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

Yirgalem H. Solomon
A Caring Family Home
2003 144th PL SW
Lynnwood, WA 98087

RE: A Caring Family Home License # 752873

Dear Provider:

This letter addresses Compliance Determination(s) 64682 (Completion Date 08/26/2025) and 62314 (Completion Date 07/23/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/26/2025 and found that you have corrected the violations listed in the Complaint report dated 07/23/2025. Your home is back in compliance as of 07/28/2025 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 388-76-10225-1-a-ii

The Department staff who did the on-site verification:
Tekeste Demissie, Complaint Investigator

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 an unannounced on-site complaint investigation on 07/09/2025 and 07/16/2025 of:

A Caring Family Home
2003 144th PL SW
Lynnwood, WA 98087

This document references the following complaint number(s): 185970

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Tekeste Demissie, Complaint Investigator

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 #: 752873	Compliance Determination # 62314
Plan of Correction	A Caring Family Home	Completion Date
Page 2 of 3	Licensee: Yirgalem H. Solomon	07/23/2025

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 — 07/28/2025 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.

07.28.2025 Ysolomon Provider (or Representative) — 07.28.2025 Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident;

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to notify the Complaint Resolution Unit (CRU) when 1 of 5 residents (Resident 1) sustained an unwitnessed fall with fracture. This failure placed Resident 1 at risk of not having the incident investigated and placed Resident 1 at risk of unmet care needs.

Findings Included...

Record review of Resident 1's Negotiated Care Plan (NCP), dated 03/03/2025, showed the AFH admitted Resident 1 on [redacted]/2017 with diagnoses that included [redacted] and [redacted]

Review of Department records, 07/09/2025, showed the AFH had not reported the unwitnessed fall and injury (multiple fractures) from unknown source to the CRU as required.

Review of local hospital admission/discharge note, dated 07/17/2025, showed Resident 1 had multiple fractures of their Pelvis (the bony structure inside your hips, buttocks

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Renee' Bourque
Residential Care Services

07/28/2025
Date

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Provider (or Representative)

Date

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Page 3 of 3	Licensee: Yirgalem H. Solomon	07/23/2025

and pubic region).

In an interview, on 07/09/2025 at 10:46 AM, Staff A, Entity Representative, stated that Resident 1 had an unwitnessed fall and severe pain on 07/08/2025. Staff A stated that Resident 1 had been sent to a local hospital for evaluation and treatment. Staff A stated that they had not reported the alleged incident and injury to CRU.

In an interview, on 07/17/2025 at 9:59 AM, Resident 1 stated that they did not remember if they had a fall.

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, A Caring Family Home is or will be in compliance with this law and / or regulation on (Date) 07.28.2025.

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

Y Solomon. 07.28.2025.
Provider (or Representative) Date

* On 07.28.2025, I gave incetrice about Caring hot line. If resident has unwitness fall, to call ER department, Hot line, and family. Even resident witnessed fall If resident injured or disoriented, heating head, unconscious, We should call or notify Hot line or Complete an online report.

and pubic region).

In an interview, on 07/09/2025 at 10:46 AM, Staff A, Entity Representative, stated that Resident 1 had an unwitnessed fall and severe pain on 07/08/2025. Staff A stated that Resident 1 had been sent to a local hospital for evaluation and treatment. Staff A stated that they had not reported the alleged incident and injury to CRU.

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