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

KINGSGATE AFH INC
A&D HOME CARE
3111 201ST PL SW
LYNNWOOD, WA 98036

RE: A&D HOME CARE License # 750676

Dear Provider:

This letter addresses Compliance Determination(s) 71801 (Completion Date 01/22/2026) and 70822 (Completion Date 01/05/2026).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2026 and found that you have corrected the violations listed in the Full report dated 01/05/2026. Your home is back in compliance as of 01/15/2026 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10485-3

The Department staff who did the on-site verification:
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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 12/30/2025 of:
A&D HOME CARE
3111 201ST PL SW
LYNNWOOD, WA 98036

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:

Hang Lu, 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

Statement of Deficiencies	License #: 750678	Compliance Determination # 70822
Plan of Correction	A&D HOME CARE	Completion Date
Page 2 of 5	Licensee: KINGSGATE AFH INC	01/05/2026

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

01/07/2026
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.

Gabriela Badet
Provider (or Representative)

01/10/2026
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 ;

This requirement was not met as evidenced by:

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

Findings included...

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2025.

Observation of Resident 1's medication supply, on 12/30/2025 at 11:50 AM, showed Resident 1 had a Methenamine (a medication to prevent bladder infection) blister peck (pharmacy packaging that organizes medications into individual doses). The pharmacy label on the blister pack read, "Methenamine 1 Gram (GM) Tablet; Take 1 tablet by mouth daily."

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

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 ;

This requirement was not met as evidenced by:

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

Findings included…

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2025.

Observation of Resident 1's medication supply, on 12/30/2025 at 11:50 AM, showed Resident 1 had a Methenamine (a medication to prevent bladder infection) blister pack (pharmacy packaging that organizes medications into individual doses). The pharmacy label on the blister pack read, "Methenamine 1 Gram (GM) Tablet: Take 1 tablet by mouth daily."

Record review showed the doctor's order, dated 11/10/2025, matched the pharmacy label on the blister pack.

Record review showed there was no Methenamine medication entry on Resident 1's December 2025 ML.

In an interview, on 12/30/2025 at 11:55 AM, Staff C, Caregiver, stated that they had forgotten to add a Methenamine entry on Resident 1's December 2025 ML. Staff C stated that they gave Methenamine as ordered. Staff C stated that they should have checked the ML (to make sure the ML was accurate and up to date).

RESIDENT 2
Review of Resident 2's record showed the AFH admitted Resident 1 on [redacted]/2025.

Record review showed the doctor's order, dated 05/02/2025, read, "Probiotic (a dietary supplement) 250 milligram (mg) Capsule: Take 1 capsule three times a day before meals."

Record review showed there was a medication entry for Probiotic (that matched the doctor's order) on Resident 2's December 2025 ML.

Observation and interview, on 12/30/2025 at 1:30 PM, showed Resident 2 had one "Evening" Probiotic blister pack in their medication supply. There were no "Morning" and "Noon" Probiotic blister packs available. Staff C reported that they started a new process of finishing one Probiotic blister pack at a time instead of using all three blister packs (as designated for the time to be given) to save storage space in the refrigerator. Staff C reported that they had finished the "Morning" and "Noon" Probiotic blister packs already. Staff A, Entity Representative, acknowledged the medication should have been taken from each designated blister pack for tracking purposes and to ensure the medication was given as ordered.

Observation, on 12/30/2025 at 1:35 PM, showed Resident 2 had an over-the-counter bottle of Culturelle (a dietary supplement) in their medication supply.

Record review showed the doctor's order, dated 02/20/2025, read, "Start Culturelle for urinary and vaginal health. Take one daily."

Record review showed there was no Culturelle medication entry on Resident 2's December 2025 ML. Thus, there was no documentation to show this medication was given to Resident 2 as ordered.

Statement of Deficiencies	License #: 750876	Compliance Determination # 70822
Plan of Correction	A&D HOME CARE	Completion Date
Page 4 of 5	Licensee: KINGSGATE AFH INC	01/05/2026

In an interview, on 12/30/2025 at 1:35 PM, Staff C did not have an explanation regarding why Culturelle was not listed on Resident 2's December 2025 ML.

Review of Resident 2's December 2025 ML showed there was a medication entry that read, "Desitin Rapid Relief 13% (a medication to treat rash): Apply topically to perineal area and buttocks twice daily as needed."

Observation and interview, on 12/30/2025 at 1:37 PM, showed Resident 2 did not have Desitin in their medication supply. Staff C stated that Resident 2 did not need to use Desitin anymore. Staff C stated that they had called the doctor to get an order to discontinue (DC) Desitin. Staff A stated that they would take Desitin off the ML when they had a DC order.

Review of Resident 2's December 2025 ML showed a medication order read, "Metoprolol (a medication to treat high blood pressure) 50 mg tablet: Take 1 tablet by mouth twice daily. Hold for systolic blood pressure (SBP) less than 110 or heart rate (HR) less than 60."

Record review showed AFH staff had documentation of the SBP and HR for the morning dose of Metoprolol from 12/01/2025 to 12/30/2025. Record review showed there was no documented SBP and HR for the evening dose of Metoprolol.

In an interview, on 12/30/2025 at 2:10 PM, Staff A and Staff B, Caregiver, stated that they would start documenting the SBP and HR before the evening dose of Metoprolol on this day.

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, A&D HOME CARE is or will be in compliance with this law and / or regulation on (Date) 01/05/2026

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

Provider (or Representative) Gahida Badet Date 01/10/2026

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

In an interview, on 12/30/2025 at 1:35 PM, Staff C did not have an explanation regarding why Culturelle was not listed on Resident 2's December 2025 ML.

Review of Resident 2's December 2025 ML showed there was a medication entry that read, "Desitin Rapid Relief 13% (a medication to treat rash): Apply topically to perineal area and buttocks twice daily as needed."

Observation and interview, on 12/30/2025 at 1:37 PM, showed Resident 2 did not have Desitin in their medication supply. Staff C stated that Resident 2 did not need to use Desitin anymore. Staff C stated that they had called the doctor to get an order to discontinue (DC) Desitin. Staff A stated that they would take Desitin off the ML when they had a DC order.

Review of Resident 2's December 2025 ML showed a medication order read, "Metoprolol (a medication to treat high blood pressure) 50 mg tablet: Take 1 tablet by mouth twice daily. Hold for systolic blood pressure (SBP) less than 110 or heart rate (HR) less than 60."

Record review showed AFH staff had documentation of the SBP and HR for the morning dose of Metoprolol from 12/01/2025 to 12/30/2025. Record review showed there was no documented SBP and HR for the evening dose of Metoprolol.

In an interview, on 12/30/2025 at 2:10 PM, Staff A and Staff B, Caregiver, stated that they would start documenting the SBP and HR before the evening dose of Metoprolol on this day.

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, A&D HOME CARE 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

Statement of Deficiencies	License #: 750676	Compliance Determination # 70822
Plan of Correction	A&D HOME CARE	Completion Date
Page 5 of 5	Licensee: KINGSGATE AFH INC	01/05/2026

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to keep a refrigerated medication locked in a secured medication storage. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of harm from unintended use of the medication.

Findings included...

Observation and interview, on 12/30/2025 at 3:06 PM, showed Resident 2's Probiotic (a dietary supplement) blister pack (pharmacy packaging that organizes medications into individual doses) was kept (unlocked) next to a bag of apples on the shelf of the refrigerator door. Staff C, Caregiver, stated that they did not have a lock box (to store refrigerated medications) at this time. Staff C reported that their old medication lock box was damaged about two weeks ago. Staff C stated that they had ordered a new lock box and its delivery was pending.

In an interview, on 12/30/2025 at 3:15 PM, Staff A, Entity Representative, stated that they were not aware the lock box for refrigerated medications needed to be replaced. Staff A acknowledged all medications must be kept in locked storage.

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, A&D HOME CARE is or will be in compliance with this law and / or regulation on (Date) 01/05/2026

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

Provider (or Representative) Gabriela Badet Date 01/10/2026

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to keep a refrigerated medication locked in a secured medication storage. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of harm from unintended use of the medication.

Findings included…

Observation and interview, on 12/30/2025 at 3:06 PM, showed Resident 2's Probiotic (a dietary supplement) blister pack (pharmacy packaging that organizes medications into individual doses) was kept (unlocked) next to a bag of apples on the shelf of the refrigerator door. Staff C, Caregiver, stated that they did not have a lock box (to store refrigerated medications) at this time. Staff C reported that their old medication lock box was damaged about two weeks ago. Staff C stated that they had ordered a new lock box and its delivery was pending.

In an interview, on 12/30/2025 at 3:15 PM, Staff A, Entity Representative, stated that they were not aware the lock box for refrigerated medications needed to be replaced. Staff A acknowledged all medications must be kept in locked storage.

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, A&D HOME CARE 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

PLAN OF CORRECTION

Facility: A&D Home Care

License #: 750676

Citation #1

WAC 388-76-10430 – Medication System

(Medication logs not current or accurate)

Deficiency

The Adult Family Home failed to ensure medication administration record/log (MAR) were accurate and up to date for sampled residents, placing residents at risk for medication errors.

Plan of Correction

1. How the deficiency was corrected for the affected residents

- All medication administration record/log (MAR) for all residents were immediately audited against current physician orders and pharmacy labels.
- Missing medications (Methenamine, Probiotic, Culturelle) were added to the MAR with correct name, dose, frequency, and administration times.
- Discontinued or no-longer-used medications (e.g., Desitin once discontinued) were removed from the MAR once written provider orders were obtained.
- Documentation gaps for Metoprolol parameters (SBP/HR) were corrected, and required vital signs were documented prior to each dose.
- The RN Delegator reviewed medication administration records and provided corrective instruction.

2. How the facility will ensure the deficiency does not recur

- The AFH implemented a **Medication Reconciliation Policy**, requiring:
  - MAR updates within 24 hours of any new, changed, or

discontinued order.

- Caregivers are required to check the MAR **before each medication pass**.

- AFH provider will perform **monthly medication audits**.

3. How staff were trained

- All caregivers received re-training on:
  - Accurate medication documentation
  - MAR reconciliation
  - Proper use of pharmacy blister packs
- Training based on WAC 388-76-10430 and WAC 388-76-10475 requirements.
- Staff demonstrated understanding and competency through return demonstration and verbal acknowledgment.

4. How compliance will be monitored

- Any discrepancy will be corrected immediately and documented.

Date of Compliance: 01 / 15 / 2026

Citation #2

WAC 388-76-10475 – Medication Documentation

Deficiency

The AFH failed to document administration of medications as ordered, including scheduled and PRN medications.

Plan of Correction

1. Immediate correction

- All medication administrations are now documented **at the time given**, including PRN use.
- Missing entries were reviewed and addressed with staff education (no back-charting).

2. Prevention

- Caregivers instructed that **if it is not documented, it is considered not given**.
- MAR must match pharmacy packaging and physician orders at all times.

- PRN medications require indication and outcome documentation.

3. Staff training

- Caregivers re-educated on medication documentation standards.
- Emphasis placed on legal and resident safety implications.

4. Monitoring

- Weekly review of MAR by Entity Representative or RN Delegator for 60-90 days.

Date of Compliance: 01 / 15 / 2026

Citation #3

WAC 388-76-10485 – Medication Storage (Refrigerated Medications)

Deficiency

Refrigerated medications were not stored in locked storage, placing residents at risk for unintended access.

Plan of Correction

1. Immediate correction

- A lockable medication storage container was installed inside the refrigerator.
- All refrigerated medications were placed in locked storage immediately.

2. Prevention

- AFH implemented a **Medication Storage Policy** requiring:
  - All medications (including refrigerated) to be stored locked at all times.
  - Daily checks to ensure locks are functional.

3. Staff training

- All caregivers and Entity Representative were re-educated on medication storage requirements per WAC 388-76-10485.
- Staff acknowledged understanding that **refrigeration does not replace locking**.

4. Monitoring

- Daily checks by caregivers.

Date of Compliance: 01 / 15 / 2026

Facility Certification Statement

I hereby certify that the above corrective actions have been taken and systems implemented to ensure ongoing compliance with applicable WACs.
The facility will maintain compliance at all times.

Provider / Representative Signature:
Gabriel Badet
Date: 01/11/2026