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

R DEOL LLC
THE LOVING ONES ADULT FAMILY HOME I
2315 S 254TH CT
DES MOINES, WA 98198

RE: THE LOVING ONES ADULT FAMILY HOME I License # 752108

Dear Provider:

This letter addresses Compliance Determination(s) 62796 (Completion Date 07/18/2025) and 59130 (Completion Date 05/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/18/2025 and found that you have corrected the violations listed in the Follow up report dated 05/29/2025. Your home is back in compliance as of 05/29/2025 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 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10435-2, WAC 388-76-10435-2-a, WAC 388-76-10435-2-b

The Department staff who did the on-site verification:
Angelica Rios, ALF 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 05/08/2025 of:
THE LOVING ONES ADULT FAMILY HOME I
2315 S 254TH CT
DES MOINES, WA 98198

This document references the following SOD dated: 05/29/2025

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 inspected the Adult Family Home:

Angelica Rios, ALF 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

Statement of Deficiencies	License #: 752108	Compliance Determination # 59130
Plan of Correction	THE LOVING ONES ADULT FAMILY HOME I	Completion Date
Page 2 of 4	Licensee: R DEOL LLC	05/29/2025

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 — 06/07/2025 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) [signature] Date 5/29/25

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 2 of 2 sampled residents (Residents 4 and 5) with completed disclosure of charges. This failure placed Resident 4 and Resident 5 at risk of not knowing the charges for care and services provided in the home.

Findings included...

During a visit on 05/08/2025 at 4:45 PM, observation showed Resident 4 and Resident 5 lived in and received care from the AFH.

Review of Resident 4's records showed that Resident 4 was admitted to the AFH on [redacted] 2024. Further review of Resident 4's records showed a signed disclosure of charges dated 10/03/2024. Additional review showed the disclosure of charges form did not include any information on the home's rates, deposits and prepaid charges.

During an interview on 05/08/2025 at 5:18 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 4 was a state pay client. Staff A further stated that they

did not know they had to fully complete a disclosure of charges for state pay clients. Additionally, Staff A stated that they would complete the form to show Resident 4's fees were all covered in the rate they received through [redacted]

Review of Resident 5's records showed that Resident 5 was a private pay resident and was admitted to the AFH on [redacted] 2025. Further review showed a signed disclosure of services dated [redacted] 2025. Additional review showed the disclosure of charges form did not include any information on the home's rates, deposits and prepaid charges.

During an interview on 05/08/2025 at 5:20 PM, Staff A stated that Resident 5 did put down a deposit when they first moved in. Staff A further stated that they did not realize the disclosure of charges was incomplete. Additionally, Staff A stated that they would include the deposit and the rate Resident 5 paid on the disclosure of charges form.

This is an uncorrected deficiency cited on 03/13/2025.

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, THE LOVING ONES ADULT FAMILY HOME I is or will be in compliance with this law and / or regulation on (Date) 5/29/25 .

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

Provider (or Representative) [signature] Date 5/29/25

WAC 388-76-10435 Medication refusal.

(2) If the adult family home is assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication:

(a) The home must notify the resident's practitioner; unless

(b) The provider, entity representative, resident manager or caregiver is a nurse or other health professional, acting within their scope of practice, is able to make a judgment about the impact of the resident's refusal.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the resident's physician was informed of medication refusal for 1 of 2 (Resident 4) sampled residents. This failure placed Resident 4 at risk of worsening condition from unmet medication needs.

Findings included...

During a visit on 05/08/2025 at 4:45 PM, observation showed Resident 4 lived in and received medication assistance from the AFH.

During an interview on 05/08/2025 at 5:05 PM, Staff B, Caregiver, stated that the medication refusal protocol was to initial the medication date on the Medication Administration Record (MAR) and circle it if the resident did not take the medication. Staff B further stated that they would notify a resident's primary care provider if the medication was refused by the resident and why it was refused by the resident.

Review of Resident 4's April 2025 pharmacy-generated MAR, showed Resident 4 was prescribed Gabapentin 100 milligrams (mg), take 1 capsule by mouth at bedtime. Further review showed Resident 4 did not receive their medication for the 8:00 PM dose on 04/18/2025. Review showed Resident 4 was prescribed Eliquis 5 mg tablet twice daily, for heart failure and Atorvastatin Calcium 80 mg, take 1 tablet by mouth daily for high cholesterol. Further review showed Resident 4 did not receive their 8:00 PM dose of Atorvastatin and Eliquis on 04/18/2025 at 8:00 PM. Additional review showed there was no record of why Resident 4 did not receive their medications.

During an interview on 05/08/2025 at 5:30 PM, Staff A, Entity Representative/Resident Manager, called Staff E, Caregiver, to discuss Resident 4's medication log in the presence of department staff. Staff E stated that Resident 4 refused to take their nighttime dose of all their medications on 04/18/2025. Additionally, Staff E stated they did not have any record for the reason Resident 4 refused their medication and the refusals were not reported to Resident 4's primary care provider.

This is an uncorrected deficiency cited on 03/13/2025.

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, THE LOVING ONES ADULT FAMILY HOME I is or will be in compliance with this law and / or regulation on (Date) 5/29/25 .

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

Provider (or Representative) [signature] Date 5/29/25

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 02/25/2025 of:
THE LOVING ONES ADULT FAMILY HOME I
2315 S 254TH CT
DES MOINES, WA 98198

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:

Angelica Rios, ALF 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

Statement of Deficiencies	License #: 752108	Compliance Determination # 55429
Plan of Correction	THE LOVING ONES ADULT FAMILY HOME I	Completion Date
Page 2 of 6	Licensee: R DEOL LLC	03/13/2025

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.

Dahl Kim
Residential Care Services

03/19/2025
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)

3/24/2025
Date

WAC 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

(2) At a minimum, smoke alarms must be located in the following areas:

(c) On every level of a multilevel home.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 floors in the home had a working fire alarm. These failures placed all residents (Residents 1, 2, 3 and 4) at risk of harm or serious injury in the event of a fire.

Findings included...

During a visit on 02/25/2025 at 10:50 AM, observation showed Residents 1, 2, 3, and 4, lived in and received care from the AFH. Further observation showed the AFH had two levels.

Observation on 02/25/2025 at 12:21 PM, showed that the second level of the home had one fire alarm. Further observation showed the fire alarm was missing a battery and cover. Additional observation showed the alarm was not in working order.

During an interview on 02/25/2025 at 5:19 PM, Staff A, Entity Representative/Resident Manager, stated that there was only one fire alarm on the second level of the home

where two renters lived. Staff A further stated that they did not know the fire alarm was without a battery. Additionally, Staff A stated that they would ensure the alarm was in working order.

Observation on 02/25/2025 at 5:30 PM, showed that the second-floor fire alarm was installed with a battery and in working condition.

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, THE LOVING ONES ADULT FAMILY HOME I is or will be in compliance with this law and / or regulation on (Date) 3/13/2025 .

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

Provider (or Representative) — Date: 3/24/25

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(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 ensure 1 of 4 residents (Resident 1) received their nutritional supplement as prescribed. This failure placed Resident 1 at risk of at risk of worsening condition.

Findings included...

During a visit on 02/25/2025 at 10:50 AM, observation showed Resident 1, lived in and received medication assistance from the AFH.

Observation on 02/25/2025 at 12:16 PM, showed two 12 pack boxes of Premier Protein Shakes in the kitchen pantry. Further observation showed the label on the shake stated "contains milk".

Review of Resident 1's medication orders showed Resident 1 was prescribed "Food supplement, Lactose-free, Ensure Original, Take 1 can by mouth 3 times daily, one

container Ensure with meals – 3 times daily".

During an interview on 02/25/2025 at 12:20 PM, Staff F, Provider Designee, stated that the nutritional supplement shakes were prescribed to Resident 1. Staff F further stated that they did not realize the protein shakes were not lactose free and did not match Resident 1's prescription. Staff F stated that Resident 1's family provided the protein shakes to the AFH and staff did not check the product to ensure it matched Resident 1's prescription. Additionally, Staff F stated that they would give the current supply of Premier Protein Shakes back to Resident 1's family and request the prescribed Ensure nutritional supplement.

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, THE LOVING ONES ADULT FAMILY HOME I is or will be in compliance with this law and / or regulation on (Date) 3/15/25 .

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

Provider (or Representative) 3/24/25 Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide 1 of 2 sampled residents (Resident 4) with a disclosure of charges. This failure placed Resident 4 at risk of not knowing the charges for care and services provided in the home.

Findings included...

During a visit on 02/25/2025 at 10:50 AM, observation showed Resident 4 lived in and received care from the AFH.

A review of Resident 4's records showed that Resident 4 was admitted to the AFH on [redacted]/2024. Further review of Resident 4's records showed no written acknowledgment that Resident 4 received a disclosure of charges from the AFH.

During an interview on 02/25/2025 at 4:30 PM, Staff A, Entity Representative/Resident Manager, stated that they were not sure if Resident 4 received a disclosure of charges. Staff A stated they would ensure all residents had a signed disclosure of charges in their records.

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, THE LOVING ONES ADULT FAMILY HOME I is or will be in compliance with this law and / or regulation on (Date) 3/13/25 .

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

Provider (or Representative) Date 3/24/25

WAC 388-76-10435 Medication refusal.

(2) If the adult family home is assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication:

(a) The home must notify the resident's practitioner; unless

(b) The provider, entity representative, resident manager or caregiver is a nurse or other health professional, acting within their scope of practice, is able to make a judgment about the impact of the resident's refusal.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the resident's physician was informed of medication refusal for 1 of 2 (Resident 4) sampled residents. This failure placed Resident 4 at risk of worsening condition from unmet medication needs.

Findings included...

During a visit on 02/25/2025 at 10:50 AM, observation showed Resident 4 lived in and received medication assistance from the AFH.

Review of Resident 4's February 2025 pharmacy-generated Medication Administration Record (MAR), showed Resident 4 was prescribed Gabapentin 100 milligrams (mg), take 1 capsule by mouth every 6 hours. Further review showed no staff initials for the 6:00 PM dose and 12:00 AM dose on 02/24/2025. Additional review showed the medication was refused by Resident 4 on 02/21/2025, 02/22/2025 and 02/25/2025. Further review showed staff wrote "declined" as the reason Resident 4 refused the Gabapentin 100 mg medication.

During an interview on 02/25/2025 at 2:46 PM, Staff F, Provider Designee, and Staff C, Caregiver, stated that they did not know if Resident 4 received the 6:00 PM and 12:00 AM dosage of Gabapentin on 02/24/2025. Staff F further stated that they would need to call Staff D, Caregiver, to ask if Resident 4 received their Gabapentin on 02/24/2025 because they provided medications on 02/24/2025. Additionally, Staff F and Staff C stated they did not have any record for the reason Resident 4 refused their medication.

During an interview on 02/25/2026 at 2:50 PM, Staff F stated they called Staff D to discuss Resident 4's medication log. Staff D stated that Resident 4 refused to take their medication on 02/24/2025. Staff D further stated that the Resident 4 often refused their Gabapentin because it gave them stomach discomfort. Additionally, Staff F stated they were not sure if the Resident 4's care team was notified that the resident was not taking the medication regularly.

During an interview on 02/25/2026 at 3:00 PM, Staff C stated that they would include the reasons for medication refusal on the MAR to ensure accurate communication with Resident 4's care team. Staff C and Staff F stated that they would follow up with Resident 4's primary care provider regarding Resident 4's refusal to take the Gabapentin as prescribed.

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, THE LOVING ONES ADULT FAMILY HOME I is or will be in compliance with this law and / or regulation on (Date) 3/14/25 .

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

Provider (or Representative) 3/24/25 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

03/19/2025

R DEOL LLC
THE LOVING ONES ADULT FAMILY HOME I
2315 S 254TH CT
DES MOINES, WA 98198

RE: THE LOVING ONES ADULT FAMILY HOME I # 752108

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/13/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

Dahl Kim, Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10584 Resident rights Examination of license. The adult family home must place its license to operate and any conditions on the license, in a visible location in a common use area where it can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.

The Adult Family Home (AFH) failed to have their license posted in the home. The AFH could not find their original license that was posted prior to painting the common area walls over a month ago. The AFH printed and posted their license in a visible area before exit.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

The Adult Family Home (AFH) failed to have a copy of their most recent inspection results available. The AFH printed recent inspection results before exit. Additionally, the

AFH posted a notice in a common use area that stated inspection results and compliant investigations were available for review upon request.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (253)234-6007.

Sincerely,

Dahl Kim
Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Dahl Kim, Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:
eFax: (253) 395-5071

Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

The Loving Ones AFH I Plan of Action

Deficiency #1:

Failed to ensure that 1 of 2 floors in the home had a working fire alarm.

Plan of Action:

Immediately corrected the deficiency – The fire alarm on the second floor has been replaced with a new alarm and has been checked to ensure that it is in working order. Management has implemented a plan to periodically check fire alarms each month to ensure that all alarms are in working order.

Deficiency #2:

Failed to ensure that 1 of 4 residents (Resident 1) received their nutritional supplement as prescribed.

Plan of Action:

Immediately corrected the deficiency – Management has replaced the protein shakes that were prescribed to Resident 1 and labelled "contains milk" with new protein shakes that are labelled "lactose free". Management and caregivers have been retrained to check each shake for labelling to ensure that the correct one is given. Resident 1's family has been advised to only supply Ensure shakes that are labelled "lactose free" in the future.

Deficiency #3:

Failed to provide 1 of 2 sampled residents (Resident 4) with a disclosure of charges.

Plan of Action:

Immediately corrected the deficiency – Management has ensured that Resident 4 has reviewed and signed the disclosure of charges. Management has also checked all other resident files to ensure that each includes a reviewed and signed disclosure of charges.

Deficiency #4:

Failed to ensure the resident's physician was informed of medication refusal for 1 of 2 (Resident 4) sampled residents.

Plan of Action:

Immediately corrected the deficiency – Management included the reasons for medication refusal on MAR for prior refusals. Management communicated with Resident 4's primary care doctor who ordered the medication discontinued on 2/26/25 based on Resident 4's request.