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

ESTHER ADULT FAMILY HOME LLC

ESTHER ADULT FAMILY HOME LLC
31604 13TH AVENUE S
FEDERAL WAY, WA 98003

RE: ESTHER ADULT FAMILY HOME LLC License # 752057

Dear Provider:

This letter addresses Compliance Determination(s) 58088 (Completion Date 04/16/2025) and 56375 (Completion Date 03/14/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/16/2025 and found that you have corrected the violations listed in the Follow up report dated 03/14/2025. Your home is back in compliance as of 03/24/2025 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

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

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 follow-up on 03/14/2025 of:

ESTHER ADULT FAMILY HOME LLC
31604 13TH AVENUE S
FEDERAL WAY, WA 98003

This document references the following SOD dated: 03/14/2025

The following sample was selected for review during the unannounced on-site visit: 1 of 4 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.

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 388-76-10430 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 rules and laws relating to medication for 1 of 1 resident (Resident 1), which included obtaining an order from the resident's Primary Care Physician (PCP) prior to giving Resident 1 over-the-counter (OTC) medication. In addition, the AFH failed to include on Resident 1's Medication Administration Record (MAR) the OTC medication and failed to document when the medication was given. This failure placed Resident 1 at risk of medication interactions, decrease effectiveness of medication, and the risk of side effects.

Findings included…

During a follow up visit on 03/14/2025 at 11:36 AM, observation showed Resident 1 lived in and received medication assistance from the AFH.

On 03/14/2025 at 11:40 AM showed Resident 1 was seated in a living room chair. Further observation showed Resident 1 coughed hard repeatedly and gagged. In

addition, observation showed Resident 1 walked to the bathroom and blew their nose.

In an interview on 03/14/2025 at 11:42 AM, Staff C, Caregiver, stated that Resident 1 had been sick with a cold and was taking medication.

Observation on 03/14/2025 at 11:44 AM showed Staff C produced a package of Nyquil severe cold and flu day and night pack. Further observation showed the bottle of Nyquil day was more than halfway gone and the bottle of Nyquil night was one-third gone.

In an interview on 03/14/2025 at 11:46 AM, Staff C stated that Resident 1 was taking Nyquil for their cold and received one dose every 4 hours. Staff C further stated that they had given Resident 1 the most recent dose of Nyquil at 11:00 AM on 03/14/2025.

A review of Resident 1's March 2025 pharmacy generated MAR showed no entry for Nyquil.

In an interview on 03/14/2025 at 11:50 AM, Staff C stated that Nyquil had not been entered on Resident 1's MAR. Staff C further stated that they had not been documenting when Resident 1 had taken Nyquil.

Further review of Resident 1's March 2025 pharmacy generated MAR showed Resident 1 was prescribed the following medication among others:

-Levothyroxine 200 microgram (mcg), take 1 tablet by mouth every morning at 6:00 AM, used to treat underactive thyroid.

A review of the medication label of Nyquil severe cold and flu showed a doctor should be consulted before use if you have thyroid disease.

A review of Resident 1's Assessment dated 07/31/2024 showed Resident 1 was diagnosed with [redacted].

A review of a receipt dated 03/11/2025 at 10:45 [no indication of AM or PM] from Walmart showed a purchase for Nyquil.

In an interview on 03/14/2025 at 12:03 PM, Staff A, Entity Representative, stated that they had purchased Nyquil for Resident 1 on 03/11/2025. Staff A further stated that Resident 1 had refused the Nyquil and on 03/12/2025 had started taking it in the morning.

In a phone interview on 03/14/2025 at 3:13 PM, Staff A stated that Resident 1's PCP had not been contacted or notified that Resident 1 was taking Nyquil and there was no doctor's order. Staff A further stated that the medication label for Nyquil showed that if symptoms did not go away in 3 days to contact a doctor.

This is an uncorrected deficiency previously cited on 02/20/2025.

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, ESTHER ADULT FAMILY HOME LLC 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

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 02/07/2025 of:

ESTHER ADULT FAMILY HOME LLC
31604 13TH AVENUE S
FEDERAL WAY, WA 98003

The following sample was selected for review during the unannounced on-site visit: 2 of 4 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.

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 388-76-10430 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 4), which included following medication administration protocols and providing resident medication as prescribed. This failure placed Resident 4 at risk of medication overdose or side effects from receiving medication not as prescribed.

Findings included…

During a visit on 02/07/2025 at 8:26 AM, observation showed Resident 4 lived in and received medication assistance from the AFH.

Non-adherence to medication administration protocols:
Observation on 02/07/2025 at 11:58 AM of Resident 4's medication bubble pack showed, Resident 4 received 1 medication in the afternoon. Observation further showed Staff C, Caregiver, pushed the afternoon medication from the medication bubble pack

for Resident 4 into a medication cup.

In an interview on 02/07/2025 at 11:59 AM, Staff C stated that they were preparing Resident 4's medication. Department Staff (DS) asked Staff C the name of the medication. Staff C stated that they did not know the name of Resident 4's medication and stated they, "just punch it out of the bubble pack."

Observation on 02/07/2025 at 12:00 PM showed Staff C pointed at 1 medication label on Resident 4's bubble pack and stated, "this one." DS asked Staff C if they were sure that was the medication they had prepared. Staff C looked at the medication labels on Resident 4's bubble pack and pointed at a different medication label and stated, "no, this one."

In a further interview on 02/07/2025 at 12:01 PM, Staff C stated that they prepared Resident 4's afternoon medication early. Staff C further stated that they punched Resident 4's afternoon medication into a medication cup and left it in the locked medication storage closet. In addition, Staff C stated that Resident 4 requested their afternoon medication prior to leaving the AFH. Staff C stated that they prepared Resident 4's medication early to not waste Resident 4's time.

In an interview on 02/07/2025 at 12:09 PM, Staff A, Entity Representative, stated that staff were trained to look at the resident's Medication Administration Record (MAR), check the medication to be provided, and follow the 5 rights of medication administration, right resident, medication, dose, time, and route. Staff A further stated that staff were trained to provide the medication to the resident and initial the resident's MAR.

Giving medication not as prescribed:
In an interview on 02/07/2025 at 12:12 PM, Staff C stated that they had provided Resident 4 their 2:00 PM dose of Olanzapine 2.5 mg, when Resident 4 had requested it at 12:00 PM. Staff C further stated that Resident 4 often left the AFH to go to work or to go out in the community and requested their 2:00 PM medication prior to leaving. In addition, Staff C stated that if staff refused to provide Resident 4 their 2:00 PM medication early, the resident would insist, "give me my medication." Staff C stated that Resident 4 did not insist on receiving their 2:00 PM medication early every day. DS asked Staff A and Staff C if there was an order from Resident 4's prescriber that the resident could take their medication early, both staff stated no.

In an interview on 02/07/2025 at 12:18 PM, Staff A stated that when staff provided Resident 4 with their medication early, they did not contact anyone beforehand.

A review of Resident 4's February 2025 pharmacy generated MAR showed Resident 4 was prescribed,
-Olanzapine 2.5 milligram (mg), take 1 tablet by mouth twice daily for psychosis, not able to differentiate what's real from what's not. Further review showed Resident 4's

Olanzapine 2.5 mg was scheduled at 8:00 AM and 2:00 PM.

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, ESTHER ADULT FAMILY HOME LLC 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