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

KBD J INC
TENDER CARE LIVING II
15119 19th Pl W
Lynnwood, WA 98087

RE: TENDER CARE LIVING II License # 706701

Dear Provider:

This letter addresses Compliance Determination(s) 66547 (Completion Date 10/01/2025) and 63851 (Completion Date 08/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/01/2025 and found that you have corrected the violations listed in the Full report dated 08/14/2025. Your home is back in compliance as of 08/25/2025 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 388-76-10485-1, WAC 388-76-10750-7, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10161-2-a, WAC 388-76-10380-4, WAC 388-76-10530-2

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
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 08/08/2025 of:
TENDER CARE LIVING II
8831 CORBIN DR
EVERETT, WA 98204

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:

Katherine Randall, Nursing Care Consultant, NCC

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

Statement of Deficiencies	License #: 706701	Compliance Determination # 63851
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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.

Renee' Bourque
Residential Care Services

08/19/2025
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)

8/25/25
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 ensure all prescription and over-the-counter (OTC) medications were stored in a secured locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of accidental medication consumption from unsecured medications.

Findings included ...

Observation, on 08/08/2025 at 9:40 AM, showed the AFH with 3 ambulatory residents (Residents 2, 3 and 4) present in the living room. Observation showed a work desk in the far-right corner of the living room. A small file cabinet was adjacent to the work desk. Observation showed on the file cabinet were two prescription bottles of medication and one OTC bottle all belonging to Staff C (Caregiver) according to the label.

Staff B (Caregiver) was present in the AFH as the only caregiver from 09:40 AM until 10:20 AM. Staff C returned to the AFH after an errand, and the personal medications were removed and secured.

In an interview, on 08/08/2025 at 2:20 PM, Staff A (Provider) stated that they had noticed the unlocked medications and none of the residents in the home were confused.

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 _____

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all prescription and over-the-counter (OTC) medications were stored in a secured locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of accidental medication consumption from unsecured medications.

Findings included …

Observation, on 08/08/2025 at 9:40 AM, showed the AFH with 3 ambulatory residents (Residents 2, 3 and 4) present in the living room. Observation showed a work desk in the far-right corner of the living room. A small file cabinet was adjacent to the work desk. Observation showed on the file cabinet were two prescription bottles of medication and one OTC bottle all belonging to Staff C (Caregiver) according to the label.

Staff B (Caregiver) was present in the AFH as the only caregiver from 09:40 AM until 10:20 AM. Staff C returned to the AFH after an errand, and the personal medications were removed and secured.

In an interview, on 08/08/2025 at 2:20 PM, Staff A (Provider) stated that they had noticed the unlocked medications and none of the residents in the home were confused.

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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, TENDER CARE LIVING II is or will be in compliance with this law and / or regulation on (Date) 8/25/25.

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

Provider (or Representative) — Date: 8/25/25

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk for accidental chemical exposure.

Findings Included..

Observation, on 08/08/2025 at 10:40 AM, of the main resident bathroom showed an unlocked under the sink cabinet containing bathroom cleaners with bleach and all purpose household cleaners. The cabinet had a locking device present which required a key to lock and unlock.

In an interview, on 08/08/2025 at 10:40 AM, Staff A (Provider) called for Staff C (Caregiver) to get the key and lock the bathroom cabinet door when asked why the cabinet was not locked.

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, TENDER CARE LIVING II 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

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk for accidental chemical exposure.

Findings included…

Observation, on 08/08/2025 at 10:40 AM, of the main resident bathroom showed an unlocked under the sink cabinet containing bathroom cleaners with bleach and all purpose household cleaners. The cabinet had a locking device present which required a key to lock and unlock.

In an interview, on 08/08/2025 at 10:40 AM, Staff A (Provider) called for Staff C (Caregiver) to get the key and lock the bathroom cabinet door when asked why the cabinet was not locked.

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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, TENDER CARE LIVING II is or will be in compliance with this law and / or regulation on (Date) 8/25/25 .

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

Bunda Finch — Provider (or Representative)

8/25/25 — 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 observation, record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 residents (Resident 1 and Resident 2) had their Medication Log (ML) kept up to date, all medications were available to administer as required and all medications were labelled. These failures placed Resident 1 and Resident 2 at risk for a medication administration error.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted into the AFH on [redacted]/2008 with multiple diagnoses including [redacted].

Review of Resident 1's ML and medication bin showed the following:
1.An order was noted on Resident 1's ML for Bisacodyl Suppository (a medication used to treat constipation) 10 milligrams as needed. The medication was not located in Resident 1's medication bin and when a small baggie of the medication was located 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, TENDER CARE LIVING II 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

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(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 observation, record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 residents (Resident 1 and Resident 2) had their Medication Log (ML) kept up to date, all medications were available to administer as required and all medications were labelled. These failures placed Resident 1 and Resident 2 at risk for a medication administration error.

Findings included…

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted into the AFH on [redacted]/2008 with multiple diagnoses including [redacted].

Review of Resident 1's ML and medication bin showed the following:
1.An order was noted on Resident 1's ML for Bisacodyl Suppository (a medication used to treat constipation) 10 milligrams as needed. The medication was not located in Resident 1's medication bin and when a small baggie of the medication was located it

was unlabeled.
2.An order was noted on Resident 1's ML for Polyethylene Glycol (a medication used to treat constipation) 17 grams in 8 ounces of water as needed daily. The medication was not located in the medication bin.
3.Located in the medication bin was Nystatin and Triamcinolone Acetonide cream (a cream used to treat a fungal skin infection). There was not an order on Resident 1's ML for the cream.
4.Located in the medication bin was a bottle of Atropine Sulfate 1% ophthalmic solution (an eye drop used for different reasons). There was not an order on Residents 1's ML for the eye drops.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted into the AFH on [redacted]/2015 with multiple diagnoses including [redacted].

Review of Resident 1's ML and medication bin showed the following:
An order was noted on Resident 2's ML for Atrovent HFA (an inhaled breathing treatment to ease breathing) 17 micrograms take 2 puffs twice a day. The Atrovent HFA inhaler was located in Resident 2's medication bin but was unlabeled.

In an interview, on 08/08/2025 at 1:45 PM, Staff A (Provider) stated that the medications would be corrected.

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, TENDER CARE LIVING II is or will be in compliance with this law and / or regulation on (Date) 8/25/25.

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

Provider (or Representative) — Date: 8/25/25

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:

(a) A Washington state name and date of birth background check; and

was unlabeled.
2.An order was noted on Resident 1's ML for Polyethylene Glycol (a medication used to treat constipation) 17 grams in 8 ounces of water as needed daily. The medication was not located in the medication bin.
3.Located in the medication bin was Nystatin and Triamcinolone Acetonide cream (a cream used to treat a fungal skin infection). There was not an order on Resident 1's ML for the cream.
4.Located in the medication bin was a bottle of Atropine Sulfate 1% ophthalmic solution (an eye drop used for different reasons). There was not an order on Residents 1's ML for the eye drops.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted into the AFH on [redacted]/2015 with multiple diagnoses including [redacted].

Review of Resident 1's ML and medication bin showed the following:
An order was noted on Resident 2's ML for Atrovent HFA (an inhaled breathing treatment to ease breathing) 17 micrograms take 2 puffs twice a day. The Atrovent HFA inhaler was located in Resident 2's medication bin but was unlabeled.

In an interview, on 08/08/2025 at 1:45 PM, Staff A (Provider) stated that the medications would be corrected.

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, TENDER CARE LIVING II 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

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(a) A Washington state name and date of birth background check; and

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff B [Caregiver]) had a current Washington state name and date of birth background check (WSNDOB BGC) on file. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of receiving care from an unqualified caregiver.

Findings included..

Review of the AFH personnel records showed Staff B did not have a WSNDOB BGC on file. Staff B had a final fingerprint result letter showing the fingerprint test was completed on 07/12/2023.

In an interview, on 08/08/2025 at 1:50 PM, Staff A (Provider) stated that they would order a WSNDOB BGC for Staff B.

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, TENDER CARE LIVING II is or will be in compliance with this law and / or regulation on (Date) 8/25/25 .

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

Provider (or Representative) Burton Justin Date 8/25/25

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 record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 residents (Resident 1 and Resident 2) had their negotiated care plan (NCP) reviewed and revised every twelve months as required. This failure placed Resident 1 and Resident 2 at risk for unmet care needs.

Findings included..

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff B [Caregiver]) had a current Washington state name and date of birth background check (WSNDOB BGC) on file. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk of receiving care from an unqualified caregiver.

Findings included…

Review of the AFH personnel records showed Staff B did not have a WSNDOB BGC on file. Staff B had a final fingerprint result letter showing the fingerprint test was completed on 07/12/2023.

In an interview, on 08/08/2025 at 1:50 PM, Staff A (Provider) stated that they would order a WSNDOB BGC for Staff B.

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, TENDER CARE LIVING II 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 388-76-10380 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 record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 residents (Resident 1 and Resident 2) had their negotiated care plan (NCP) reviewed and revised every twelve months as required. This failure placed Resident 1 and Resident 2 at risk for unmet care needs.

Findings included…

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted into the AFH on [redacted]/2008 with multiple diagnoses including [redacted].

Review of Resident 1's NCP, dated 01/24/2025, showed Resident 1's representative signed and dated the NCP on 01/24/2025, and Staff A (Provider) had last signed and dated the NCP on 08/12/2020.

In an interview, on 08/08/2025 at 1:50 PM, Staff A stated that they would update the signatures on the NCP.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted into the AFH on [redacted]/2015 with multiple diagnoses including [redacted].

Review of Resident 2's NCP, dated 04/16/2024, showed Resident 2, and Staff A ,signed and dated the NCP last on 04/16/2024..

In an interview, on 08/08/2025 at 1:50 PM, Staff A stated that they would update the signatures on the NCP.

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, TENDER CARE LIVING II is or will be in compliance with this law and / or regulation on (Date) 8/25/25.

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

Provider (or Representative) — Date: 8/25/25

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted into the AFH on [redacted]/2008 with multiple diagnoses including [redacted].

Review of Resident 1's NCP, dated 01/24/2025, showed Resident 1's representative signed and dated the NCP on 01/24/2025, and Staff A (Provider) had last signed and dated the NCP on 06/12/2020.

In an interview, on 08/08/2025 at 1:50 PM, Staff A stated that they would update the signatures on the NCP.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted into the AFH on [redacted]/2015 with multiple diagnoses including [redacted].

Review of Resident 2's NCP, dated 04/16/2024, showed Resident 2, and Staff A ,signed and dated the NCP last on 04/16/2024..

In an interview, on 08/08/2025 at 1:50 PM, Staff A stated that they would update the signatures on the NCP.

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, TENDER CARE LIVING II 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

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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 department's standardized disclosure of services form was present, signed and dated in the resident record for 2 of 5 residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk for a lack of knowledge related to understanding all services provided.

Findings included...

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted into the AFH on [redacted]/2008 with multiple diagnoses including [redacted].

Review of Resident 1's record showed no Disclosure of Services form was present.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted into the AFH on [redacted]/2015 with multiple diagnoses including [redacted].

Review of Resident 2's record showed no Disclosure of Services form was present.

In an interview, on 08/08/2025 at 1:55 PM, Staff A (Provider) stated that they would have the Disclosure of Services forms completed and signed.

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, TENDER CARE LIVING II is or will be in compliance with this law and / or regulation on (Date) 8/25/25.

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

Bonita Finch
Provider (or Representative)

8/25/25
Date

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Findings included…

RESIDENT 1:
Review of Resident 1's record showed Resident 1 was admitted into the AFH on [redacted]/2008 with multiple diagnoses including [redacted].

Review of Resident 1's record showed no Disclosure of Services form was present.

RESIDENT 2:
Review of Resident 2's record showed Resident 2 was admitted into the AFH on [redacted]/2015 with multiple diagnoses including [redacted].

Review of Resident 2's record showed no Disclosure of Services form was present.

In an interview, on 08/08/2025 at 1:55 PM, Staff A (Provider) stated that they would have the Disclosure of Services forms completed and signed.

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, TENDER CARE LIVING II 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