnel files showed that Staff B, Caregiver, was hired by the AFH on 09/15/2017. The AFH had no final national fingerprint background results for Staff B.

During an interview on 05/20/2025 at 2:12 PM, Staff A, Provider, stated that they thought that the caregiver only needed to complete a national fingerprint background check if the Washington state name and date of birth background check had a finding.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 07/03/2025.

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

Provider (or Representative)

06/25/2025
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based upon record review and interview, the Adult Family Home (AFH) failed to have the tuberculosis (TB) testing results accessible to the department for 1 of 3 staff members (Staff A, Provider). This failure placed the residents at risk for unmet needs due to the department's inability to verify if the caregivers are qualified.

Findings included...

Record review revealed that there were no TB testing records in the personnel records for Staff A.

In an interview on 05/20/2025 at 2:00 PM, Staff A stated that they could not locate their TB testing records.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 05/29/2025.

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

Provider (or Representative) — Date: 06/20/2025

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on record review, observations and interviews, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included information to the caregivers regarding [redacted] services and [redacted] for 1 of 2 sampled residents. This failure placed 1 of 2 sampled residents (Resident 1) at risk for unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review of Resident 1's Assessment dated 03/26/2025 showed that Resident 1 received [redacted] monthly from an agency. No information regarding [redacted] services was found on the NCP dated 04/07/2024.

In an interview on 05/20/2025 at 4:22 PM, Staff A stated that Resident 1 received [redacted] services every three months for anxiety, but they didn't write it on the NCP.

A joint observation on 05/20/2025 at 10:35 AM with Staff A showed an elevated [redacted] on the bed located in Bedroom [redacted] occupied by Resident 1. The base of the [redacted] was under the mattress, and it was not attached to the bed frame. Staff A was able to move the [redacted] into various positions.

Record review of the NCP dated 04/07/2024 showed no information to the caregivers on how the resident used the [redacted], or instructions on when the [redacted] should be elevated, lowered, or removed.

In an interview on 05/20/2025 at 3:36 PM, Staff A stated that the family provided Resident 1 with the [redacted], and that Resident 1 had been using the [redacted] for several years to get out of bed.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 07/15/2025.

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

Provider (or Representative) — Date: 06/25/2025

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) was reviewed and revised at least every 12 months by the resident or resident representative and the AFH. This failure placed the resident at risk for unrecognized and unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review of Resident 1's NCP dated 04/07/2024 showed Resident 1's NCP was six weeks months overdue for review and updates. The NCP showed no documentation of signatures, initials, or dates related to reviewing and updating the NCP. Resident 1's NCP dated 04/07/2024 was last signed and dated by the Resident representative on 04/14/2024.

On 05/20/2025 at 12:45 PM, Staff A, Provider, stated that they completed a new NCP in March 2025, but didn't print it and didn't have the resident representative to sign it.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 06/15/2025.

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

Provider (or Representative) — Date: 06/20/2025

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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents (Resident 1) medications were available in the facility. This failure placed Resident 1 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Resident 1's assessment, dated 03/26/2025, showed that assistance with medication management was needed.

Record review of Resident 1's May 2025 Medication Log showed physician orders written for Acetaminophen (medication used to treat mild pain) 325 milligram tablets, take 2 tablets three times daily as needed for headache.

In a joint observation, on 05/20/2025 at 3:00 PM, Staff A, Provider, of Resident 1's medication supply, showed the Acetaminophen was not available in the AFH.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 06/01/2025.

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

Provider (or Representative) — Date: 06/15/2025

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH), failed to ensure a copy of the Disclosure of Charges (DOC) was completed prior to or upon admission, and was signed, dated, and kept in 2 of 2 sampled residents (Resident 1 and 2) records. This failure placed Resident 1 and Resident 2 at risk of not being fully aware of all their rights.

Findings included...

Review of the AFH records showed the AFH admitted Resident 1 on [redacted]/2024. Review of the AFH records showed the AFH admitted Resident 2 on [redacted]/2023.

Record review of Resident 1's record showed the AFH had no copy of a signed and dated Disclosure of Charges form. Record review of Resident 2's record showed the AFH had no copy of a signed and dated Disclosure of Charges form.

During an interview, on 05/20/2025 at 12:27 PM, Staff A, Provider, stated that they didn't have the [redacted] residents to sign the DOC form because they don't charge them anything extra.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 07/15/2025.

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

Provider (or Representative) — Date: 06/25/2025

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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 1 of 5 residents (Resident 1) 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 at risk for injury from improper use of the medical device.

Findings included...

A joint observation on 05/20/2025 at 10:35 AM with Staff A, Provider, showed an elevated [redacted] on the bed located in Bedroom [redacted] occupied by Resident 1. The base of the [redacted] was under the mattress, and it was not attached to the bed frame. Staff A was able to move the [redacted] into various positions.

Record review of Resident 1's Assessment dated 03/26/2025 showed Resident 1 required one-person physical assistance from the caregiver with bed mobility. No information about the need for a [redacted] was found in Resident 1's Assessment.

Review of Resident 1's record showed no assessment had been completed that identified Resident 1's need for and ability to use a medical device with a known safety risk.

Review of Resident 1's record showed no representative consent for the use of a medical device or that the resident representative had been given information regarding the risks associated with a [redacted] device.

Record review of the Negotiated Care Plan (NCP) dated 04/07/2024 in the bed mobility section showed Resident 1 needed cueing to reposition in bed. The NCP did not contain any information about [redacted] or Resident 1's ability to use the [redacted].

In an interview on 05/20/2025 at 3:40 PM, Staff A stated that they needed to complete the paperwork for the [redacted].

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 07/10/2025

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

Provider (or Representative) — Date: 06/25/2025

WAC 388-76-10725 Electronic monitoring equipment Resident requested use.

(1) Audio or video monitoring equipment may not be installed in an adult family home to monitor any resident sleeping area unless the resident or the resident's representative has requested and consents to the monitoring;

(6) If the resident requests that the home conduct audio or video monitoring of their sleeping area, before any electronic monitoring occurs the home must ensure:

(c) The resident and the home have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The home must:

(a) Reevaluate the use of the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing signed and dated by the resident.

(10) For the purposes of consenting to audio electronic monitoring, the term "resident" includes only:

(a) The resident residing in the home; or

(b) The resident's court-appointed guardian or attorney-in-fact who has obtained a court order specifically authorizing the court-appointed guardian or attorney-in-fact to consent to audio electronic monitoring of the resident.

(11) If the resident's decision maker consents to audio electronic monitoring as specified in subsection (10) of this section, the home must maintain a copy of the court order authorizing such consent in the resident's record.

(12) If the adult family home determines that a resident, resident's family, or other third party is electronically monitoring a resident's bedroom without complying with the requirements of this section, the home must disconnect or remove such equipment until the appropriate consent is obtained and notice given as required by this section.

This requirement was not met as evidenced by:

Based on record review, observation and interviews, the Adult Family Home (AFH) failed to ensure that video and audio monitoring equipment was not used to record and monitor 1 of 2 sampled residents (Resident 2) in their sleeping area without obtaining a signed consent, an agreement, and a court order for audio monitoring. This failure resulted in a loss of privacy and dignity for Residents 2.

Findings included...

In a joint observation with Staff A, Provider, on 05/20/2025 at 10:27 AM, showed a camera mounted on the dresser, pointing towards Resident 2's bed, and the doorway entrance of Bedroom [redacted]

Review of the AFH records showed the AFH admitted Resident 2 on [redacted]/2023. Review of Resident 2's records showed no signed consent from Resident 2 or their representative for audio and video monitoring. No record of an agreement on the specific duration of the electronic monitoring, and no court order authorizing audio monitoring could be found.

During an interview, on 05/20/2025 at 3:30 PM, Staff A stated that Resident 2's family uses the camera to monitor Resident 2 and communicate with them. Staff A stated that they didn't think they needed any paperwork for the device because they thought the family can place whatever device they want in a resident's room. Staff A stated that

they didn't give permission to Resident 2's family to install the camera.

In an interview on 05/21/2025 at 12:21 PM, Collateral Contact 1 (CC1), resident representative, stated that they use the camera to monitor Resident 2. They sometimes talk to Resident 2 through the camera, and the camera footage was recorded and monitored on their cell phone.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 06/12/2025 .

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

Provider (or Representative) — Date: 06/25/2025

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(9) Provide rapid access for all staff to any bedroom, toilet room, shower room, closet, other room occupied by each resident;

This requirement was not met as evidenced by:

Based upon observation and interview, the Adult Family Home (AFH) failed to provide a method for rapid access to 4 of 6 bedrooms (Bedroom [redacted], Bedroom [redacted], Bedroom [redacted] and Bedroom [redacted]) when locked. This failure placed 4 of 5 residents (Resident 1, Resident 2, Resident 3, and Resident 5) at risk of not receiving timely attention from caregivers, while the bedroom door is locked.

Findings included...

A joint observation with Staff A, Provider, during the general tour on 05/20/2025 at 10:31 AM showed each of the doorknobs for Bedroom [redacted], Bedroom [redacted], Bedroom [redacted] and Bedroom [redacted] had the capability of being locked. Observation showed no keys or a way for AFH staff to unlock a locked doorknob for immediate access to unlock the doorknobs.

In an interview on 05/20/2025 at 10:40 AM, Staff A stated that they kept the key to unlocking the doors on their keychain. Staff A stated that they didn't want a key outside Bedroom [redacted] because they didn't want anyone to lock Resident 3 in their bedroom.

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, HILL PARK FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 06/01/2025 .

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

Provider (or Representative) — Date: 06/25/2025