STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

AMADOU DIBBA
AMOUR ADULT FAMILY HOME
5825 183rd Street SW
LYNNWOOD, WA 98037

RE: AMOUR ADULT FAMILY HOME License # 750915

Dear Provider:

This letter addresses Compliance Determination(s) 72872 (Completion Date 02/12/2026) and 70084 (Completion Date 12/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/12/2026 and found that you have corrected the violations listed in the Full report dated 12/19/2025. Your home is back in compliance as of 02/02/2026 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 388-76-10750-7, WAC 388-76-10255-4-a, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10165-1-a, WAC 388-76-10165-1, WAC 388-76-10165-1-b, WAC 388-76-10895-2-a, WAC 388-76-10015-1

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)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 12/15/2025 of:
AMOUR ADULT FAMILY HOME
5825 183RD ST SW
LYNNWOOD, WA 98037

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:

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

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As a result of the o e visit(s), the department found that you are no compliance with the licensing laws and lations as stated in the cited deficiencies in the closed report.

Renee Bourque /23/2025
Residen Care Services Date

I understand that to intain an Adult Family Home license, I must be ompliance with all the licensing laws a egulations at all times.

Provider (epresentative) 11-15-26
Date

WAC 388-76-10750 ety and maintenance. The adult family home st:

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

This requirement w ot met as evidenced by:

Based on observatior d interview, the Adult Family Home (AFH) faile ensure all toxic substances were kep locked storage. This failure placed 5 of 5 reside (Residents 1, 2, 3, 4, and 5) at risk of injury illness if they accessed toxic chemicals.

Findings included...

Observation, on 12/1 25 at 10:10 AM, showed bleach and dish soap ited in the unlocked cupboard underneath kitchen sink.

In an interview, on 12 2025 at 10:10 AM, Staff A, Provider, stated tha y would purchase a lock for the cupboard unde ath the kitchen sink.

Observation, on 12/1 25 at 10:22 AM, of the bathroom closest to bed ms D, E, and F, showed cleaning supplies loca in the unlocked cupboard underneath the sink. T se cleaning supplies included Comet powd Lysol disinfecting spray, and Lysol disinfecting w s.

Observation, on 12/1 25 at 10:26 AM, of the bathroom closest to bed ms A, B, and C, showed cleaning supplies loca in the unlocked cupboard underneath the sink. T se cleaning supplies included Comet powd Lysol disinfecting spray, and Lysol disinfecting w s.

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' Bourgue
Residential Care Services

12/23/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

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

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances were kept in locked storage. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of injury or illness if they accessed toxic chemicals.

Findings included...

Observation, on 12/15/2025 at 10:10 AM, showed bleach and dish soap located in the unlocked cupboard underneath the kitchen sink.

In an interview, on 12/15/2025 at 10:10 AM, Staff A, Provider, stated that they would purchase a lock for the cupboard underneath the kitchen sink.

Observation, on 12/15/2025 at 10:22 AM, of the bathroom closest to bedrooms D, E, and F, showed cleaning supplies located in the unlocked cupboard underneath the sink. These cleaning supplies included Comet powder, Lysol disinfecting spray, and Lysol disinfecting wipes.

Observation, on 12/15/2025 at 10:26 AM, of the bathroom closest to bedrooms A, B, and C, showed cleaning supplies located in the unlocked cupboard underneath the sink. These cleaning supplies included Comet powder, Lysol disinfecting spray, and Lysol disinfecting wipes.

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In an interview, on 1 5/2025 at 10:26 AM, Staff A stated that they did r l know disinfecting wipes needed to be locked aff A was observed moving the cleaning supplie s om the cupboards underneath the kitch and bathroom sinks to a locked storage area.

I hereby certify tha have reviewed this report and have taken or will t e active measures to corre his deficiency. By taking this action, AMOUR AD T FAMILY HOME is or will be compliance with this law and / or regulation on (Date) 2/2 2 .

In addition, I will in ment a system to monitor and ensure continue mpliance with this requirement.

Provider (or Repres ative) 1-1 26

WAC 388-76-10255 I ction control. The adult family home must d op and implement an infection control sy n that:

(4) Directs all staff to:

(a) Dispose of razor b es, syringes, and other sharp items in a manne t will not risk the health and safety of resident taff, other persons residing in the home or the p c; and

This requirement wa ot met as evidenced by:

Based on observation d interview, the Adult Family Home (AFH) failec ensure used syringes and lancets (device o ject used to puncture the skin) were disposed o a manner which did not pose a risk to the hea nd safety of the AFH residents or staff. This fai placed 5 of 5 residents (Residents 1, 2, 3, 4, 5) and Staff A, B, C, D, and E at risk of injury o ess if they came into contact with the used nges or lancets.

Findings included...

Record review showe e AFH admitted Resident 2 on [redacted]/2023. Furt review showed Resident 2 had a diag s of [redacted]

Record review showe e AFH admitted Resident 4 on [redacted]/2021. Furt review showed Resident 4 had a diag s of [redacted]

In an interview, on 12/15/2025 at 10:26 AM, Staff A stated that they did not know disinfecting wipes needed to be locked. Staff A was observed moving the cleaning supplies from the cupboards underneath the kitchen and bathroom sinks to a locked storage area.

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, AMOUR ADULT FAMILY HOME 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(4) Directs all staff to:

(a) Dispose of razor blades, syringes, and other sharp items in a manner that will not risk the health and safety of residents, staff, other persons residing in the home or the public; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure used syringes and lancets (device or object used to puncture the skin) were disposed of in a manner which did not pose a risk to the health and safety of the AFH residents or staff. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) and Staff A, B, C, D, and E at risk of injury or illness if they came into contact with the used syringes or lancets.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2023. Further review showed Resident 2 had a diagnosis of [redacted].

Record review showed the AFH admitted Resident 4 on [redacted]/2021. Further review showed Resident 4 had a diagnosis of [redacted].

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Record review show the AFH admitted Resident 5 on [redacted]/2025. Fu er review showed Resident 5 had a dia osis of [redacted]

Observation, on 12/ 025 at 10:10 AM, of the unlocked cupboard un eath the kitchen sink, showed an opaque n milk jug with its lid screwed onto it.

In an interview, on 1 /2025 at 10:10 AM, Staff A, Provider, stated th e milk jug was used for disposal of sharp obj s. Staff A stated that the previous sharps dispos evice used by the AFH ran out of space. Sta stated that they obtained a secure device for d sing sharps. Staff A was observed locating th w sharps disposal device outside and bringing t to the AFH.

In an interview, on 1 /2025 at 9:23 AM, Staff B, Caregiver, stated tha FH staff assists with blood glucose monito for Residents 2, 4, and 5. Staff B stated that R dent 2 and Resident 5 require blood glucos sting once daily. Staff B stated that Resident 4 r ires blood glucose monitoring four times ly.

I hereby certify tha ave reviewed this report and have taken or will e active measures to corre is deficiency. By taking this action, AMOUR AD T FAMILY HOME is or will be compliance with this law and / or regulation on (Date) 2/21/26.

In addition, I will im ment a system to monitor and ensure continue mpliance with this requirement.

Provider (or Repres ative) Dat 1-1 -26

WAC 388-76-10650 M ical devices.

(2) Before a medical c ce with a known safety risk is used by a resider e home must:

(a) Ensure an assess t has been completed that identifies the resider t need and ability to safely use the medica vice;

(b) Provide the reside nd his or her family or legal representative with rmation about the device's benefits and ty risks to enable them to make an informed de on about whether to use the device;

(c) Ensure the residen negotiated care plan includes how the resident w use the medical device; and

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Further review showed Resident 5 had a diagnosis of [redacted].

Observation, on 12/15/2025 at 10:10 AM, of the unlocked cupboard underneath the kitchen sink, showed an opaque gallon milk jug with its lid screwed onto it.

In an interview, on 12/15/2025 at 10:10 AM, Staff A, Provider, stated that the milk jug was used for disposal of sharp objects. Staff A stated that the previous sharps disposal device used by the AFH ran out of space. Staff A stated that they obtained a secure device for disposing sharps. Staff A was observed locating the new sharps disposal device outside and bringing it into the AFH.

In an interview, on 12/19/2025 at 9:23 AM, Staff B, Caregiver, stated that AFH staff assists with blood glucose monitoring for Residents 2, 4, and 5. Staff B stated that Resident 2 and Resident 5 require blood glucose testing once daily. Staff B stated that Resident 4 requires blood glucose monitoring four times daily.

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, AMOUR ADULT FAMILY HOME 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure all supporting documentation was in place (including a safety assessment, informed consent, and negotiated care plan [NCP]) prior to the use of a medical device ([redacted]) for 3 of 5 residents (Residents 2, 4, and 5). This failure placed Residents 2, 4, and 5 at risk of harm or injury due to improper use of [redacted]

Findings included...

<Resident 2>

Observation, on 12/15/2025 at 10:24 AM, of Resident 2's bedroom (Bedroom [redacted]), showed two half-length [redacted] installed on Resident 2's bed.

Record review showed the AFH admitted Resident 2 on [redacted]/2023. Review showed Resident 2's NCP, dated 09/04/2025, did not reference the use of [redacted]. Further review showed no evidence that a safety assessment or informed consent had been obtained for Resident 2's use of [redacted].

In an interview, on 12/15/2025 at 12:30 PM, Staff A, Provider, stated that they believed the safety assessment and informed consent had been completed for Resident 2. Staff A stated that they would look for the documents.

In an email, received by the Department on 12/15/2025, Staff A provided a copy of a letter from a physical therapist (PT). Review of this letter, dated 12/15/2025, showed the PT recommending the [redacted] as medically necessary for Resident 2.

In an email, received by the Department on 12/16/2025, Staff A provided a copy of a PT assessment. Review of this assessment, dated 12/16/2025, showed a different PT assessed Resident 2's use of [redacted] on that date.

<Resident 4>

Observation, on 12/15/2025 at 10:31 AM, of Resident 4's bedroom (Bedroom [redacted]), showed two half-length [redacted] installed on Resident 4's bed.

Record review showed the AFH admitted Resident 4 on [redacted]/2021. Further review showed no evidence that a safety assessment had been obtained for Resident 4's use of [redacted].

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In an interview, on 1 5/2025 at 1:44 PM, Staff A stated that they wou c rrange a safety assessment for Resi it 4's use of [redacted] from a qualified assessor.

<Resident 5>

Observation, on 12/1 025 at 10:33 AM, of Resident 5's bedroom (Bec r m [redacted]), showed two quarter-length [redacted] installed on both sides of Resident 5's bed.

Record review showi ne AFH admitted Resident 5 on [redacted]/2025. Rev v showed Resident 5's NCP, dated 06/16/20 did not reference the use of [redacted]. Further re ew showed no evidence that a safety assessn t or informed consent had been obtained for Res nt 5's use of [redacted].

In an interview, on 12 /2025 at 12:33 PM, Staff A acknowledged that R dent 5's NCP did not reference use of [redacted] Staff A stated that they believed a safety ass s ment and informed consent was complet or Resident 5's use of [redacted]. Staff A stated t l if they could not locate these documents, the ould work to complete new ones.

I hereby certify tha ave reviewed this report and have taken or will e active measures to corre is deficiency. By taking this action, AMOUR AD T FAMILY HOME is or will be compliance with this law and / or regulation on (Date) 2/27/26.

In addition, I will im ment a system to monitor and ensure continuec npliance with this requirement.

Provider (or Repres ative) Dat 1-1 -26

WAC 388-76-10430 M ication system.

(2) When providing m ation assistance or medication administration fo ny resident, the home must ensure each resi t:

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

(d) Receives medicati as required.

This requirement wa ot met as evidenced by:

Based on record revie observation, and interview, the Adult Family Hor AFH) failed to ensure the medication logs (M were accurate and up-to-date for 2 of 2 sample sidents (Residents 1 and 2). This failure pla Residents 1 and 2 at risk for

In an interview, on 12/15/2025 at 1:44 PM, Staff A stated that they would arrange a safety assessment for Resident 4's use of [redacted] from a qualified assessor.

<Resident 5>

Observation, on 12/15/2025 at 10:33 AM, of Resident 5's bedroom (Bedroom [redacted]), showed two quarter-length [redacted] installed on both sides of Resident 5's bed.

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Review showed Resident 5's NCP, dated 06/16/2025, did not reference the use of [redacted]. Further review showed no evidence that a safety assessment or informed consent had been obtained for Resident 5's use of [redacted].

In an interview, on 12/15/2025 at 12:33 PM, Staff A acknowledged that Resident 5's NCP did not reference use of [redacted]. Staff A stated that they believed a safety assessment and informed consent was completed for Resident 5's use of [redacted]. Staff A stated that if they could not locate these documents, they would work to complete new ones.

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, AMOUR ADULT FAMILY HOME 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.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the 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>

Record review showed the AFH admitted Resident 1 on [redacted]/2019. Further review showed Resident 1 was prescribed multiple medications.

Record review, of Resident 1's December 2025 ML, showed an entry for fexofenadine (used to treat allergy symptoms without causing drowsiness) 180 milligram (mg) oral tablets with instructions which read, "take 1 tablet by mouth daily." The ML was initialed, indicating the fexofenadine was given to Resident 1 daily. Further review showed an entry for vitamin D3 (a dietary supplement) 50 microgram (mcg) oral capsule with instructions which read, "take 1 capsule by mouth daily (guardian provide)." The ML was initialed, indicating the vitamin D3 was given to Resident 1 daily.

Observation, on 12/15/2025 at 1:57 PM, of Resident 1's medication supply, showed an over-the-counter (OTC) bottle of diphenhydramine (used to treat allergies and may cause drowsiness) 25 mg tablets. Observation showed an OTC bottle with a label which read, "women's probiotics, prebiotics, and cranberry tablets" (hereinafter referred to as "probiotic tablets"). Further observation showed a bottle of miconazole nitrate (an antifungal medication) 2% powder and a tube of zinc oxide (used to treat skin irritation) 20% paste.

In an interview, on 12/15/2025 at 2:28 PM, Staff B, Caregiver, stated that Resident 1's guardian purchased the diphenhydramine tablets instead of the fexofenadine tablets. Staff B stated that Resident 1's guardian purchased the probiotic tablets instead of vitamin D3. Staff B stated that the AFH is giving Resident 1 fexofenadine and probiotic tablets because that is what the guardian purchased. Staff B stated that the miconazole nitrate powder and zinc oxide paste were provided by Resident 1's hospice provider. Staff A, Provider, told Staff B to contact the pharmacy to add miconazole nitrate powder and zinc oxide paste to Resident 1's ML.

<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 December 2025 ML, showed an entry for sertraline (used to treat depression) 100 mg tablets with instructions which read, "take 1 tablet (100 mg) by mouth daily." The ML was initialed, indicating the sertraline 100 mg was given to Resident 2 daily. Further review showed an entry for melatonin (used to regulate

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sleep) 3 mg tablets v instructions which read, "take 2 tablets (6 mg) > nouth at bedtime as needed for sleep." T ML was not initiated, indicating this medication w not given to Resident 2 in December 2025.

Observation, on 12/1 025 at 2:40 PM, of Resident 2's medication sup showed a bubble pack (pharmacy packagin ed to sort multiple medications) which containe ertraline 100 mg tablets. The instructions for s aline on the pharmacy label of the bubble pack r d, "take 1.5 tablets (150 mg) by mouth daily." ther observation showed an OTC bottle of mel t in 10 mg tablets.

In an interview, on 1 /2025 at 2:44 PM, Staff B stated that Resident 2 sertraline prescription was recently change m 100 mg to 150 mg. Staff B stated that the ph acy forgot to update Resident 2's Decem 2025 ML with the correct information. Staff B st that the AFH is using melatonin 10 mg tabl instead of 3 mg tablets because that is what Re lent 2's family purchased.

Staff B provided a co of Resident 2's After Visit Summary, dated 11/2 025. Record review of this document showe esident 2's sertraline was changed from 100 m 150 mg on 11/20/2025.

I hereby certify tha ave reviewed this report and have taken or will t e active measures to corre is deficiency. By taking this action, AMOUR AD FAMILY HOME is or will be ompliance with this law and / or regulation on (Date) 2-2-26

In addition, I will im ment a system to monitor and ensure continue mpliance with this requirement.

Provider (or Repres ative) Da 1-1-26

WAC 388-76-10165 E ground checks Washington state name an late of birth background check id for two years National fingerprint backgr nd check Valid indefinitely.

(1) A Washington stat ame and date of birth background check is valic two years from the initial date it is conduc . The adult family home must ensure:

(a) A new DSHS back nd authorization form is submitted to the depa t nt's background check central unit every two rs for each individual listed in WAC 388-76-101

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

sleep) 3 mg tablets with instructions which read, “take 2 tablets (6 mg) by mouth at bedtime as needed for sleep.” The ML was not initiated, indicating this medication was not given to Resident 2 in December 2025.

Observation, on 12/15/2025 at 2:40 PM, of Resident 2’s medication supply, showed a bubble pack (pharmacy packaging used to sort multiple medications) which contained sertraline 100 mg tablets. The instructions for sertraline on the pharmacy label of the bubble pack read, “take 1.5 tablets (150 mg) by mouth daily.” Further observation showed an OTC bottle of melatonin 10 mg tablets.

In an interview, on 12/15/2025 at 2:44 PM, Staff B stated that Resident 2’s sertraline prescription was recently changed from 100 mg to 150 mg. Staff B stated that the pharmacy forgot to update Resident 2’s December 2025 ML with the correct information. Staff B stated that the AFH is using melatonin 10 mg tablets instead of 3 mg tablets because that is what Resident 2’s family purchased.

Staff B provided a copy of Resident 2’s After Visit Summary, dated 11/20/2025. Record review of this document showed Resident 2’s sertraline was changed from 100 mg to 150 mg on 11/20/2025.

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, AMOUR ADULT FAMILY HOME 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 388-76-10165 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 .

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This requirement w: ıot met as evidenced by:

Based on record revi and interview, the Adult Family Home (AFH) fai o have a valid Washington Name ar)ate of Birth (WNDOB) background inquiry (BGI) 1 of 5 current staff (Staff E, Caregiver) a 1 of 1 former staff (Staff F, Former Caregiver). ' failure placed Residents 1, 2, 3, 4, and 5 at ris having unsupervised access to individuals witr known backgrounds.

Findings included...

Record review showe ıe AFH hired Staff E on 04/13/2023. Further rev showed Staff E's WNDOB BGI expired 04/24/2025. There was no evidence a WNDOB I was completed for Staff E following 04/2)25.

Record review showe ıe AFH hired Staff F on 12/26/2018. Review sh Staff F departed from employment at the AF)n 12/15/2023. Further review showed Staff F's V DOB BGI expired on 04/01/2023. There wa o evidence the AFH had a valid WNDOB BGI fc aff F between 04/01/2023 and 12/1 23.

In an interview, on 12 2025 at 3:37 PM, Staff A, Provider, stated that S ff E is an on-call caregiver. Staff A stat hat Staff E had not worked at the AFH since the WNDOB BGI expired. Staff A stated that the ould renew Staff E's WNDOB BGI. Staff A state at Staff F is no longer an employee at the Al Staff A was unable to locate a valid WNDOB B or Staff F.

On 12/16/2025, Staff / ovided a copy of an additional WNDOB BGI for ff E. Review of this WNDOB BGI showed as completed on 12/16/2025 and expires on 12 2027.

I hereby certify that ave reviewed this report and have taken or will t active measures to correc s deficiency. By taking this action, AMOUR ADU FAMILY HOME is or will be ompliance with this law and / or regulation on (Date) 2/2/

In addition, I will im nent a system to monitor and ensure continued c npliance with this requirement.

Provider (or Repres itive) Da 1-18-26

WAC 388-76-10895 E gency evacuation drills Frequency and pai t ipation.

(2) The adult family ho must conduct:

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a valid Washington Name and Date of Birth (WNDOB) background inquiry (BGI) for 1 of 5 current staff (Staff E, Caregiver) and 1 of 1 former staff (Staff F, Former Caregiver). This failure placed Residents 1, 2, 3, 4, and 5 at risk of having unsupervised access to individuals with unknown backgrounds.

Findings included...

Record review showed the AFH hired Staff E on 04/13/2023. Further review showed Staff E's WNDOB BGI expired on 04/24/2025. There was no evidence a WNDOB BGI was completed for Staff E following 04/24/2025.

Record review showed the AFH hired Staff F on 12/26/2018. Review showed Staff F departed from employment at the AFH on 12/15/2023. Further review showed Staff F's WNDOB BGI expired on 04/01/2023. There was no evidence the AFH had a valid WNDOB BGI for Staff F between 04/01/2023 and 12/15/2023.

In an interview, on 12/15/2025 at 3:37 PM, Staff A, Provider, stated that Staff E is an on-call caregiver. Staff A stated that Staff E had not worked at the AFH since their WNDOB BGI expired. Staff A stated that they would renew Staff E's WNDOB BGI. Staff A stated that Staff F is no longer an employee at the AFH. Staff A was unable to locate a valid WNDOB BGI for Staff F.

On 12/16/2025, Staff A provided a copy of an additional WNDOB BGI for Staff E. Review of this WNDOB BGI showed it was completed on 12/16/2025 and expires on 12/16/2027.

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, AMOUR ADULT FAMILY HOME 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:

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(a) Partial emergenc vacuation drills which occur during random staf i shifts at least every sixty days, with each resi t participating in at least one each calendar yea

This requirement w not met as evidenced by:

Based on record rev and interview, the Adult Family Home (AFH) fa l to ensure partial evacuation drills wer mpleted at least once every 60 days. This failu laced 5 of 5 residents (Residents 1, 2, 3, 4, d 5) at risk of harm or injury in the event of an e gency requiring evacuation.

Findings included...

Record review, of the H's evacuation drill logs, showed evacuation dri were conducted on 09/03/2025, 06/03/2(04/05/2025, 02/04/2024. Revi showed all drills were marked as full evacu ns. Further review showed no evidence of a full partial evacuation drill was conducted betwe 06/03/2025 through 09/03/2025 and 09/03/202 ough 12/15/2025.

In an interview, on 12 /2025 at 3:47 PM, Staff A, Provider, stated that ls may have been missed between 06/03/2025 ugh 09/03/2025 and 09/03/2025 through 12/15 5 as Staff A was out of the country.

I hereby certify that ave reviewed this report and have taken or will active measures to correc is deficiency. By taking this action, AMOUR AD FAMILY HOME is or will be ompliance with this law and / or regulation on (Date) 2/2/6.

In addition, I will im nent a system to monitor and ensure continued mpliance with this requirement.

Provider (or Repres ative) Da 1-1 -26

WAC 388-76-10015 L se Adult family home Compliance requir

(1) The licensed adult ily home must comply with all the requirements ablished in chapters 70.128 , 70.129, 74.3 CW, this chapter and other applicable laws and gulations including chapter 74.39A RCW;

This requirement wa ot met as evidenced by:

(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 requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure partial evacuation drills were completed at least once every 60 days. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm or injury in the event of an emergency requiring evacuation.

Findings included...

Record review, of the AFH's evacuation drill logs, showed evacuation drills were conducted on 09/03/2025, 06/03/2025, 04/05/2025, 02/04/2025, and 12/03/2024. Review showed all drills were marked as full evacuations. Further review showed no evidence of a full or partial evacuation drill was conducted between 06/03/2025 through 09/03/2025 and 09/03/2025 through 12/15/2025.

In an interview, on 12/15/2025 at 3:47 PM, Staff A, Provider, stated that drills may have been missed between 06/03/2025 through 09/03/2025 and 09/03/2025 through 12/15/2025 as Staff A was out of the country.

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, AMOUR ADULT FAMILY HOME 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 obtain 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing for residents. This placed residents at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2023. Further review showed Resident 2 had a diagnosis of [redacted].

Record review showed the AFH admitted Resident 4 on [redacted]/2021. Further review showed Resident 4 had a diagnosis of [redacted].

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Further review showed Resident 5 had a diagnosis of [redacted].

Record review, of the AFH's records, showed no evidence an MTSW had been obtained.

In an interview, on 12/15/2025 at 3:54 PM, Staff A, Provider, stated that they did not know about the requirement of obtaining an MTSW. Staff A stated that the AFH did not have an MTSW. Staff A stated that they will apply for an MTSW.

In an interview, on 12/19/2025 at 9:23 AM, Staff B, Caregiver, stated that AFH staff assists with blood glucose monitoring for Residents 2, 4, and 5. Staff B stated that Resident 2 and Resident 5 require blood glucose testing once daily. Staff B stated that Resident 4 requires blood glucose monitoring four times daily.

Statement of Deficien	License #: 750915	Compli	Determination # 70084
Plan of Correction	AMOUR ADULT FAMILY HOME		Completion Date
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I hereby certify th have reviewed this report and have taken or wil e active measures to corre his deficiency. By taking this action, AMOUR A T FAMILY HOME is or will b compliance with this law and / or regulation on (Date) 2/2/ 26.

In addition, I will ir ement a system to monitor and ensure continue d mpliance with this requirement.

Provider (or Repre tative) Da 1-1 -26

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, AMOUR ADULT FAMILY HOME 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

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

12/23/2025

AMADOU DIBBA
AMOUR ADULT FAMILY HOME
5825 183rd Street SW
LYNNWOOD, WA 98037

RE: AMOUR ADULT FAMILY HOME # 750915

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/19/2025 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:

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 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

The Adult Family Home (AFH) failed to ensure at least three gallons of emergency drinking water per person was available. This deficiency was corrected at the time of inspection by Staff A, Provider. Staff A purchased additional water.

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(3) Date and time of the drill;

(5) The length of time it took to complete the evacuation.

The Adult Family Home (AFH) failed to ensure the evacuation drill log, dated 09/03/2025, documented the start time, end time, and length of drill. This deficiency was corrected over the course of inspection by Staff A, Provider, who wrote the missing information on the 09/03/2025 evacuation drill log.

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 written succession plan. This deficiency was corrected over the course of inspection by Staff A, Provider, who wrote a succession plan.

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 24 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;

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

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

The Adult Family Home (AFH) failed to ensure the Notice of Rights and Services (admission agreement) was updated at least every 24 months for Residents 1, 3, and 4. This deficiency was corrected over the course of inspection by Staff A, Entity Representative. Staff A had Residents 3 and 4 review and sign their admission agreements on 12/15/2025. Staff A had Resident 1's representative review and sign their admission agreement on 12/15/2025.

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

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:
- 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 make an IDR request and find directions on the IDR 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 supporting documents to:

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