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

HOPE ADULT FAMILY HOME LLC
HOPE ADULT FAMILY HOME
1440 32ND ST SE
AUBURN, WA 98002

RE: HOPE ADULT FAMILY HOME License # 751971

Dear Provider:

This letter addresses Compliance Determination(s) 58292 (Completion Date 04/21/2025) and 55540 (Completion Date 03/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/21/2025 and found that you have corrected the violations listed in the Full report dated 03/10/2025. Your home is back in compliance as of 03/16/2025 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 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-4, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10420-7-b, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10490-1

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (253)234-6097.

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 the unannounced on-site full inspection on 02/27/2025 of:

HOPE ADULT FAMILY HOME
1440 32ND ST SE
AUBURN, WA 98002

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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.

Dahl Kim
Residential Care Services

03/12/2025
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)

03/16/2025
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in 2 of 2 sampled residents (Resident 2 and Resident 3) Negotiated Care Plan (NCP) a list of all the care and services to be provided to the resident. In addition, the AFH failed to include in 1 of 2 sampled resident (Resident 2) NCP their preferences for food, daily routine, and grooming. These failures placed Resident 2 and Resident 3 at risk of unmet care needs.

Findings included...

During a visit on 02/27/2025 at 8:48 AM, observation showed Resident 2 and Resident 3 lived in and received care from the AFH.

Resident 3
In an interview on 02/27/2025 at 8:58 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 3 was repositioned every 2 hours and required a [redacted] used to safely move people during transfers. Staff A further stated that Resident 3 had a bed sore, injury to the skin and tissue from pressure on the skin, and topical medication was applied during personal care.

A review of Resident 3's NCP dated 02/04/2025 showed Resident 3 was admitted to the AFH on [redacted]2023. Further review showed that Resident 3 required 1 person assistance for repositioning. In addition, Resident 3's NCP showed they were dependent on staff for transfer assistance using a [redacted] Resident 3's NCP did not indicate the number of staff required when transferring Resident 3 with the [redacted] Resident 3's NCP also showed no preferences for food, daily routine, or grooming.

A review of Resident 3's Annual Assessment dated 06/13/2024 showed Resident 3 required,
-Repositioning-Required 2 staff for repositioning at least every 2 hours.
-Transfers-Required 2 staff with a [redacted].

Observation on 02/27/2025 at 12:09 PM showed, Department Staff (DS) informed Staff A that it had been over two hours since Resident 3 had been transferred. Observation further showed Staff A was the only staff to reposition Resident 3.

Observation on 02/27/2025 at 12:35 PM showed, Staff A closed Resident 3's door to provide personal care.

Observation on 02/27/2025 at 12:43 PM showed, Staff A opened Resident 3's bedroom door. Further observation showed Resident 3 was seated in their wheelchair. In addition, Staff A had been the only staff in Resident 3's bedroom while the door was closed.

In an interview on 02/27/2025 at 1:00 PM, Staff A stated that Resident 3 required 1 person assistance for transfers and repositioning. Staff A stated that at times, Resident 3 was weaker than at other times.

Resident 2
A review of Resident 2's Annual Assessment dated 09/05/2024 showed Resident 2 required,
-Medication assistance: Document medication taken, hand medication in cup or bowl,

put medications in lockbox, and re-order medications.
-Transfers: Requires 1 person assistance.
-Repositioning: Reposition at least every 2 hours.

A review of Resident 2's NCP dated 08/19/2024 showed Resident 2 was admitted to the AFH on [redacted]/2020. Further review of Resident 2 NCP showed checked boxes that the resident required medication assistance with eye drops/ointments, inhalers, oral, and topical medication. In addition, Resident 2 had a nebulizer, devise that turns liquid medication into a mist that is breathed into the lungs. There was no documentation in Resident 2's NCP that the resident was able to perform any medication tasks independently or how staff were to assist Resident 2 with medication. In addition, there was no indication in Resident 2's NCP that the resident required assistance with transfers and repositioning. Resident 2's NCP also showed no preferences for food, daily routine, or grooming.

In an interview on 02/27/2025 at 8:58 AM, Staff A stated that Resident 2 refused showers. Staff A further stated that staff provided Resident 2 space and time before returning and prompting the resident to shower again. In addition, Staff A stated that Resident 2 required 1 person assistance with transfers.

In an interview on 02/27/2025 at 2:31PM, Staff A stated that Resident 2 used a nebulizer and needed supervision due to attempting to remove it. Staff A further stated that when transferring Resident 2, staff counted 1, 2, 3 and if needed, assisted the resident to stand, Resident 2 was then instructed to turn around, and either sit in their wheelchair or on their bed. In addition, Staff A stated that Resident 2 liked asparagus.

In an interview on 03/06/2025 at 3:15 PM, Collateral Contact (CC1) stated that Resident 2 loved fish and asparagus.

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, HOPE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 03/16/2025.

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

Provider (or Representative) — Date 03/16/2025

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure staff followed food handling procedures for 1 of 1 staff (Staff A, Entity Representative/Resident Manager) when they prepared lunch for all Residents. This failure placed all residents (Residents 1, 2, and 3) at risk of food borne illnesses.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Foodborne Illnesses" dated, May 2013 from the Washington Department of Health, showed when handling food, clean gloves helped to prevent germs from contaminating food.

During a visit on 02/27/2025 at 8:48 AM, observation showed Residents 1, 2, and 3 lived in and received care from the AFH.

Observation on 02/27/2025 at 11:51 AM showed, Staff A donned gloves, opened the refrigerator, removed butter, and returned the butter to the refrigerator. Further observation showed Staff A provided Resident 1 with a smoothy and assisted the resident with taking a drink. In addition, observation showed Staff A used a pair of kitchen scissors to cut shrimp into bite sized pieces, and with the same gloved hands picked up cooked asparagus and began cutting it with the scissors.

In an interview on 02/27/2025 at 11:54 AM, Staff A stated that they had forgotten to put on clean gloves prior to touching food.

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, HOPE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 03/16/2025.

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

Provider (or Representative)

03/16/2025
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 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules relating to medication for 1 of 2 sampled residents (Resident 2) that included medication logs that were kept current and the correct instructions for use on Resident 2's medication. This failure placed Resident 2 at risk of medication errors.

Findings included...

During a visit on 02/27/2025 at 8:48 AM, observation showed Resident 2 lived in and received medication assistance from the AFH.

A review of Resident 2's February 2025 pharmacy generated Medication Administration Record (MAR) showed Resident 2 was prescribed,

- "Robafen DM" take 5 milliliters (ml) by mouth every 4 to 6 hours as needed (PRN) for cough.
Further review showed Resident 2's "Robafen DM" had one initialed entry per day from 02/01/2025-02/10/2025.

Observation on 02/27/2025 at 1:14 PM of Resident 2's medication storage container showed, "Robafen DM" take 10 ml by mouth at bedtime.

In an interview on 02/27/2025 at 1:15 PM, Staff B, Caregiver, stated that they always provided Resident 2 "Robafen DM" take 10 ml. Staff B further stated that they had missed the clerical error on Resident 2's MAR.

A review of Resident 2's PCP order dated 10/02/2024 for Robafen DM 20-200 milligram (mg)/20 ml, take 10 ml every 4-6 hours as needed (PRN) for cough.

A further review of Resident 2's February 2025 pharmacy generated MAR showed Resident 2 was prescribed,

-Melatonin 5 mg, take 1 tablet by mouth at bedtime PRN for insomnia. Further review showed no initialed entries on Resident 2's MAR from 02/01/2025-02/26/2025.

Observation on 02/27/2025 at 1:16 PM of Resident 2's medication storage container showed, Melatonin 5 mg, take 1 tablet by mouth at bedtime.

In an interview on 02/27/2025 at 1:18 PM, Staff B stated that Resident 2's PCP changed the order in September 2024 for Resident 2's Melatonin 5 mg from daily to PRN.

In an interview on 03/10/2025 at 8:38 AM, Collateral Contact 2 (CC2) stated that Resident 2's PCP changed the order for Melatonin 5 mg to PRN on 09/05/2024.

A review of Resident 2's February 2025 pharmacy generated MAR showed Resident 2 was prescribed,

-Cetaphil Moisturizing Lotion, apply thin layer topically to affected areas twice daily in the morning and evening.

Observation on 02/27/2025 at 1:18 PM of Resident 2's medication storage container showed, Cetaphil Moisturizing Lotion, PRN.

In an interview on 02/27/2025 at 1:19 PM, Staff A, Entity Representative/Resident Manager, stated that there had been a recent change to Resident 2's Cetaphil Moisturizing Lotion. Staff A further stated that they forgot to change the label.

In an interview on 03/10/2025 at 8:38 AM, CC2 stated that Resident 2's PCP changed

the order for Cetaphil Moisturizing Lotion from PRN to twice daily on 09/05/2024.

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, HOPE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 03/16/2025.

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

Provider (or Representative) — Date: 03/16/2025

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their own medication disposal policy for 1 of 1 sampled resident (Resident 2). This failure placed Resident 2 at risk of receiving medication no longer prescribed for their use.

Findings included...

During a visit on 02/27/2025 at 8:48 AM, observation showed Resident 2 lived in and received medication assistance from the AFH.

A review of the AFH's undated "Medication Disposal" policy showed any unused or expired resident medication would be returned to the pharmacy.

A review of Resident 2's February 2025 pharmacy generated Medication Administration Record (MAR) showed Resident 2 was prescribed,

-Furosemide 20 milligram (mg), take ½-1 tablet (10-20 mg) by mouth once daily as

needed for leg swelling until swelling resolved. Further review showed no initialed entries from 02/01/2025-02/26/2025. In addition, review showed a handwritten entry on Resident 2's February 2025 MAR that the medication had been discontinued on 02/10/2025.

-A handwritten entry for Furosemide 20 mg, take 1 tablet by mouth every morning. Further review showed initialed entries from 02/14/2025-02/27/2025 for the 8:00 AM dose.

Observation on 02/27/2025 at 1:09 PM of Resident 2's medication storage container showed, 2 bubble packs of Furosemide 20 mg, take ½-1 tablet by mouth once daily as needed for leg swelling until resolved.

In an interview on 02/27/2025 at 1:10 PM, Staff B, Caregiver, stated that Resident 2 was no longer taking Furosemide 20 mg, take ½-1 tablet by mouth once daily as needed for leg swelling until resolved. Staff B further stated that the medication had been discontinued a couple days ago. In addition, Staff B stated that it was the policy of the AFH to return discontinued medication to the pharmacy.

A review of Resident 2's After Visit Summary (AVS) dated 02/10/2025 showed Resident 2's Primary Care Physician (PCP) had changed Resident 2's order to Furosemide 20 mg 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, HOPE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 03/16/2025.

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

Provider (or Representative) — Date 03/16/2025