



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

ANDERSON LOVING CARE AFH LLC
ANDERSON LOVING CARE AFH LLC
12621 84TH AVE S
SEATTLE, WA 98178

RE: ANDERSON LOVING CARE AFH LLC License # 751440

Dear Provider:

This letter addresses Compliance Determination(s) 65968 (Completion Date 10/02/2025) and 62162 (Completion Date 08/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/02/2025 and found that you have corrected the violations listed in the Complaint report dated 08/13/2025. Your home is back in compliance as of 08/27/2025 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Sharon Judie, Community Complaint Investigator

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



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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751440	Compliance Determination # 62162
Plan of Correction	ANDERSON LOVING CARE AFH LLC	Completion Date
Page 1 of 3	Licensee: ANDERSON LOVING CARE AFH LLC	08/13/2025

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 07/07/2025 of:

ANDERSON LOVING CARE AFH LLC
12621 84TH AVE S
SEATTLE, WA 98178

This document references the following complaint number(s): 185531

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 investigated the Adult Family Home:

Sharon Judie, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies

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Compliance Determination # 62162

Plan of Correction

ANDERSON LOVING CARE AFH LLC

Completion Date

Page 2 of 3

Licensee: ANDERSON LOVING CARE AFH LLC

08/13/2025

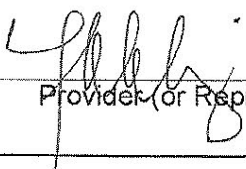
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

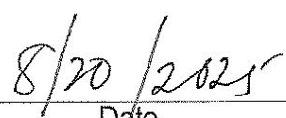

 Residential Care Services

08-18-2025

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 388-76-10430 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to meet all laws and rules relating to medication administration to ensure 1 of 5 residents (Resident 5) received medications as prescribed. Additionally, they failed to update Resident 5's Medication Administration Record (MAR). This placed Resident 5 at risk for health complications from medication errors.

Findings included...

Observation of the AFH on 07/07/2025 at 12:27 PM showed two AFH staff (Staff B, Caregiver and Staff C, Caregiver) provided care to five residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5).

Review of Resident 5's Negotiated Care Plan (NCP) on 07/07/2025 at 12:46 PM showed the AFH staff received nurse delegation to administer Resident 5's oral medications. Further review of Resident 5's NCP showed they required medication administration

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Compliance Determination # 62162

Plan of Correction

ANDERSON LOVING CARE AFH LLC

Completion Date

Page 3 of 3

Licensee: ANDERSON LOVING CARE AFH LLC

08/13/2025

assistance.

Review of Resident 5's Hospice (care for individuals with a terminal illness who are no longer seeking curative treatment, focusing on improving quality of life and providing comfort during the final months of life medication) orders on 07/30/2025 at 3:20 PM showed orders to discontinue Guaifenesin 200 milligram (mg) for cough; Bisacodyl 5 mg for constipation; Vitamin D3 25 micrograms (mcg) vitamin supplement; Vitamin D 1000 units vitamin supplement; Eliquis 5 mg for blood clots; Ashwaganda root extract for stress relief; and scheduled Quetiapine 50 mg for anxiety and agitation on 05/23/2025. Further review of Resident 5's Hospice medication orders showed an order to discontinue Furosemide 40 mg for water retention on 06/26/2025.

Review of Resident 5's May 2025 and June 2025 MAR on 07/07/2025 at 12:42 PM showed the MARs' were not updated to show the discontinued medications. The AFH had administered the following medications as follows:

- Guaifenesin 200 mg given on 05/24/2025, 5/29/2025, and 06/02/2025.
- Bisacodyl 5 mg given on 05/24/2025-05/31/2025 and 06/01/2025-06/02/2025.
- Vitamin D3 25 mcg given on 05/24/2025-05/31/2025 and 06/01/2025-06/30/2025.
- Vitamin D 1000 units given on 05/24/2025-05/31/2025.
- Eliquis 5 mg given on 06/01/2025-06/17/2025.
- Ashwaganda root extract for stress reduction given on 06/01/2025-06/30/2025.
- Quetiapine for anxiety/agitation given on 06/01/2025-06/30/2025.
- Furosemide 40 mg given on 06/27/2025-06/30/2025.

In an interview on 07/07/2025 at 1:42 PM, Staff D, Resident Manager, stated they were not aware these medications were given, after the AFH received Hospice orders to discontinue them.

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, ANDERSON LOVING CARE AFH LLC is, or will be in compliance with this law and / or regulation on
(Date) 8/27/2025

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

[Signature]
Provider (or Representative)

8/26/2025
Date