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

DAE KIM
ALGREEN HOUSE AFH
31244 Military Rd S
Auburn, WA 98001

RE: ALGREEN HOUSE AFH License # 750784

Dear Provider:

This letter addresses Compliance Determination(s) 59183 (Completion Date 05/12/2025) and 56520 (Completion Date 03/20/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/12/2025 and found that you have corrected the violations listed in the Full report dated 03/20/2025. Your home is back in compliance as of 05/03/2025 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 388-76-10400-3-b, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10015-1, WAC 388-76-10380-4, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-2, WAC 388-76-10530, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10532-2-a, WAC 388-76-10532-2-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

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 03/17/2025 of:

ALGREEN HOUSE AFH
30612 11TH AVE S
FEDERAL WAY, WA 98003

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:

Olga Petrov, 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

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 — 4-1-2025 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.

Dae Kim — Provider (or Representative) — 4/20/2025 Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to give 1 of 1 resident (Resident 1) with swallowing difficulty honey-thick liquids as ordered. This placed the Resident 1 at risk of aspiration and physical decline.

Findings included...

Observation on 03/17/2025 at 8:35 AM, showed Staff D, AFH Designee arrived at the home.

In an interview on 03/17/2025 at 8:36 AM, Staff D stated that Resident 1 was bedbound, required total care, was not interview able, was on puree food and was receiving Ensure (supplemental nutrition). Staff D stated that Staff B, Caregiver and Staff C, Caregiver were main caregivers for the home and added that they worked Monday to Thursday, from 7 AM to 7 PM and from Thursday night to Sunday, 24 hours a day, respectively.

Observation on 03/17/2025 at 8:57AM showed Staff B prepared oatmeal, tea, and medications for Resident 1. Staff B took them to the Resident 1's bedroom. Continuous observation showed Staff B opened the bottle of Ensure (supplemental nutrition) and gave it to the resident. Resident 1 sat in bed, and they coughed after each introduction of the Ensure to them and had creamy colored liquid dribbling down their chin. Staff B

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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Based on observation, interview and record review, the Adult Family Home (AFH) failed to give 1 of 1 resident (Resident 1) with swallowing difficulty honey-thick liquids as ordered. This placed the Resident 1 at risk of aspiration and physical decline.

Findings included…

Observation on 03/17/2025 at 8:35 AM, showed Staff D, AFH Designee arrived at the home.

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Observation on 03/17/2025 at 8:57AM showed Staff B prepared oatmeal, tea, and medications for Resident 1. Staff B took them to the Resident 1's bedroom. Continuous observation showed Staff B opened the bottle of Ensure (supplemental nutrition) and gave it to the resident. Resident 1 sat in bed, and they coughed after each introduction of the Ensure to them and had creamy colored liquid dribbling down their chin. Staff B

wiped the thin-consistency liquid on resident's chin after each introduction of fluid in the resident's mouth.

Review of Resident 1's record showed they had diagnoses of [redacted] and [redacted]. Their 04/17/2024 annual assessment showed that Resident 1 had swallowing problem, totally depend on caregiver, needed to be fed and was on puree diet.

Review of Resident 1 pharmacy generated March 2025 Medication Administrative Record (MAR) showed a written note, "Consistency: honey thick liquids" (consistency of liquids that coat the spoon, pourable, but not runny, used for people with difficulty swallowing) with order date of "03/23/2023."

Review of 05/26/2024 Resident 1's negotiated care plan showed caregivers were instructed to feed Resident 1 Puree food, pudding thick liquids to prevent choking, and they were to feed with a spoon. Caregivers were also to monitor for choking and give additional time for the resident to swallow.

Observation on 03/17/2025 at 2:03 PM did not show the home had a supply of Resident 1's "Thick It" (thickener agent that make desired consistency of the liquids).
In an interview on 03/17/2025 at 2:03 PM Staff B stated that they served thin liquid to the Resident 1 such as tea, Ensure and water. Staff B stated that they did not thick the Resident 1's liquids and added that they do not have supply of "Thick It."

In an interview on 03/17/2025 at 2:05 PM, when asked if any other residents in the home used "Thick It," Staff A, Provider stated, "No." When asked what the reason was that the home did not thick the Resident 1' liquids as ordered, Staff A stated that caregivers were aware of the resident's situation and should follow the doctor's order. When asked how long Resident 1 was not given honey-thick liquids, Staff A stated, "around couple of months." Staff A stated that the resident was eating "pretty much ok." When asked what the reason was that the home did not had supply of the Thick It, Staff A stated that they would order it same day of the visit.

On a phone interview on 03/18/2025 at 8:27 AM, Resident 1's pharmacy representative, Collateral Contact 1 (CC1)) stated that the 03/23/2023 order for "Thick It" was not fill in by the pharmacy. CC1 stated that pharmacy was unable to fill the order due to not having a complete order from Resident 1's doctor.

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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) 3/19/2025.

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

Dae Kim — Provider (or Representative)

4/17/2025 — Date

We founded "thickener" by next day of inspection from Dayoff Care giver at Kitchen Cabinet.

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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a medication system in place to ensure 1 of 2 sampled residents (Resident 2) received their medications as required, while meeting all laws and rules relating to medications. In addition, AFH did not have "As Needed" (PRN) medications available for 3 of 3 sampled residents (Residents 2, 4 and 5). These failures placed Residents 2, 4 and 5 at risk of worsening condition from not receiving medications as prescribed and at risk of unmet medication needs.

Findings included...

In an interview on 03/17/2025 at 8:36 AM, Staff D, AFH Designee stated that AFH caregivers assisted Residents 2, 4 and 5 with all their medications. Staff D stated that Residents 2, 4 and 5 had diagnoses of [redacted], received care from the AFH caregivers and were not interviewable.

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, ALGREEN HOUSE AFH 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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(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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a medication system in place to ensure 1 of 2 sampled residents (Resident 2) received their medications as required, while meeting all laws and rules relating to medications. In addition, AFH did not have “As Needed” (PRN) medications available for 3 of 3 sampled residents (Residents 2, 4 and 5). These failures placed Residents 2, 4 and 5 at risk of worsening condition from not receiving medications as prescribed and at risk of unmet medication needs.

Findings included…

In an interview on 03/17/2025 at 8:36 AM, Staff D, AFH Designee stated that AFH caregivers assisted Residents 2, 4 and 5 with all their medications. Staff D stated that Residents 2, 4 and 5 had diagnoses of [redacted], received care from the AFH caregivers and were not interviewable.

Resident 2

Missing Medications.

Review of Resident 2's record showed March 2025 pharmacy generated Medication Administration Record (MAR). Listed on the MAR were, Magnesium Oxide (supplement) 400 mg (milligram), take 1 tablet once a day (family supply). Magnesium Oxide was initialed by caregivers as given daily from 03/03/2025-03/16/2025. Resident 2's MAR showed they did not receive Magnesium Oxide on 03/16/2025 and 03/17/2025 as ordered.

Observation on 03/17/2025 at 10:29 AM showed Resident 2's medications in a plastic bin. The AFH had no supply of Magnesium Oxide.

In an interview on 03/17/2025 at 10:32 AM, Staff B, Caregiver stated that they gave routine medications from the bubble pack to the resident. Staff B stated that on 03/13/2025, two pills of magnesium oxide remained after they gave Magnesium oxide to Resident 2 and added that this should have lasted until 03/15/2025.

Medication Log.

Observation on 03/17/2025 at 10:46 AM showed Resident 2's medications in multidose bubble pack. Risperidone [used to treat Depression (a mood disorder where the patient experiences persistent symptoms of depressed mood, sadness, and a loss of interest in daily activities)] 0.5 mg, 1 tablet every morning.

Review of Resident 2's March 2025 MAR did not show Risperidone listed, and no other documentation was available to show caregivers administered this medication.

PRN medications not available in the home.

Review of Resident 2's record showed March 2025 pharmacy generated MAR showed a list of PRN medications as follows:
-Tylenol (medication used to treat pain) 325mg, take 2 tablets every 4 hours as needed for pain.
-Lidocaine (medications used to treat pain) 1 percent (%) patch, apply 2 patches topically to painful area once daily PRN; Melatonin (sleeping aid) 3 mg, 1 tab at bedtime PRN for sleep
-Olanzapine (antianxiety medication) 0.5 mg, 1 tab, every 6 hours PRN for agitation.
- Miralax (used to treat constipation), dissolve 1 capful in 8 ounces of water and drink by mouth once daily PRN for constipation.
- Refresh Liquid gel (used to relieve dry eye symptoms) 1% eye drop, instill 1 drop in

both eyes every 4 hours PRN for dry eyes.
- Senna (used to treat constipation) 8.6 mg, 1 tab twice a day PRN for constipation.
- Temazepam (to help with sleep) 30 mg, 1capsule at bedtime, PRN.

On 03/17/2025 at 10:46 AM, observation of Resident 2's medication supply showed none of the PRN medications listed above were available in the home.

Resident 4
Review of Resident 4's March 2025 MAR showed the following medications were listed:
-Docusate sodium (for constipation), 1 capsule daily, PRN.
-Robafen (used to relieve cough) 5 milliliter (ml) at bedtime, PRN.
-Triamcinolone (treat skin conditions) 0.1% cream, with direction to apply topically to affected areas daily PRN.

Observation on 03/17/2025 at 10:50 AM of Resident 4's medication supply showed the listed above medications were not available in the home.

Resident 5
Listed on Resident 4's March/2025 MAR were:
-Tylenol (medication used to treat pain) 325mg, take 2 tablets every 4 hours as needed for pain and was initialed as given daily by caregivers on 03/04/2025- 03/05/2025.
- Trazodone (for sleep)100 mg, 1 tablet at bedtime, PRN and was initialed by caregivers as given daily from 3/01/2025-3/03/2025.
-Tussin DM liquid (for cough), 10 ml every 6 hours, PRN.

Observation on 03/17/2025 at 10: 53 AM showed Resident 5's medications listed above, were not available in the home.

In an interview on 03/17/2025 at 10:32 AM, Staff B, Caregiver stated that they used their (Staff B's) personal supply of Tylenol for Resident 5's pain. Staff B stated that they gave 2 tablets of their (Staff B's) Tylenol to Resident 5 at a time of their pain.

Observation on 03/17/2025 at 10:48 AM showed Staff B's personal supply of of Tylenol was 500 mg dose per tablet. The resident's prescribed dose of Tylenol on the MAR was 650 mg.

In a phone interview on 03/18/2025 at 8:27 AM, CC1 stated that Resident 2's Risperidone was a new prescription from 03/05/2025. CC1 stated that March 2025 MAR was printed on 02/19/2025, before the date of Risperidone prescription. CC 1 stated that the pharmacy sent the doctor's order of Risperidone with the bag of medication to the home. CC 1 stated that the AFH should have requested PRN medications for Residents 2, 4 and 5. CC 1 stated that Resident 4's PRN were last dispensed as follows: Docusate Sodium on 11/14/2023; Robafen on 11/12/2024 and Triamcinolone on 04/04/2024. CC1 stated that Resident 5's PRN Trazodone was last dispensed on

05/01/2024 and Tylenol on 09/09/2023.

In an interview on 03/17/2025 at 11:04 AM, when asked who reconciled Residents 2, 4 and 5's medications, Staff A, Provider stated that they (Staff A) did. When asked when the last time they reconciled residents' (Residents 2, 4 and 5's) medications, Staff A stated, "last year. Might be in September." When asked why Residents' 2, 4 and 5 PRN medications were not available in the home, Staff A stated that they were not aware of that and added that the residents' changed primary providers and it was a "mess up."

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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) 04/02/2025.

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

Dae Kim — Provider (or Representative)

4/17/2025 — Date

Dr' was visit AFH and HeP Received each client's Medications.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a valid Washington state background check for 1 of 4 sampled staff (Staff B, Caregiver,) was completed and available in the home. In addition, no new background authorization form was submitted to the background check unit for Staff B. This failure placed all current residents at risk of harm from staff with unknown current criminal background.

05/01/2024 and Tylenol on 09/09/2023.

In an interview on 03/17/2025 at 11:04 AM, when asked who reconciled Residents 2, 4 and 5's medications, Staff A, Provider stated that they (Staff A) did. When asked when the last time they reconciled residents' (Residents 2, 4 and 5's) medications, Staff A stated, "last year. Might be in September." When asked why Residents' 2, 4 and 5 PRN medications were not available in the home, Staff A stated that they were not aware of that and added that the residents' changed primary providers and it was a "mess up."

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, ALGREEN HOUSE AFH 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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Findings included...

Observation on 03/17/2025 at 8:20 AM showed five residents (Residents 1, 2, 3, 4 and 5) in the AFH, with Staff B attending to their care needs. Staff D, AFH Designee arrived in home shortly thereafter.

In an interview on 03/17/2025 at 8:36 AM, Staff D stated that Staff B was a full-time caregiver and worked 12 hours shifts from Monday to Thursday and was hired on 05/24/2018.

Review of staff records on 03/17/2025 at 11:32 AM, showed Staff B's Background Inquiry (BGI) had a background check dated 03/17/2025, same date of this visit. There was no new background authorization form and no previous BGI records found for Staff B.

On 03/18/2025, the Department received Staff B's BGI report with expiration date of 09/07/2024 emailed by Staff A, Provider. Staff B had worked for the home from 09/07/2024 – 03/17/2025 (date of inspection) without valid BGI check.

In a phone interview, on 03/20/2025 at 9:56 AM, Staff A stated that they had not renewed Staff B's BGI timely.

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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) 3/17/2025.

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

Dae Kim — Provider (or Representative)

04/17/2025 — Date

We Reprinted Back ground check Result form and filed in position.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Findings included…

Observation on 03/17/2025 at 8:20 AM showed five residents (Residents 1, 2, 3, 4 and 5) in the AFH, with Staff B attending to their care needs. Staff D, AFH Designee arrived in home shortly thereafter.

In an interview on 03/17/2025 at 8:36 AM, Staff D stated that Staff B was a full-time caregiver and worked 12 hours shifts from Monday to Thursday and was hired on 05/24/2018.

Review of staff records on 03/17/2025 at 11:32 AM, showed Staff B's Background Inquiry (BGI) had a background check dated 03/17/2025, same date of this visit. There was no new background authorization form and no previous BGI records found for Staff B.

On 03/18/2025, the Department received Staff B's BGI report with expiration date of 09/07/2024 emailed by Staff A, Provider. Staff B had worked for the home from 09/07/2024 – 03/17/2025 (date of inspection) without valid BGI check.

In a phone interview, on 03/20/2025 at 9:56 AM, Staff A stated that they had not renewed Staff B's BGI timely.

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, ALGREEN HOUSE AFH 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to have a Medical Test Site Waiver certificate (MTSW) for performing blood glucose testing for 2 of 2 residents (Residents 2 and 4). This led to the AFH performing tests without an MTSW as required.

Findings included....

Review of Washington (WA) State Department of Social and Health Services, "Dear Provider" letter dated 04/01/2022, titled "Medical Test Site Waiver Regulatory Requirements," showed certain types of medical testing require a state MTSW. Per the document, types of medical testing requiring a MTSW certificate include, but are not limited to, blood glucose tests and urine tests.

In an interview on 03/17/2025 at 8:36 AM, Staff D, AFH Designee, stated that AFH caregivers checked Resident 2's Blood Sugar (BS) levels once a week and Resident 4's BS level twice a day.

Record review of 05/02/2024 assessment showed Resident 2 needed assistance with their BS check. Review of Resident 2's pharmacy generated March 2025 Medication Administration Record (MAR) showed once a week BS' readings from 03/01/2025-03/17/2025.

Record review of 12/24/2024 assessment showed Resident 4 needed assistance with their BS check. Review of Resident 4's pharmacy generated March 2025 MAR showed three times a day BS check and handwritten records of BS' readings from 03/01/2025-03/17/2025.

A review of AFH administrative records showed they did not have a MTSW certificate.

In an interview, on 03/17/2025 at 12:25 PM, Staff A, Provider stated that they were not aware of the needs of obtaining MTSW license for conducting blood sugar testing.

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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) ~~5/20/2025~~ 5/03/2025

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

Dae Kim — Provider (or Representative)

4/17/2025 — Date

"Application forms" Sent to Department thru Cirtified mail.

Based on interview, and record review, the Adult Family Home (AFH) failed to have a Medical Test Site Waiver certificate (MTSW) for performing blood glucose testing for 2 of 2 residents (Residents 2 and 4). This led to the AFH performing tests without an MTSW as required.

Findings included….

Review of Washington (WA) State Department of Social and Health Services, “Dear Provider” letter dated 04/01/2022, titled “Medical Test Site Waiver Regulatory Requirements,” showed certain types of medical testing require a state MTSW. Per the document, types of medical testing requiring a MTSW certificate include, but are not limited to, blood glucose tests and urine tests.

In an interview on 03/17/2025 at 8:36 AM, Staff D, AFH Designee, stated that AFH caregivers checked Resident 2’s Blood Sugar (BS) levels once a week and Resident 4’s BS level twice a day.

Record review of 05/02/2024 assessment showed Resident 2 needed assistance with their BS check. Review of Resident 2’s pharmacy generated March 2025 Medication Administration Record (MAR) showed once a week BS’ readings from 03/01/2025-03/17/2025.

Record review of 12/24/2024 assessment showed Resident 4 needed assistance with their BS check. Review of Resident 4’s pharmacy generated March 2025 MAR showed three times a day BS check and handwritten records of BS’ readings from 03/01/2025-03/17/2025.

A review of AFH administrative records showed they did not have a MTSW certificate.

In an interview, on 03/17/2025 at 12:25 PM, Staff A, Provider stated that they were not aware of the needs of obtaining MTSW license for conducting blood sugar testing.

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, ALGREEN HOUSE AFH 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 observation, interview and record review, the Adult Family Home (AFH) failed to review and sign the Negotiated Care Plans' (NCP) for 2 of 5 current residents (Residents 1 and 3) at least every twelve months. This placed the Residents 1 and 3 at risk of unmet needs.

Findings included…

In interview, on 03/17/2025 at 8:36 AM, Staff D, AFH Designee, stated that the home administered medications to Resident 1 and assisted Residents 3 with their medications, and prepared all their meals. Staff D stated that Resident 1 was bedbound and required total care. Staff D stated that Resident 3 required assistance for their personal care, need positioning at night and used a wheelchair.

Observation of residents on 03/17/2025 at 8:58 AM showed Residents 1 was in their bed.

Observation on 03/17/2025 at 8:20 AM, showed Residents 3 in their wheelchair at the dining table.

Resident 1
Review of admission agreement revealed the AFH admitted Resident 1 on [redacted]/2021. Review of Resident 1 's NCP showed it was last reviewed and signed by the resident's representative and Staff A, Provider on 09/25/2021. The signature page of the NCP showed Staff A and Resident 1's representive signed the document on 09/26/2021. Next to 09/26/2021 resident's representative signature was hand written "08/03/2022." The NCP was not signed by resident's representative in 2022, 2023 and 2024. No other NCPs for Resident 1 were presented by the home.

Resident 3
Review of admission agreement revealed the AFH admitted Resident 3 on [redacted]/2023. Review of records revealed Resident 3 's NCP was last reviewed and signed by the resident's on 02/24/2023. The NCP was not signed by resident's representative in 2024. No other NCPs for Resident 3 were presented by the home.

In an interview on 03/17/2025 at 9:21 AM, Staff A stated that it was their mistake for not having Residents' NCPs 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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) 4/30/2025.

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

Dae Kim — 04-18-2025

Provider (or Representative) — Date

updated.

this is received in "Admission Agreement" file at Exhibit 3" — written in error

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

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 1 of 2 sampled residents

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, ALGREEN HOUSE AFH 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 1 of 2 sampled residents

(Resident 2) before their admission to the home. In addition, (AFH) failed to ensure a written Notice of Services was provided to 3 of 5 current residents (Residents 1, 3 and 4) every 24 months. These failures placed Residents 1, 2, 3 and 4 at risk of being unaware of house rules, services, and their costs.

Findings included…

Observation on 03/17/2025 at 8:20 AM showed Residents 1, 3 and 4 lived and received care from Staff B, Caregiver.

Review of admission agreement revealed the AFH admitted Resident 1 on [redacted]/2021 and their initial Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) was signed by their representative on [redacted]/2021. Next to the [redacted]/2021 was handwritten "[redacted]/2021-23." There was no other notice of services found in Resident 1's record.

Review of admission agreement revealed the AFH admitted Resident 2 on [redacted]/2024 and their initial Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) was sign by Staff A, Provider on [redacted]/2024 and was not signed by their representative. There was no other notice of services found in Resident 2's record.

In a phone interview, on 03/18/2025 at 9:40 AM, Resident 1 and 2 s' representative for both residents (Collateral Contact 2 (CC2)) stated that they visited the home when Resident 2 was admitted to the home on [redacted]/2024. CC2 stated that they signed "some" documents in the home. CC 2 stated that they did not remember the names of those documents. CC 2 stated that they did not sign any Resident 1's documents after they been admitted to the home on [redacted]/2021.

Review of admission agreement revealed the AFH admitted Resident 3 on [redacted]/2023 and their initial Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) was signed by their representative on [redacted]/2023. There was no other notice of services found in Resident 3's record.

Review of admission agreement revealed the AFH admitted Resident 4 on [redacted]/2020 and their initial Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) was signed by their representative on 03/09/2023. There was no other notice of services found in Resident 4's record.

In an interview on 03/17/2025 at 9:21 AM, when asked about the timeframe to renew the Notice of Services, Staff A, Provider stated that it was every two years. When asked why admission agreement was not completed for Residents 1, 2, 3 and 4, Staff A stated they missed these timelines, and that these will be rectified.

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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) 4/2/2025 .

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

Dae Kim — Provider (or Representative)

4-17-2025 — Date

We could find the this article inside of "Admission Agreements Exhibit 3"

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the home's policy on accepting [redacted] as a payment source was signed by 1 of 2 sampled residents (Resident 2) or their representative. These failures placed Resident 2 and their representative at risk of not knowing payment options and sources.

Findings included...

At the entrance interview on 03/17/2025 at 8:36 AM, Staff D, AFH Designee stated that Resident 2's care was paid through [redacted] funds.

Review of Resident 2's records showed a written policy on accepting [redacted] as a payment source. The policy was not signed or dated by Staff A, Provider and/or by the resident or their representative.

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, ALGREEN HOUSE AFH 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the home's policy on accepting [redacted] as a payment source was signed by 1 of 2 sampled residents (Resident 2) or their representative. These failures placed Resident 2 and their representative at risk of not knowing payment options and sources.

Findings included…

At the entrance interview on 03/17/2025 at 8:36 AM, Staff D, AFH Designee stated that Resident 2's care was paid through [redacted] funds.

Review of Resident 2's records showed a written policy on accepting [redacted] as a payment source. The policy was not signed or dated by Staff A, Provider and/or by the resident or their representative.

In an interview, on 3/17/2025 at 9:21 AM, Staff A stated that it was hard to reach Resident 2's Representative, and added that it was a mistake for not signing resident's [redacted] policy.

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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) 4-5-2025

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

Dae Kim — 4-18-2025
Provider (or Representative) — Date

Printed and filed

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide a copy of the completed department disclosure of charges form to 2 of 5 current residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of not knowing the charges for care, services, and activities that the home provided.

Findings included...

Observation on 03/17/2025 at 8:20 AM showed Residents 1 and 2 lived and received care from AFH staff.

Review of residents' records admission agreements showed the home admitted Resident 1 on [redacted]/2021, and Resident 2 on [redacted]/2024.

Review of Residents 1 and 2's records did not show a written acknowledgment that they

In an interview, on 3/17/2025 at 9:21 AM, Staff A stated that it was hard to reach Resident 2's Representative, and added that it was a mistake for not signing resident's [redacted] policy.

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, ALGREEN HOUSE AFH 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 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide a copy of the completed department disclosure of charges form to 2 of 5 current residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk of not knowing the charges for care, services, and activities that the home provided.

Findings included…

Observation on 03/17/2025 at 8:20 AM showed Residents 1 and 2 lived and received care from AFH staff.

Review of residents' records admission agreements showed the home admitted Resident 1 on [redacted]/2021, and Resident 2 on [redacted]/2024.

Review of Residents 1 and 2's records did not show a written acknowledgment that they

had received a copy of the completed department's disclosure of charges form. None of the disclosure of charges forms for Residents 1 and 2's had been signed by the residents, or their representatives, and Staff A, Provider.

In an interview, on 03/17/2025 at 10:10 AM, Staff A stated it was a mistake for not signing residents' disclosure of charges forms.

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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) 4-30-2025.

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

Dae Kim — 4-17-2025

Provider (or Representative) — Date

Printed and filed in position.

had received a copy of the completed department's disclosure of charges form. None of the disclosure of charges forms for Residents 1 and 2's had been signed by the residents, or their representatives, and Staff A, Provider.

In an interview, on 03/17/2025 at 10:10 AM, Staff A stated it was a mistake for not signing residents' disclosure of charges forms.

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, ALGREEN HOUSE AFH 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 _____