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

Loving Care AFH LLC

Loving Care AFH LLC
4123 189th Pl SW
Lynnwood, WA 98036

RE: Loving Care AFH LLC License # 752713

Dear Provider:

This letter addresses Compliance Determination(s) 57315 (Completion Date 04/01/2025) and 54889 (Completion Date 02/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/01/2025 and found that you have corrected the violations listed in the Full report dated 02/24/2025. Your home is back in compliance as of 03/03/2025 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 388-76-10750-7, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10890

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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

Statement of Deficiencies	License #: 752713	Compliance Determination #54889
Plan of Correction	Loving Care AFH LLC	Completion Date
Page 1 of 5	Licensee: Loving Care AFH LLC	02/24/2025

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 02/14/2025 of:
Loving Care AFH LLC
4123 189th Pl SW
Lynnwood, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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 #: 752713	Compliance Determination # 54989
Plan of Correction	Loving Care AFH LLC	Completion Date
Page 2 of 6	Licensee: Loving Care AFH LLC	02/24/2025

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.

Alfredo Brown
Residential Care Services

02/27/2025
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)

03/03/25
Date

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 were kept in secured in a locked storage area. This failure placed 3 of 3 residents (Resident 1, 2 and 3) at risk of harm from exposure to toxic and hazardous materials.

Findings included...

Observation of the laundry closet in the main living common area, on 02/14/2025 at 12:15 PM, showed no locking mechanism on the bifold closet doors. In the closet, on shelves next to the washer and dryer, were bottles of a bleach product, a floor cleaner and laundry detergent. The closet door was unable to be locked or secured.

In an interview, on 02/14/2025 at 3:00 PM, Staff A, Entity Representative reported they would get a lock for the door.

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.

Alfredo Brown
Residential Care Services

02/27/2025
Date

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Date

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Findings included...

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In an interview, on 02/14/2025 at 3:00 PM, Staff A, Entity Representative reported they would get a lock for the door.

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, Loving Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/03/25 .

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

Provider (or Representative) — Date: 03/03/25

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 interview, observation and record review, the Adult Family Home (AFH) failed to ensure a medication system was in place to meet the medication administration needs for 2 of 3 residents (Resident 1 and Resident 2). This failure placed Resident 1 at risk of not receiving required medications and Resident 2 at risk of receiving medications not listed on the Medication Log (ML).

Findings included...

RESIDENT 1:
Review of Resident 1's personal record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted].

Review of Resident 1's Medication Log (ML) for February 2025 showed Resident 1 was on multiple medications, including Diclofenac Gel 1% as needed (a cream applied to the skin for pain relief), and Bisacodyl 10 milligrams suppository as needed (a medication used for constipation).

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, Loving Care AFH 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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Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure a medication system was in place to meet the medication administration needs for 2 of 3 residents (Resident 1 and Resident 2). This failure placed Resident 1 at risk of not receiving required medications and Resident 2 at risk of receiving medications not listed on the Medication Log (ML).

Findings included...

RESIDENT 1:
Review of Resident 1's personal record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses including [redacted].

Review of Resident 1's Medication Log (ML) for February 2025 showed Resident 1 was on multiple medications, including Diclofenac Gel 1% as needed (a cream applied to the skin for pain relief), and Bisacodyl 10 milligrams suppository as needed (a medication used for constipation).

Observation of Resident 1's medication bin, on 02/14/2025 at 1:30 PM, showed Diclofenac Gel 1% and Bisacodyl suppositories were not available for Resident 1.

RESIDENT 2:
Review of Resident 2's personal record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses including [redacted]

Observation of Resident 2's medication bin, on 02/14/2025 at 1:40 PM, showed Resident 2 was on multiple medications including Carbamide 6.5% ear drops (a medication used to remove ear wax) and Senna 8.6 milligram tablets (a medication used for constipation).

Review of Resident 2's ML for February 2025 showed there were no listings for the Carbamide 6.5% ear drops or the Senna 8.6 milligram tablets on Resident 2's ML.

In an interview, on 02/14/2025 at 1:45 PM, Staff A, Entity Representative reported they would confirm with Resident 1 and Resident 2's primary care provider what medications were being used and correct the ML's.

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, Loving Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/03/25.

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

Provider (or Representative) — Date: 03/03/25

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure an evacuation map was posted on the upstairs floor of the AFH. This failure placed 3 of 3 Residents (Resident 1, 2 and 3) at risk of delayed evacuation assistance during an emergency.

Observation of Resident 1's medication bin, on 02/14/2025 at 1:30 PM, showed Diclofenac Gel 1% and Bisacodyl suppositories were not available for Resident 1.

RESIDENT 2:
Review of Resident 2's personal record showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses including [redacted].

Observation of Resident 2's medication bin, on 02/14/2025 at 1:40 PM, showed Resident 2 was on multiple medications including Carbamide 6.5% ear drops (a medication used to remove ear wax) and Senna 8.6 milligram tablets (a medication used for constipation).

Review of Resident 2's ML for February 2025 showed there were no listings for the Carbamide 6.5% ear drops or the Senna 8.6 milligram tablets on Resident 2's ML.

In an interview, on 02/14/2025 at 1:45 PM, Staff A, Entity Representative reported they would confirm with Resident 1 and Resident 2's primary care provider what medications were being used and correct the ML's.

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, Loving Care AFH 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.

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure an evacuation map was posted on the upstairs floor of the AFH. This failure placed 3 of 3 Residents (Resident 1, 2 and 3) at risk of delayed evacuation assistance during an emergency.

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Plan of Correction	Loving Care AFH LLC	Completion Date
Page 5 of 6	Licenses: Loving Care AFH LLC	02/24/2025

Findings included...

Observation of the AFH, on 02/14/2025 10:45 AM, showed the AFH was a multilevel home. The ground level of the AFH housed the AFH residents. The upper level of the AFH was a private residence occupied by the AFH caregivers.

In an interview, on 02/14/2025 at 3:00 PM, Staff A, Entity Representative, reported that they were unaware of the requirement to have an evacuation map posted on all floors of the AFH.

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, Loving Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/03/25.

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

Provider (or Representative) — Date: 03/03/25

Findings included...

Observation of the AFH, on 02/14/2025 10:45 AM, showed the AFH was a multilevel home. The ground level of the AFH housed the AFH residents. The upper level of the AFH was a private residence occupied by the AFH caregivers.

In an interview, on 02/14/2025 at 3:00 PM, Staff A, Entity Representative, reported that they were unaware of the requirement to have an evacuation map posted on all floors of the AFH.

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, Loving Care AFH 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.

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Provider (or Representative) Date