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

VANES ADULT FAMILY HOME LLC

VANES ADULT FAMILY HOME LLC
3041 S 208th St
Seatac, WA 98198

RE: VANES ADULT FAMILY HOME LLC License # 752262

Dear Provider:

This letter addresses Compliance Determination(s) 58061 (Completion Date 04/18/2025) and 54715 (Completion Date 03/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/18/2025 and found that you have corrected the violations listed in the Full report dated 03/05/2025. Your home is back in compliance as of 04/15/2025 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 388-76-10485-3, WAC 388-76-101632-1, WAC 388-76-10430-1

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 the unannounced on-site full inspection on 02/11/2025 of:

VANES ADULT FAMILY HOME LLC
3041 S 208th St
Seatac, WA 98198

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

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.

Imelda Rodriguez
Provider (or Representative)

03-20-25
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep refrigerated medication in locked storage for 2 of 5 residents (Resident 4 and Resident 5). This failure placed 4 of 5 (Residents 1, 3, 4 and 5) ambulatory residents at risk of harm or injury if they took medication not prescribed for their use.

Findings included...

During a visit on 02/11/2025 at 10:25 AM observation showed, Residents 1, 3, 4, and 5, lived in and received care from the AFH. Further observation showed Residents 1, 3, 4 and 5 were ambulatory.

Observation on 02/11/2025 at 11:30 AM, showed the AFH's kitchen refrigerator had a shelf on the right door that contained an opened box of prefilled insulin Levemir FlexPen 100 Units/milliliters (ml) that was prescribed to Resident 5. Further review showed an opened box of prefilled insulin Humalog KwikPens of 100 units prescribed to Resident 4. Additional review showed there was no secured storage area in the refrigerator for medications.

During an interview on 02/11/2025 at 11:31 AM, Staff A, Entity Representative/ Resident manager and Staff B, Caregiver, stated that they were not aware that refrigerated medication needed to be in a locked storage container. Staff A further stated that they

would buy a storage container with a lock that day.

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, VANES ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 04-15-25 .

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

Imelda Rodriguez — Provider (or Representative)

03-20-25 — Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on observation and interview, and record review, the Adult Family Home (AFH) failed to have a fingerprint check for 3 of 4 staff (Staff A, Entity Representative/Resident Manager, Staff B, Caregiver, and Staff C, Caregiver). This failure placed all 5 residents (Residents 1, 2, 3, 4 and 5) at risk of harm when receiving care from Staff A, Staff B and Staff C, with an unknown background.

Findings included...

During a visit on 02/11/2025 at 10:25 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff A and Staff B provided care to all residents.

During an interview on 02/11/2025 at 10:35 AM, Staff A, Entity Representative/Resident Manager, stated that Staff C had the day off. Staff A further stated that Staff C provided care to all residents.

Review of the Staff A's personnel records showed a Washington State name and date of birth background inquiry (BGI) with an expiration date of 01/22/2026. Further review of Staff A's BGI showed a fingerprint background check result was pending. Additional

review of Staff A's personnel file showed no final fingerprint check results.

During an interview on 02/11/2025 at 2:00 PM, Staff A stated that they did not have fingerprint check results for themself because the home opened before the fingerprint background check requirements went into effect.

Review of the Department of Social and Health Services (DSHS) "Secure Tracking and Reporting System" (STARS) showed the AFH opened on 07/11/2012.

Review of Staff B's personnel file showed that Staff B was hired on 12/28/2020. Further review showed no fingerprint background check for Staff B.

Review of Staff C's personnel file showed Staff C was hired on 02/01/2014. Further review showed a fingerprint appointment card for 09/15/2014 at "L1 Identity solutions". Additional review of Staff C's file showed no fingerprint background check.

During an interview on 02/11/2025 at 2:05 PM Staff A stated that they did not have a fingerprint background check for Staff B or for Staff C. Staff A further stated that they would request and file fingerprint background checks for Staff B and Staff C as soon as possible.

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, VANES ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 04-15-25.

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

Imelda Rodriguez — Provider (or Representative)

03-20-25 — 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.

This requirement was not met as evidenced by:

Based on observation and interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 5) received their medication as prescribed. This failure placed Resident 5 at risk of worsening condition from not receiving medication as prescribed.

Findings included...

During a visit on 02/11/2025 at 10:25 AM, observation showed Resident 5 lived in and received medication assistance from the AFH.

Review of Resident 5's February 2025 MAR showed Resident 5 was prescribed prefilled insulin Levemir FlexPen 100 units/milliliters (ml), inject 13 units subcutaneously (under the skin) at bedtime on non-dialysis (treatment that helps the body remove extra fluid from the blood) days - Reduce to 10 units subcutaneously at bedtime on dialysis days – discard each pen 28 days after opening first use.

Observation of Resident 5's prescribed Levemir FlexPen medication showed a prescription label that stated discard each pen 28 days after opening first use. Further observation showed there was no tracking of when a FlexPen was opened.

During an interview on 02/11/2025 at 2:15 PM Staff B, Caregiver, stated that they did not track when they opened a FlexPen for Resident 5. Staff B further stated that they discarded open FlexPens when new FlexPens were delivered by the pharmacy.

During an interview on 02/11/2025 at 2:16 PM, Staff A, Entity Representative/Resident Manager, stated that they did not have a system in place to track when Resident 5's FlexPens were opened. Staff A further stated that they would start writing the date each FlexPen was opened on the medication box.

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, VANES ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on
(Date) 04-15-25

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

Imelda Rodriguez
Provider (or Representative)

03-20-25
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

03/11/2025

VANES ADULT FAMILY HOME LLC
VANES ADULT FAMILY HOME LLC
3041 S 208th St
Seatac, WA 98198

RE: VANES ADULT FAMILY HOME LLC # 752262

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/05/2025 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 388-76-10715 Doors Ability to open. The adult family home must ensure:

(1) Every bedroom and bathroom door opens from the inside and outside;

The Adult Family Home (AFH) failed to ensure that 1 of 2 resident bathroom doors were operational. The AFH's shared resident bathroom was not able to open from the outside when locked. The AFH replaced the bathroom lock before exit.

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, 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