STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Abby Adult Family Home LLC

Abby Adult Family Home LLC
5125 186th Pl SW
Lynnwood, WA 98037

RE: Abby Adult Family Home LLC License # 752529

Dear Provider:

This letter addresses Compliance Determination(s) 64964 (Completion Date 09/02/2025) and 64401 (Completion Date 08/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/02/2025 and found that you have corrected the violations listed in the Full report dated 08/25/2025. Your home is back in compliance as of 08/21/2025 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 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 08/20/2025 of:
Abby Adult Family Home LLC
5125 186th Pl SW
Lynnwood, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 752529	Compliance Determination #:64401
Plan of Correction	Abby Adult Family Home LLC	Completion Date
Page 2 of 5	Licensee: Abby Adult Family Home LLC	08/25/2025

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.

Renee' Bourque — Residential Care Services

08/26/2025 — 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.

B — Provider (or Representative)

8/20/25 — Date

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure the Medication Log (ML) was initialed by the caregiver who administered the medication for 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6). Additionally, the AFH failed to document medication refusal for Resident 6. These failures placed Residents 1, 2, 3, 4, 5 and 6 at risk of medication errors and declined condition from unmet medication needs.

Finding included...

Observation, on 08/20/2025 at 10:00 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Residents 1 and 4 ambulated independently, Residents 2, 3 and 5 ambulated with staff assistant and Resident 6 ambulated with medical devices in the AFH. Observation showed Staffs B, Resident Manager and C, Caregiver, were working and providing care for the residents.

In an interview, on 08/20/2025 at 11:00 AM, Staff D, Caregiver, stated that the AFH staff managed residents' medications. Staff D further stated that Staff C was not delegated to assist with the medications and Staff B gave residents' medications.

Review of Residents 1, 2, 3, 4, 5 and 6's August 2025 ML showed Staff B, initialed

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.

Renee' Bourque
Residential Care Services

08/26/2025
Date

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Provider (or Representative)

Date

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Review of Residents 1, 2, 3, 4, 5 and 6's August 2025 ML showed Staff B, initialed

Residents 1, 2, 3, 4, 5 and 6's August MLs on 08/20/2025, and other dates in August 2025. Review of Residents 1, 2, 3, 4, 5 and 6's August 2025 ML showed Staff B's initial was "[redacted]". Further review of Residents 1, 2, 3, 4, 5 and 6's August 2025 ML showed initialed "[redacted]" on 08/20/2025 and other dates in August 2025.

In an interview, on 08/20/2025 at 2:00 PM, Staff B stated that their initial was "[redacted]" and "[redacted]" was Staff D's initial. Staff B stated that Staff D was scheduled today to give the residents' medications, and they were late. Staff B stated that they initialed Residents 1, 2, 3, 4, 5 and 6 ML this morning for Staff D. Staff B stated that they made a mistake and they would initial their name from now on.

In an interview, on 08/20/2025 at 2:05 PM, Staff D stated that their initial was "[redacted]". Staff D stated that they were scheduled to give Residents 1, 2, 3, 4, 5 and 6 medications and they were late today. Staff D stated they would make sure staff initials their name after the administered resident medications.

<Resident 6>
Observation, on 08/20/2025 at 11:10 AM, showed Staff C brought Resident 6's breakfast tray to the kitchen from Resident 6's room (bedroom [redacted]). Observation further showed a medication cup on Resident 6's tray contained two medications, a small round pink tablet and an orange red oval shaped caplet. Observation further showed Resident 6's medication cup with two unknown medications were disposed to the trash can in the kitchen. Observation further showed Staff B found three tablets (two small round pink and a large round white tablet) in Resident 6's room.

In an interview, on 08/20/2025 at 11:13 AM, Staff B stated that Resident 6 refused to take their medications. Further, Staff B stated that they would document the refusal and dispose of the medications.

Record review of Resident 6's August 2025 ML showed Resident 6 was prescribed Amlodipine (used for blood pressure) 10 Milligram (mg) one tablet in the morning, Clopidogrel (used for blood clots) 75 mg, one tablet every morning, Lisinopril (used for blood pressure) 10 mg, twice daily, Metformin (used for blood sugar) 500 mg, twice daily and Metoprolol (used for blood pressure) 25 mg, twice daily. These medications were ordered to be given at 8:00 AM. Resident 6's August 2025 ML showed that a staff initialed the 8:00 AM medications indicating they were given. Resident 6's August 2025 ML had no documentation that Resident 6 had refused their medication earlier that morning.

In an interview, on 08/20/2025 at 2:10 PM, Staff B stated that they signed the medication log for 8:00 AM medications when they gave them this morning. Staff B further stated that Resident 6 refused to take their medications, and they notified Resident 6's doctors. Staff B Stated that they were trained to circle the medication log and document refusal when resident continued to refuse. Staff B stated that they forgot to document them properly.

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, Abby Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/20/25.

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

Provider (or Representative) _____ Date 8/27/2025

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers.

This requirement was not met as evidenced by:

Based on observation and interview, The Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from exposure to toxic and hazardous materials.

Findings included:

Observation, on 08/20/2025 at 10:00 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Residents 1 and 4 ambulated independently, Residents 2, 3 and 5 ambulated with staff assistant and Resident 6 ambulated with medical devices in the AFH.

Observation, on 08/20/2025 at 11:50 AM, showed the cabinet underneath the kitchen sink had no locks. Observation showed the following chemical and cleaner supplies in the cabinet underneath the kitchen sink; a container of Comet bleach powder, Great Value oven cleaner spray and a Great Value cleaner and polish spray.

In an interview, on 08/20/2025 at 11:55 AM, Staff D, Caregiver, stated that they used the cleaners to clean the areas and they forgot to lock the cleaner supplies. Staff D observed moving the cleaner's supplies from the kitchen cabinet to the locked storage in the laundry room.

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, Abby 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

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Findings included...

Observation, on 08/20/2025 at 10:00 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Residents 1 and 4 ambulated independently, Residents 2, 3 and 5 ambulated with staff assistant and Resident 6 ambulated with medical devices in the AFH.

Observation, on 08/20/2025 at 11:50 AM, showed the cabinet underneath the kitchen sink had no locks. Observation showed the following chemical and cleaner supplies in the cabinet underneath the kitchen sink: a container of Comet bleach powder, Great Value oven cleaner spray and a Great Value cleaner and polish spray.

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Statement of Deficiencies	License #: 752529	Compliance Determination #:64401
Plan of Correction	Abby Adult Family Home LLC	Completion Date
Page 6 of 6	Licensee: Abby Adult Family Home LLC	08/25/2025

This is a deficiency previously consulted on 09/07/2022.

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, Abby Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 8/21/2025.

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

Provider (or Representative) — Date: 8/27/2025

This is a deficiency previously consulted on 09/07/2022.

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, Abby 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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

08/26/2025

Abby Adult Family Home LLC
Abby Adult Family Home LLC
5125 186th Pl SW
Lynnwood, WA 98037

RE: Abby Adult Family Home LLC # 752529

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/25/2025 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

(1) In locked storage;

The Adult Family Home (AFH) failed to keep the medication in Resident 3's room (bedroom [redacted]) locked. This failure was corrected during the visit by Staff B, Resident Manager. Staff B stated that the prescribed mouth wash was for Resident 3's brother who visited Resident 3 recently. Staff B removed the medication from Resident 3's bedroom to the locked storage cabinet.

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:

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

(a) Food;

The Adult Family Home (AFH) failed to ensure Resident 2's Negotiated Care Plan (NCP) was addressed Resident 2's nutritional food supplements (Ensure). This deficiency was corrected by Staff D, Caregiver, during the visit. Staff D added Resident 2's nutritional food information in the NCP.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

AFH Plan of Correction

Provider Name:	**Asfaw belay**	**Phone:**	**C206-354-4095 H425-967-3303**
Provider Contact	**Asfaw belay** **FULL INSPECTION 08/27/25**	**Fax:**	**425-967-5257**
Address:	5125 186th PL, SW , Lynnwood WA 98037	**Provider # 752529**	

Finding	Corrective Action Steps	Responsible Party	Time Line
WAC388-76-10475 **MEDICATION LOG:**	*To ensure the service provided meet medication needs of each resident, AFH ensure the medication log in should have the initials of the staff who assess and give meds and if there refusal the staff should document the reason of refusal on MAR*	**Provider** **Asfaw belay**	Implement ion Date 08/21/2025
WAC388-76-10750 **SAFETY AND MAINTENANCE**	*To ensure all residents not at risk of harm from exposure, AFH will locked all toxic substances and hazardous materials in locked storage area.*	**Provider** **Asfaw belay**	Implement ion Date 08/21/2025

*this Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law