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

MARCELA & SAMUEL CUSMIR
A+ MERIDIAN VILLA ESTATES AFH
23420 124TH AVE SE
KENT, WA 98031

RE: A+ MERIDIAN VILLA ESTATES AFH License # 751244

Dear Provider:

This letter addresses Compliance Determination(s) 58932 (Completion Date 05/01/2025) and 53429 (Completion Date 03/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/01/2025 and found that you have corrected the violations listed in the Complaint report dated 03/04/2025. Your home is back in compliance as of 01/20/2025 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

The Department staff who did the on-site verification:
Imelda Cornelio, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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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 01/22/2025 of:

A+ MERIDIAN VILLA ESTATES AFH
23420 124TH AVE SE
KENT, WA 98031

This document references the following complaint number(s): 162233

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Imelda Cornelio, NCI
Cecile Leano, Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 | 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 388-76-10400 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 interviews and record reviews, the adult family home (AFH) failed to monitor 1 of 6 residents' (Resident 1) blood glucose (the main sugar found in the blood that is the body's primary source of energy). This failure placed Resident 1 at risk of harm for medical complications from having too high or too low of a blood glucose level.

Findings included…

On 01/22/2025 at 11:56 AM, Resident 1 stated that there was a manufacturer supply shortage of their blood glucose sensor (a device that attaches to the skin and automatically takes one's glucose level), they asked Staff A, Provider, for help with their glucometer (blood glucose test device), and Staff A did not help them.

On 01/22/2025 at 1:56 PM, Staff C, Caregiver, stated that they notified Staff A that Resident 1 had blood glucose supply shortage, and that Resident 1 was working on restoring their blood sugar monitoring.

On 01/22/2025 at 2:09 PM, Staff A stated that staff did not report to them that Resident 1 was not checking their blood glucose levels.

On 03/03/2025 at 4:05 PM. Resident 1's collateral contact stated that they notified Staff A on 11/26/2024 through a text message that the staff was not helping Resident 1 to check their blood glucose level and they did not receive a response from Staff A.

On 01/22/2025 at 12:35 PM, review of Resident 1's personal blood glucose log from 11/17/2024 to 01/07/2025 and on 01/12/2025, showed that there were no written blood glucose results.

On 01/22/2025 at 1:46 PM, review of Resident 1's medication log showed that there were no blood glucose results written down from 11/18/2024 to 01/08/2024 and from 01/10/2025 to 01/19/2025.

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, A+ MERIDIAN VILLA ESTATES 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 _____