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

LINAS ADULT FAMILY HOME INC

LINAS ADULT FAMILY HOME INC
1833 S 243RD ST
DES MOINES, WA 98198

RE: LINAS ADULT FAMILY HOME INC License # 751760

Dear Provider:

This letter addresses Compliance Determination(s) 59177 (Completion Date 06/05/2025) and 53915 (Completion Date 03/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/05/2025 and found that you have corrected the violations listed in the Complaint report dated 03/31/2025. Your home is back in compliance as of 04/07/2025 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-a, WAC 388-76-10400-3-b, WAC 388-76-10400-1, WAC 388-76-10510-2, WAC 388-76-10510-3

The Department staff who did the on-site verification:
Ivy Mordo, Nursing Consultant Institutional

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 an unannounced on-site complaint investigation on 01/29/2025 of:

LINAS ADULT FAMILY HOME INC
340 SW 178TH ST
NORMANDY PARK, WA 98166

This document references the following complaint number(s): 164928, 164943

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Ivy Mordo, Nursing Consultant Institutional

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 | 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:

(1) The care and services identified in the negotiated care plan.

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

(a) Actively supports, maintains or improves each resident's quality of life;

(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 implement care and services identified in the Negotiated Care Plan (NCP) of 1 of 1 resident (Resident 5) to ensure their safety and general well-being, when they had exhibited agitation and self-harm behaviors in the AFH. This failure resulted in an injury to Resident 5, and subsequent admission to a Local Health Facility (LHF).

Findings included…

In an unannounced visit on 01/29/2025 at 2:00 PM, observation showed four residents (Residents 1, 2, 3, 4) lived and received care in the AFH. Resident 5 was not available in the home, they had been admitted to the LHF.

On 01/29/2025, review of resident 5's annual assessment dated 11/07/2024 showed that they moved into the AFH on [redacted]/2024. Resident 5 had the diagnosis of [redacted] and

[redacted].

Observation on 01/29/2025 at 2:05 PM showed Resident 5's left side of their bed was against the wall in their bedroom. Observation of the wall showed no damage.

On 01/29/2025 at 2:30 PM, Staff A, Entity Representative/Resident Manager said, Resident 5 was sent to the LHF on [redacted]/2025 due to swelling to their left hand. Staff A said Resident 5 banged their hand against the wall in their room. When questioned further, Staff A said Resident 5 started banging on the wall four days prior to them being sent out. Staff A added that on the night prior to being sent to the LHF, Resident 5 banged the wall the entire night. Staff A said, they had wanted to pull the bed away from the wall, and they were afraid Resident 5 could fall out of bed. Staff A said, Resident 5 was a high risk for fall, and they had the bed against the wall to prevent Resident 5 from falling. Staff A did not recall any other interventions they provided to control Resident 5's behavior of banging on the wall as an intervention to prevent fall.

On 01/29/2025 review of Resident 5's NCP dated 11/19/2024 showed Resident 5 was a high risk for fall. NCP showed a nonskid mat was placed in front of the bed at night when Resident 5 was put to bed. The NCP did not reflect the bed was pushed against the wall.

Further review of Resident 5's NCP dated 11/19/2024 showed Resident 5 had behaviors such as resistive to personal hygiene, agitation, aggressive behaviors, confusion, impulsive decision making, hallucination and restlessness. Caregivers were to administer Quetiapine 25 mg two times a day and every 4 hours as needed for restlessness, and aggressive behaviors.

Review of Resident 5's pharmacy generated medication administration record for January 2025 showed the AFH did not administer any as needed dose of Quetiapine for the entire month of January and the night Resident 5 was banging on the wall.

Observation on 01/30/2025 at 10:00 AM at the LHF, showed Resident 5 was in bed, their left hand was swollen with fluid filled blisters to the index finger, and thumb. Blister to the ring finger on the left hand had popped and the skin underneath had dried up.

Interviewed Collateral Contact (CC) on 01/30/2025 at 11:30 AM said the wound consultant in the LHF told them Resident 5's diagnosis was possibly [redacted].

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, LINAS ADULT FAMILY HOME INC 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 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(2) Is treated with courtesy, dignity, and respect;

(3) Continues to enjoy basic civil and legal rights;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to control a disruptive behavior in the AFH to ensure that 1 of 1 resident, (Resident 1) had a quality sleep during the night. This failure placed Resident 1 at risk for decreased quality of life and unmet needs.

Findings included…

In an unannounced visit on 01/29/2025 at 2:00 PM, observation showed four residents (Residents 1, 2, 3 and 4) lived and received care in the AFH. Resident 5 was not available in the home as they had been admitted to the LHF.

Review of AFH progress notes on Resident 5 on 01/29/2025 at 2:40 PM showed the AFH recorded that Resident 5 banged the wall in their room the entire night of [redacted]/2025.

On 01/29/2025 at 2:30 PM, Staff A, Entity Representative/Resident Manager said, Resident 5 was sent to the LHF on [redacted]/2025 due to swelling to Resident 5's hand. Staff A said Resident 5 banged their hand against the wall in their room. When questioned further, Staff A said Resident 5 started banging on the wall four days prior to them being sent out. Staff A added that on the night prior to being sent to the LHF Resident 5 banged the wall the entire night.

On 01/29/2025 at 2:45 PM, interviewed Resident 1 said Resident 5 banged on the wall the entire night that kept them awake as their room was next to them. Resident 1 also said they left their room to sleep on the couch in the living room to move away from the noise.

On 01/29/2025 at 2:50 PM, interviewed Staff A, Entity Representative/Resident Manager confirmed that Resident 1 slept in a couch in the living room because of the noise coming from Resident 5's room. Staff A did not recall any interventions they provided to control Resident 5's behavior.

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, LINAS ADULT FAMILY HOME INC 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 _____