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

LOREN LEETCH
L & P HOMECARE
15118 SE 276TH PL
KENT, WA 98042

RE: L & P HOMECARE License # 722800

Dear Provider:

This letter addresses Compliance Determination(s) 62971 (Completion Date 07/22/2025) and 59710 (Completion Date 06/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/22/2025 and found that you have corrected the violations listed in the Full report dated 06/04/2025. Your home is back in compliance as of 06/11/2025 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 388-76-10355-7-c, WAC 388-76-10420-7-b, WAC 388-76-10705-2-c

The Department staff who did the on-site verification:
Marites Gatan, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON
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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 05/15/2025 of:
L & P HOMECARE
15118 SE 276TH PL
KENT, WA 98042

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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

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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.

Residential Care Services

6-5-2025
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)

6/11/25
Date

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:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home failed to ensure that 1 of 2 sampled residents (Resident 3) who received Anti-coagulation (process of removing blood clots from forming or growing larger) medication, had had instructions for care staff to monitor for signs of bleeding in the Negotiated Care Plan (NCP). This failure placed Resident 3 at risk of receiving inappropriate care, related to risk of bleeding as a medication side effect.

Findings included...

Observation on 05/15/2025 at 9:04 AM showed Staff A, Provider and Staff B, Caregiver with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

Review of Resident 3's AFH records showed the AFH admitted them on [redacted]/2020. Resident 3's 04/15/2025 Annual Assessment showed they received anticoagulant medication and had their blood level checked every six to eight weeks. Resident 3's 03/17/2025's Nursing assessment and evaluation showed they received Warfarin (also known as blood thinner is used to prevent and treat blood clots) with an instruction for

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Findings included…

Observation on 05/15/2025 at 9:04 AM showed Staff A, Provider and Staff B, Caregiver with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

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caregivers to watch for signs of bleeding and if signs occurred to report to physician immediately. Resident 3's 05/03/2025 NCP did not have an entry that Resident 3 received anticoagulant medication with special care need to monitor for signs of bleeding and if signs occurred to report to the physician immediately.

In an interview on 05/15/2025 at 3:53 PM, Staff B stated that it was their Nurse Delegator who completed Resident 3's NCP. Staff B acknowledged that Resident 3's 05/03/2025 NCP did not indicate that they received anticoagulant medication with the special care need for monitoring signs of bleeding and reporting it to the physician immediately.

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, L & P HOMECARE is or will be in compliance with this law and / or regulation on (Date) 6/11/25 .

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

Provider (or Representative) [signature] Date 6/11/25

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure proper food handling procedure was followed by 1 of 2 sampled staff (Staff B, Caregiver) when they prepared lunch for 4 of 4 residents (Residents 1, 2, 3, and 4). This failure placed all current residents at risk for food borne illness.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Food Borne Illnesses" dated, May 2013 from Washington Department of Health, showed that staff

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Sta ement of Deficiencies	License #: 722800	Compliance Determination # 59710
Pla n of Correction	L & P HOMECARE	Completion Date
Pag e 4 of 5	Licensee: LOREN LEETCH	06/04/2025

we e not allowed to touch ready-to-eat foods with their bare hands, this was to keep germs from get ing onto ready-to-eat foods.

Ob servation on 05/15/2025 at 9:04 AM showed Staff A, Provider and Staff B with four residents (Re sidents 1, 2, 3, and 4) who received care and services from the AFH staff.

Re iew of Staff B's AFH personnel records showed the AFH hired them on 02/23/2006. Staff B had Fo d Handler permit that expires in July 2026.

Ob servation on 05/15/2025 at 11:38 AM showed Staff B completed washing their hands with soap an water in the kitchen sink. Staff B with bare hands washed the strawberries with water and cut the top off the strawberries with the knife.

In a n interview on 05/15/2025 at 11:41 AM, Staff B stated the strawberries were ready for residents to e at after cutting. Staff B stated they did not realize they needed to wear gloves to wash and cut the strawberries.

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, L & P HOMECARE is or will be n compliance with this law and / or regulation on (Date) 6/11/25.

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

Provider (or Representative) [signature] Date 6/11/25

WA C 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

Th s requirement was not met as evidenced by:

Ba ed on observation, interview and record review, the Adult Family Home failed to ensure the living roo m area was not used by 1 of 2 sampled staff (Staff B, Caregiver) for sleeping. This failure placed all esidents at risk for decreased quality of life.

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were not allowed to touch ready-to-eat foods with their bare hands, this was to keep germs from getting onto ready-to-eat foods.

Observation on 05/15/2025 at 9:04 AM showed Staff A, Provider and Staff B with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

Review of Staff B's AFH personnel records showed the AFH hired them on 02/23/2006. Staff B had Food Handler permit that expires in July 2026.

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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, L & P HOMECARE 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 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home failed to ensure the living room area was not used by 1 of 2 sampled staff (Staff B, Caregiver) for sleeping. This failure placed all residents at risk for decreased quality of life.

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Statement of Deficiencies	License #: 722800	Compliance Determination # 59710
Plan of Correction	L & P HOMECARE	Completion Date
Page 5 of 5	Licensee: LOREN LEETCH	06/04/2025

Findings included...

Observation on 05/15/2025 at 9:04 AM showed Staff A, Provider and Staff B, Caregiver with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

In an interview on 05/15/2025 at 9:21 AM, Staff A stated Staff B worked full time and lived at the AFH.

In an interview on 05/15/2025 at 2:32 PM, Staff A stated Staff B used the sofa in the living room at night. Staff A stated Staff B did not sleep at night and would only lay down in the sofa.

In an interview on 05/15/2025 at 2:37 PM, Staff B stated they helped Resident 1 and Resident 3 at night however this was not every night. Staff B stated the living room was in the middle of Resident 1 and Resident 3's bedroom and they could hear them if they call for help. Staff B stated that they have used the sofa to sleep in the living room at night and had not been questioned by the department for the past years.

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, L & P HOMECARE is or will be in compliance with this law and / or regulation on (Date) 6/11/25.

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Provider (or Representative) — Date 6/11/25

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Observation on 05/15/2025 at 9:04 AM showed Staff A, Provider and Staff B, Caregiver with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

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