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 IV
2315 S 254TH COURT
DES MOINES, WA 98198

RE: THE LOVING ONES ADULT FAMILY HOME IV License # 752528

Dear Provider:

This letter addresses Compliance Determination(s) 62795 (Completion Date 07/18/2025) and 59291 (Completion Date 06/06/2025).

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 Full report dated 06/06/2025. Your home is back in compliance as of 07/10/2025 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 388-76-10355-3, WAC 388-76-10355-7-c, WAC 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c

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 05/08/2025 of:
THE LOVING ONES ADULT FAMILY HOME IV
2304 S 254TH COURT
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

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 388-76-10355 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:

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

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH), failed to ensure that the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 3) included their allergies. This failure placed Resident 3 at risk of complications due to allergic reaction.

Findings included…

Observation on 05/08/2025 at 11:00 AM, showed Resident 3 lived in and received care from the AFH.

Review of Resident 3’s records showed Resident 3 was admitted to the AFH on [redacted]/2024. Review of Resident 3's most recent assessment dated 12/05/2024, showed Resident 3 was allergic to latex.

Review of Resident 3’s NCP dated 01/19/2025, showed no information regarding

Resident 3's latex allergy.

Observation on 05/08/2025 at 4:04 PM showed Staff D, Caregiver, wearing rubber latex gloves when they prepared medication for Resident 3. Additional observation showed 2 boxes of gloves in a basket attached to the living room wall. Further review showed the gloves were Curad Natural Rubber Latex Gloves.

During an interview on 05/08/2025 at 4:05 PM, Staff D stated that they used the rubber latex gloves when providing care to all residents. Staff D further stated that they only used plastic gloves when cooking. Staff D further stated they would stop using latex gloves to provide care to Resident 3.

During an interview on 05/08/2025 at 4:08 PM, Staff A, Entity Representative, stated that they would buy latex free gloves for caregivers to use when providing care to all residents. Staff A further stated that they would ensure the latex allergy was listed on Resident 3's NCP.

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 IV 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 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH), failed to ensure that the water temperature was at least 105 degrees Fahrenheit. This failure

placed all residents (Residents 1, 2, 3, and 4) at risk of unmet care needs and decreased quality of life from using water with a temperature below the acceptable range.

Findings included…

Observation on 05/08/2025 at 11:00 AM, showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Observation on 05/08/2025 at 1:40 PM showed the half bathroom in between Bedroom C and Bedroom D had a sink water temperature of 99.7 degrees Fahrenheit. Further observation showed the full shared resident bathroom next to Bedroom F, had a water temperature of 100.1 degrees Fahrenheit.

During an interview on 05/08/2025 at 1:45 PM, Staff A, Entity Representative, stated that the water temperature fluctuated when the upstairs household members used the shower. Staff A further stated that the temperature of the water increased when the washing machine and upstairs shower were not being used.

Observation on 05/08/2025 at 3:00 PM showed the half bathroom in between Bedroom C and Bedroom D had a sink water temperature of 99 degrees Fahrenheit. Further observation showed the full shared resident bathroom next to Bedroom F had a water temperature of 99.1 degrees Fahrenheit.

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 IV 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

06/11/2025

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

RE: THE LOVING ONES ADULT FAMILY HOME IV # 752528

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/06/2025 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:

Lydia Owusu-Acheampong, Community 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

The Adult Family Home (AFH) failed to ensure 1 of 6 staff (Staff G, Caregiver) had their national fingerprint background check results accessible in the home. On 05/08/2025 at 2:00 PM Staff A, Entity Representative, stated that they had Staff G's fingerprint check results in another AFH. The AFH received and showed the department staff a copy of Staff G's national fingerprint background check results before their exit from the home.

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,

Lydia Owusu-Acheampong, Community 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:
Lydia Owusu-Acheampong, Community 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