STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 69588 (Completion Date 12/04/2025) and 66536 (Completion Date 10/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/04/2025 and found that you have corrected the violations listed in the Complaint report dated 10/11/2025. Your home is back in compliance as of 11/25/2025 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 388-76-10365

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

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 an unannounced on-site complaint investigation on 10/02/2025 of:

AMOUR ADULT FAMILY HOME
5825 183RD ST SW
LYNNWOOD, WA 98037

This document references the following complaint number(s): 195707

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Theresia Karundeng, NCI

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

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

10/15/2025
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)

11-6-25
Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement interventions in the Negotiated Care Plan (NCP) specifically on turning and repositioning for 3 of 3 residents (Resident 1, 2 and 3). This failure placed Resident 1, 2, and 3 at risk for reoccurring skin breakdowns and worsening skin problems.

Findings included...

RESIDENT 1
Review of Resident 1's Negotiated Care Plan (NCP), dated 09/04/2025, showed Resident 1 was admitted to the AFH on [redacted]/2023 with pressure sores to their buttocks. Review of Resident 1's NCP under sleep pattern showed Resident 1 needed to be repositioned every two hours to prevent skin injury.

Review of Resident 1's Assessment, dated 09/19/2025, showed the following:
-Resident 1 requires one person assistance with bed mobility.
-Resident 1 requires repositioning at least every two hours.
-Resident 1 had one open wound to their groin and one open wound near their anus (opening at the end of the digestive track).

Review of Resident 1's After Visit Summary, dated 10/01/2025, showed Resident 1 had a stage three pressure ulcer (pressure wound that affects the top two layers of skin and the fat tissue) to their right buttock.

An observation, on 10/02/2025 at 10:03 AM, 10:18 AM, and 12:01 PM, showed Resident 1 was lying in bed on their back.

In an interview, on 10/02/2025 at 12:01 PM, Resident 1 stated that they had not been repositioned today (10/02/2025). Resident 1 stated that staff did not come to reposition Resident 1. Resident 1 stated that they slept on their back throughout the night. Resident 1 stated that staff had not been turning/repositioning Resident 1 at night.

RESIDENT 2
Review of Resident 2's NCP, dated 08/20/2025, showed Resident 2 was admitted to the AFH on [redacted]2021 with multiple care needs. Review of Resident 2's NCP under sleep pattern showed Resident 2 needed to be repositioned every two hours during the day and night.

Review of Resident 2's Assessment, dated 09/19/2025, showed the following:
-Resident 2 was totally dependent on bed mobility requiring one person assistance.
-Resident 2 requires repositioning at least every two hours.

In an interview, on 10/02/025 at 12:38 PM, Resident 2 stated that staff had not been turning/repositioning Resident 2 at night.

RESIDENT 3
Review of Resident 3's NCP, dated 06/16/2025, showed Resident 3 was admitted to the AFH on [redacted]2025 with multiple care needs. Review of Resident 3's NCP under sleep pattern showed Resident 3 was totally dependent with repositioning requiring two-person assistance. Further review of the NCP showed Resident 3 needed to be repositioned every two hours to prevent pressure injuries.

Review of Resident 3's Physician Visit Notes, dated 09/23/2025, showed Resident 3 had a pressure sore to their left lower back and a pressure sore to their buttock.

In an interview, on 10/02/2025 at 10:30 AM, Resident 3 stated that they had wounds to their back and bottom. Resident 3 stated that they did not know how often they were being turned/repositioned.

STAFF
In an interview, on 10/02/2025 at 10:38 AM, Staff B, Caregiver, stated that Resident 1 should be turned/repositioned every 30 minutes, but Resident 1 frequently refused. Staff B stated that Resident 1 would be turned/repositioned three times a day.

In an interview, on 10/02/2025 at 12:07 PM, Staff B stated that Resident 1 and Resident

3 were not turned/repositioned overnight. Staff B stated that Resident 1 would be turned/repositioned during the day. Staff B stated that they would place pillows on both sides of Resident 3 to keep them off the bed at night. Staff B stated that Resident 2 was not being turned/repositioned during the day or when they were in bed because they did not have any open wounds.

In an interview, on 10/02/2025 at 12:15 PM, Staff A, Provider, stated that there were two staff working during the day and at night. Staff A stated that staff should be turning/repositioning the residents (Resident 1, 2 and 3) during the day and at night according to their assessment and NCP.

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) 11-25-25

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

Provider (or Representative) — Date: 11-6-25