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

Mon Amie AFH Inc

Mon Amie AFH Inc
2125 138th Place SE
Mill Creek, WA 98012

RE: Mon Amie AFH Inc License # 752878

Dear Provider:

This letter addresses Compliance Determination(s) 55074 (Completion Date 02/20/2025) and 54061 (Completion Date 02/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/20/2025 and found that you have corrected the violations listed in the Full report dated 02/05/2025. Your home is back in compliance as of 02/10/2025 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 388-76-10485-1

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 01/31/2025 of:
Mon Amie AFH Inc
2125 138th Place SE
Mill Creek, WA 98012

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:

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 #: 752878	Compliance Determination # 54061
Plan of Correction	Mon Amie AFH Inc	Completion Date
Page 2 of 3	Licensee: Mon Amie AFH Inc	02/05/2025

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.

Renae' Bourque — Residential Care Services

02/10/2025 — 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.

Gabriela Slutu — Provider (or Representative)

02/10/2025 — Date

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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH), failed to ensure the medications in Resident's 4 bedroom (Bedroom [redacted] were kept in locked storage. This failure placed Residents 1, 2, 3 and 4 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 01/31/2025 at 9:30 AM, showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Observation further showed Residents 1, 2 and 3 ambulated independently and Resident 4 ambulated with staff assistance in the AFH.

Observation of bedroom [redacted] on 01/31/2025 at 11:15 AM, showed Resident 4 resided in bedroom [redacted] and had no roommate. Observation of bedroom [redacted] showed a container of vitamin A + D ointment (used for diaper rash), a tube of Smith Secura Protective cream (used to treat and prevent dermatitis), a tube of Remedy Calazime paste (used for diaper rash) and a Kroger Hydrogen Peroxide spray (anti-septic) unlocked in a pink plastic storage caddy in Resident 4's closet.

In an interview, on 01/31/2025 at 11:20 AM, Staff A, Entity Representative, stated that they were unaware to lock the over the counter (OTC) medications. Staff A moved

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' Bourgue
Residential Care Services

02/10/2025
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)

Date

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In an interview, on 01/31/2025 at 11:20 AM, Staff A, Entity Representative, stated that they were unaware to lock the over the counter (OTC) medications. Staff A moved

Statement of Deficiencies	License #: 752878	Compliance Determination # 54061
Plan of Correction	Mon Amie AFH Inc	Completion Date
Page 3 of 3	Licensee: Mon Amie AFH Inc	02/05/2025

unlocked medications from bedroom [redacted] to locked storage cabinet.

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, Mon Amie AFH Inc is or will be in compliance with this law and / or regulation on (Date) 02/10/2025 .

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

Gabriela Slutu — 02/10/2025

Provider (or Representative) — Date

unlocked medications from bedroom [redacted] to locked storage cabinet.

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, Mon Amie AFH Inc 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

02/10/2025

Mon Amie AFH Inc
Mon Amie AFH Inc
2125 138th Place SE
Mill Creek, WA 98012

RE: Mon Amie AFH Inc # 752878

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/05/2025 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:

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

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

Observation showed the Adult Family Home (AFH) kept cleaning supplies, hazardous materials, and laundry detergents in the cabinet in the laundry room. The AFH failed to ensure staffs kept the chemicals storage cabinet in the laundry room locked all the times to prevent Resident risk of harm from exposure to toxic and hazardous materials. This deficiency corrected during a visit by Staff A, Entity Representative.

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 IDRs** 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