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

LEANOS ADULT FAMILY HOME LLC

LEANOS ADULT FAMILY HOME LLC
4525 STRUMME RD
BOTHELL, WA 98012

RE: LEANOS ADULT FAMILY HOME LLC License # 750153

Dear Provider:

This letter addresses Compliance Determination(s) 65085 (Completion Date 09/03/2025) and 63325 (Completion Date 08/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/03/2025 and found that you have corrected the violations listed in the Full report dated 08/04/2025. Your home is back in compliance as of 08/19/2025 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 388-76-10750-6-c, WAC 388-76-10430-2-c, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

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

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

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 07/29/2025 and 08/04/2025 of:
LEANOS ADULT FAMILY HOME LLC
4525 STRUMME RD
BOTHELL, WA 98012

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:

Chrissy Exe, Long-Term Care Licensor

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

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

| Statement of Deficiencies | License # 750153 | Compliance Determination # 633525 |
|---|---|---|
| Plan of Correction | LEANOS ADULT FAMILY HOME LLC | Completion Date |
| Page 2 of 5 | Licensee: LEANOS ADULT FAMILY HOME LLC | 08/04/2025 |

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.

Renee' Bourque
Residential Care Services

08/13/2025
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.

Angel S. Leano
Provider (or Representative)

8/19/2025
Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as: ✓

(c) Sinks;

**This requirement was not met as evidenced by:**

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature was between 105 and 120 degrees Fahrenheit (F) at 1 of 2 bathrooms (Bathroom 2). This failure placed Residents 1 and 2 at risk of not having water that was hot enough to use or injury due to hot water temperature.

Findings included...

Observation and interview, on 07/29/2025 at 10:20 AM, showed the water temperature at the sink in Bathroom 2 (near the utility room) was 102.6 degrees F. Staff B, Caregiver, stated that they would manually adjust the temperature on the water heater ✓

Observation and interview, on 07/29/2025 at 2:39 PM, showed the water temperature at the sink in Bathroom 2 was 123.7 degrees F. Staff B stated that they would attempt to lower the water temperature. ✓

Observation, on 07/29/2025 at 2:58 PM, showed the water temperature at the sink in Bathroom 2 was 121.8 degrees F. Further observation, at 3:50 PM, showed the water temperature at the sink in Bathroom 2 was 125.5 degrees F. ✓

Today @ 12:00 - 119° F

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

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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Findings included…

Observation and interview, on 07/29/2025 at 10:20 AM, showed the water temperature at the sink in Bathroom 2 (near the utility room) was 102.6 degrees F. Staff B, Caregiver, stated that they would manually adjust the temperature on the water heater.

Observation and interview, on 07/29/2025 at 2:39 PM, showed the water temperature at the sink in Bathroom 2 was 123.7 degrees F. Staff B stated that they would attempt to lower the water temperature.

Observation, on 07/29/2025 at 2:58 PM, showed the water temperature at the sink in Bathroom 2 was 121.8 degrees F. Further observation, at 3:50 PM, showed the water temperature at the sink in Bathroom 2 was 125.5 degrees F.

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

In a telephone interview, on 07/29/2025 at 10:32 AM, Staff B stated that they will order a new water heater.

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, LEANOS ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 8/19/2025.

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

Angel S. Leano
Provider (or Representative)

8/19/2025
Date

**WAC 388-76-10430 Medication system.**

(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;

**This requirement was not met as evidenced by:**

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the medication logs (ML) were accurate and up to date for 2 of 2 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for experiencing medication errors.

Findings included...

<Resident 1> [redacted]

Record review showed the AFH admitted Resident 1 on [redacted]/2014. Further review showed Resident 1 was prescribed multiple medications.

Observation, on 07/29/2025 at 12:18 PM, of Resident 1's medication bin, showed a tube of diclofenac sodium (used to treat pain) 1% gel with instructions that read, "apply 2 grams topically to the affected area(s) 4 times daily (for pain)." Record review of Resident 1's July 2025 ML showed there was no entry for the diclofenac sodium 1% gel.

In an interview, on 07/29/2025 at 12:28 PM, Staff B, Caregiver, stated that Resident 1

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In a telephone interview, on 07/29/2025 at 10:32 AM, Staff B stated that they will order a new water heater.

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, LEANOS ADULT FAMILY HOME LLC 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 388-76-10430 Medication system.**

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(c) Medication log is kept current as required in WAC 388-76-10475 ;

**This requirement was not met as evidenced by:**

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the medication logs (ML) were accurate and up to date for 2 of 2 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for experiencing medication errors.

Findings included…

<Resident 1>

Record review showed the AFH admitted Resident 1 on [redacted]/2014. Further review showed Resident 1 was prescribed multiple medications.

Observation, on 07/29/2025 at 12:18 PM, of Resident 1's medication bin, showed a tube of diclofenac sodium (used to treat pain) 1% gel with instructions that read, "apply 2 grams topically to the affected area(s) 4 times daily (for pain)." Record review of Resident 1's July 2025 ML showed there was no entry for the diclofenac sodium 1% gel.

In an interview, on 07/29/2025 at 12:28 PM, Staff B, Caregiver, stated that Resident 1

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no longer uses the diclofenac sodium 1% gel.

<Resident 2>

Record review showed the AFH admitted Resident 2 on [redacted]2023. Further review showed Resident 2 was prescribed multiple medications.

Record review, of Resident 2's July 2025 ML, showed an entry for ibuprofen (used to treat pain) 200 milligram (mg) tablets with instructions that read, "take 1 tablet by mouth every 8 hours as needed. Give if acetaminophen is ineffective." Further review showed an entry for bisacodyl (used to treat constipation) 10 milliliter (ml) suppository with instructions that read, "unwrap and insert 1 suppository rectally once daily as need for constipation."
Please see attached = Ibuprofen - DC August 18, 2025

Observation, on 07/29/2025 at 12:30 PM, of Resident 2's medication bin, showed there were no ibuprofen tablets and no bisacodyl suppositories. Please see attached was DC - 8/18/2025.

In an interview, on 07/29/2025 at 12:41 PM, Staff A, Entity Representative, stated that the ibuprofen was discontinued due to Resident 2 being prescribed acetaminophen. Staff A stated that Resident 2 no longer uses the bisacodyl suppository. Staff A stated that they will request an order to discontinue the suppository from Resident 2's physician. Staff A stated that these medications were left on the ML because they were medications identified on the annual assessment.
Please see attached - Bisacodyl suppository was D/C on 8/18/2025

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, LEANOS ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 8/19/2025.

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

Angel S. Leano
Provider (or Representative)

8/19/2025
Date

**WAC 388-76-10895 Emergency evacuation drills Frequency and participation.**

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

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no longer uses the diclofenac sodium 1% gel.

<Resident 2>

Record review showed the AFH admitted Resident 2 on [redacted]/2023. Further review showed Resident 2 was prescribed multiple medications.

Record review, of Resident 2's July 2025 ML, showed an entry for ibuprofen (used to treat pain) 200 milligram (mg) tablets with instructions that read, "take 1 tablet by mouth every 8 hours as needed. Give if acetaminophen is ineffective." Further review showed an entry for bisacodyl (used to treat constipation) 10 milliliter (ml) suppository with instructions that read, "unwrap and insert 1 suppository rectally once daily as need for constipation."

Observation, on 07/29/2025 at 12:30 PM, of Resident 2's medication bin, showed there were no ibuprofen tablets and no bisacodyl suppositories.

In an interview, on 07/29/2025 at 12:41 PM, Staff A, Entity Representative, stated that the ibuprofen was discontinued due to Resident 2 being prescribed acetaminophen. Staff A stated that Resident 2 no longer uses the bisacodyl suppository. Staff A stated that they will request an order to discontinue the suppository from Resident 2's physician. Staff A stated that these medications were left on the ML because they were medications identified on the annual assessment.

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, LEANOS ADULT FAMILY HOME LLC 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 388-76-10895 Emergency evacuation drills Frequency and participation.**

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

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

| Statement of Deficiencies | License #: 750153 | Compliance Determination #:63525 |
|---|---|---|
| Plan of Correction | LEANOS ADULT FAMILY HOME LLC | Completion Date |
| Page 5 of 5 | Licensee: LEANOS ADULT FAMILY HOME LLC | 08/04/2025 |

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time, and

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a full evacuation drill occurred at least once each calendar year. The AFH also failed to ensure a partial evacuation drill occurred at least every sixty days. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of injury in the event of an evacuation due to an emergency.

Findings included...

Record review of the AFH's evacuation drill logs showed a full evacuation drill most recently occurred on 05/31/2024. Record review showed partial evacuation drills occurring on 06/23/2025, 03/26/2025, 01/27/2025, 11/21/2024, 09/22/2024, and 07/25/2024. Further review showed no evidence a partial evacuation drill was conducted between 03/26/2025 and 06/23/2025.

In an interview, on 07/29/2025 at 3:29 PM, Staff A, Entity Representative, stated that the home does not have many full evacuation drills. Staff A Stated that they would work to complete a full evacuation drill.

In an interview, on 08/04/2025 at 2:06 PM, Staff A stated that partial evacuation drills should occur every two months. Staff A agreed that the drills occurring in March 2025 and June 2025 were greater than two months apart.

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, LEANOS ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 8/19/2025

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

Angel S. Leano
Provider (or Representative)

8/19/2025
Date

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

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a full evacuation drill occurred at least once each calendar year. The AFH also failed to ensure a partial evacuation drill occurred at least every sixty days. This failure placed 2 of 2 residents (Residents 1 and 2) at risk of injury in the event of an evacuation due to an emergency.

Findings included…

Record review of the AFH's evacuation drill logs showed a full evacuation drill most recently occurred on 05/31/2024. Record review showed partial evacuation drills occurring on 06/23/2025, 03/26/2025, 01/27/2025, 11/21/2024, 09/22/2024, and 07/25/2024. Further review showed no evidence a partial evacuation drill was conducted between 03/26/2025 and 06/23/2025.

In an interview, on 07/29/2025 at 3:29 PM, Staff A, Entity Representative, stated that the home does not have many full evacuation drills. Staff A Stated that they would work to complete a full evacuation drill.

In an interview, on 08/04/2025 at 2:06 PM, Staff A stated that partial evacuation drills should occur every two months. Staff A agreed that the drills occurring in March 2025 and June 2025 were greater than two months apart.

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

08/13/2025

LEANOS ADULT FAMILY HOME LLC
LEANOS ADULT FAMILY HOME LLC
4525 STRUMME RD
BOTHELL, WA 98012

RE: LEANOS ADULT FAMILY HOME LLC # 750153

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/04/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

**The Department:**

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

**Consultation(s):**

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10201 Succession plan.**

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a succession plan. This deficiency was corrected by Staff A, Entity Representative, who wrote a succession plan.

**WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:**

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

The Adult Family Home (AFH) failed to ensure that all Negotiated Care Plans (NCP) reflected strategies to address the symptoms for which psychopharmacological medications were prescribed. This deficiency was corrected on-site at the time of visit by Staff B, Caregiver, who added the information to the NCPs.

**WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:**

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

The Adult Family Home (AFH) failed to ensure the window in Bedroom A had a screen. This deficiency was corrected on site at the time of inspection by Staff B, Caregiver, who placed the screen on the window.

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

**WAC 388-76-10795 Windows.**

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(a) The sill height must not be more than forty-four inches above the finished floor. For homes licensed after July 1, 2007, the department will not approve alternatives to the sill height requirement such as step(s), raised platform(s), or other devices placed by or under the window openings.

The Adult Family Home (AFH) failed to ensure that the windowsill in all licensed bedrooms did not exceed 44 inches from the floor. This deficiency was corrected by Staff A, Entity Representative, and Staff B, Caregiver, who delicensed the bedroom.

**You Are Not:**
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**
• Please contact me at (206)814-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

**Plan**
**(Plan of Correction)**

**You Must:**
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

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

**WAC 388-76-10795 Windows.**

(1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:

(a) The sill height must not be more than forty-four inches above the finished floor. For homes licensed after July 1, 2007, the department will not approve alternatives to the sill height requirement such as step(s), raised platform(s), or other devices placed by or under the window openings.

The Adult Family Home (AFH) failed to ensure that the windowsill in all licensed bedrooms did not exceed 44 inches from the floor. This deficiency was corrected by Staff A, Entity Representative, and Staff B, Caregiver, who delicensed the bedroom.

**You Are Not:**

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

• Please contact me at (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

**Plan**
**(Plan of Correction)**

**You Must:**

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

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

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

**INFORMAL DISPUTE RESOLUTION [RCW 70.128]**

**You May:**
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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**Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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

**WAC 388-76-10750 for Elder Safety**

WAC 388-76-10750 sets the physical environment standards for adult family homes in Washington State, emphasizing safety, sanitation, and comfort. The regulation requires homes to maintain essential systems (e.g., heating, plumbing, lighting), control water temperature (105°F–120°F), and store toxic substances securely. It also mandates clean, functional furnishings and a homelike atmosphere tailored to residents' needs.

These rules support elder safety and autonomy, urging caregivers to see compliance not just as a checklist but as a daily practice rooted in empathy and vigilance. It highlights the importance of systems thinking, personalized care plans, and the ethical balance between protection and independence. Leano's Adult Family Home, LLC will always follow the regulations that serve as a framework for creating empowering, respectful living environments for older adults.

Lastly, solving the challenges of WAC 388-76-10750 is not about checking boxes; it's about building a culture of safety. This requires leadership, empathy, and a commitment to continuous learning. For advocates like Angel, the path forward lies in creating tools that empower caregivers: training modules, visual guides, and practical checklists that turn regulation into action.

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

Leano's Adult family home admitting residents requiring medication assistance must establish compliant systems ensuring each resident's medication needs are met. This includes conducting assessments to determine assistance levels, creating negotiated care plans detailing medication services, maintaining current medication logs per regulations, administering prescribed medications correctly, and keeping thorough records of all medications, dosages, frequencies, and practitioner contacts.

Creating a compliant and effective medication system for Leano's adult family homes is crucial to ensure the well-being and safety of residents who require medication assistance. This essay will explore the key components of such a system, with a focus on tailoring it to meet the specific needs of residents like [redacted] and [redacted].

The foundation of a robust medication system begins with conducting thorough individual assessments. These assessments are essential to determine the specific medication needs of each resident. For [redacted] and [redacted], this means evaluating their current health conditions, understanding their medication regimens, and identifying any potential challenges they may face in managing their medications. By gathering this information, caregivers can develop a clear understanding of the level of assistance required for each resident.

Once the assessments are complete, the next step is to create personalized care plans. These care plans should be negotiated with the residents and their families to ensure that they accurately reflect the residents' needs and preferences. For [redacted] and [redacted], the care plans should detail the types of medications they are taking, the dosages, and the administration schedules. Additionally, the care plans should outline any specific instructions or precautions related to their medications, such as dietary restrictions or potential side effects.

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Maintaining accurate and up-to-date medication logs is another critical component of the medication system. These logs should comply with regulatory requirements and include detailed records of all medications, dosages, frequencies, and practitioner contacts. For [redacted] and [redacted], this means keeping meticulous records of their medication regimens, including any changes or updates made by their healthcare providers. Accurate medication logs help ensure that caregivers have the information they need to administer medications correctly and respond promptly to any issues that may arise.

Proper administration of medications is essential to the success of the medication system. Caregivers like Angel and Lourdes Leano, must follow the prescribed dosages and schedules, ensuring that medications are given in a safe and timely manner. For [redacted] and [redacted], this means adhering to their personalized care plans and being vigilant about any potential interactions or contraindications. Caregivers should also be trained to recognize and respond to any adverse reactions or side effects that may occur.

Finally, keeping thorough records of all medications, dosages, frequencies, and practitioner contacts is crucial for ensuring continuity of care. These records provide a comprehensive overview of the residents' medication histories, making it easier for caregivers to monitor their progress and make informed decisions about their care. For [redacted] and [redacted], having detailed records means that any changes in their medication regimens can be appropriately documented and communicated to their healthcare providers.

In conclusion, creating a tailored medication system for residents like [redacted] and [redacted] involves conducting individual assessments, developing personalized care plans, maintaining accurate medication logs, administering medications correctly, and keeping

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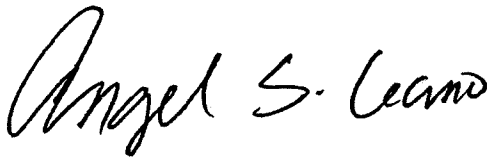
This document was prepared by Residential Care Services for the Locator website.

thorough records. By following these steps, caregivers can ensure that the medication needs of each resident are met, promoting their health and well-being in the adult family home setting.



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

WAC 388-76-10860 establishes essential safety requirements for adult family homes in Washington, emphasizing the importance of emergency preparedness and resident evacuation capabilities. This regulation reflects a commitment to ethical caregiving by ensuring residents' safety during emergencies through tailored evacuation plans and assessments.

- Resident safety requirements: Adult family homes must not admit or retain residents who cannot be safely evacuated in an emergency, ensuring the well-being of all occupants.

- Emergency evacuation planning: Homes are required to maintain a written emergency evacuation plan that includes fire drill procedures and considers residents' specific needs, such as mobility and cognitive impairments.

Inclusive communication and caregiving: Emergency plans must be communicated using culturally sensitive and accessible methods, promoting transparency and trust with residents and their families while fostering systemic improvements in care.

The main topic of WAC 388-76-10905 is the requirement for adult family homes to notify the department's complaint resolution unit in specific emergencies. These situations include when the house is on emergency stand-by for evacuation, when there is a fire, or when residents have been evacuated from the home. This regulation ensures that the department is promptly informed about critical incidents affecting residents' safety, allowing for appropriate oversight and response.

A fire drill in an adult family home is a critical component of emergency preparedness. It involves practicing the procedures outlined in the home's written emergency evacuation plan to ensure that all residents can be safely evacuated in the event of a fire. The fire drill procedures must consider the specific needs of the residents, such as mobility and cognitive impairment. This practice helps ensure that both staff and residents are familiar with the evacuation process and can execute it efficiently and safely during an actual emergency.

Angel Cerro
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