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

AMELIA DELOS REYES
EVERLASTING CARE ADULT FAMILY HOME
936 SOUTH 261ST PLACE
DES MOINES, WA 98198

RE: EVERLASTING CARE ADULT FAMILY HOME License # 609600

Dear Provider:

This letter addresses Compliance Determination(s) 55462 (Completion Date 02/28/2025) and 49925 (Completion Date 11/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/28/2025 and found that you have corrected the violations listed in the Full report dated 11/13/2024. Your home is back in compliance as of 11/25/2024 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 388-76-10485-1

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Dahl Kim

Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

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

Statement of Deficiencies	License #: 609600	Compliance Determination # 49925
Plan of Correction	EVERLASTING CARE ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: AMELIA DELOS REYES	11/13/2024

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 11/01/2024 and 11/01/2024 of:
EVERLASTING CARE ADULT FAMILY HOME
936 SOUTH 261ST PLACE
DES MOINES, WA 98198

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:

Ivy Mordo, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S. Suite 400
Kent, WA 98032

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 — 11-19-2024 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 11/01/2024 and 11/01/2024 of:
EVERLASTING CARE ADULT FAMILY HOME
936 SOUTH 261ST PLACE
DES MOINES, WA 98198

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:

Ivy Mordo, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Amelia delos Reyes
Provider (or Representative)

11-25-24
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 lock up the box of 1 of 1 resident (Residents 4)'s medication in the refrigerator. This failure placed ambulatory residents (Residents 1, 2 and 3) at risk for worsening condition if they accessed and used this medication inappropriately.

Findings included...

In an unannounced visit on 11/01/2024 at 9:00 AM, observed four residents, (Residents 1, 2, 3 and 4) resided and received care in the AFH. Residents 1, 2 and 3 were observed as independent with their ambulation.

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 lock up the box of 1 of 1 resident (Residents 4)'s medication in the refrigerator. This failure placed ambulatory residents (Residents 1, 2 and 3) at risk for worsening condition if they accessed and used this medication inappropriately.

Findings included…

In an unannounced visit on 11/01/2024 at 9:00 AM, observed four residents, (Residents 1, 2, 3 and 4) resided and received care in the AFH. Residents 1, 2 and 3 were observed as independent with their ambulation.

On 11/01/2024 at 9:15 AM, observation of the AFH's refrigerator showed Resident 4 had Trulicity 1.5 milligram/0.5 milliliters Insulin (liquid injected into the fat of the skin to regulates high blood sugar levels) kept in an unlocked box in the AFH refrigerator.

On 11/01/2024 at 9:20 AM Staff B, Caregiver, stated that they forgot to lock the box after administering the medication that morning.

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, EVERLASTING CARE ADULT FAMILY HOME 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