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

A Touch of Comfort LLC

A Touch of Comfort LLC
4123 SERENE WAY
LYNNWOOD, WA 98087

RE: A Touch of Comfort LLC License # 753471

Dear Provider:

This letter addresses Compliance Determination(s) 53110 (Completion Date 01/22/2025) and 50623 (Completion Date 12/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2025 and found that you have corrected the violations listed in the Full report dated 12/10/2024. Your home is back in compliance as of 12/20/2024 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 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10805-3, WAC 388-76-10805-4, WAC 388-76-10730-2-b, WAC 388-76-10865-2-b, WAC 388-76-10865-3, WAC 388-76-10750-7, WAC 388-76-10750-8

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

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 11/21/2024 and 11/21/2024 of:

A Touch of Comfort LLC
4123 SERENE WAY
LYNNWOOD, WA 98087

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor
Chrissy Exe, Long-Term Care Licensor

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

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

12/10/2024
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.

Statement of Deficiencies	License #: 753471	Compliance Determination # 50623
Plan of Correction	A Touch of Comfort LLC	Completion Date
Page 2 of 10	Licensee: A Touch of Comfort LLC	12/10/2024

Provider (or Representative)

12-20-24
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to renew Washington state name and date of birth background check (BGC) every two years for 5 of 6 staffs (Staff A, Entity Representative/ Resident Manager, Staff B, D, E and F, Caregivers). This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from staffs with unknown criminal history.

Findings included...

Observation on 11/21/2024 at 9:35 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Staffs A. B, C in the morning and Staff E later in the afternoon were working and providing care for Residents 1, 2, 3, 4, 5 and 6.

Review of Staff A's personnel record showed Staff A's current BGC was completed on 06/22/2022 with an expiration date of 06/22/2024.

Review of Staff B's administrative records showed that Staff B was hired 07/30/2013. Staff B's current BGC showed a completion of 06/28/2022 with an expiration date of 06/28/2024.

Review of Staff D's administrative records showed that Staff D was hired 10/07/2011. Staff D's current BGC showed a completion of 06/28/2022 with an expiration date of 06/28/2024.

Review of Staff E's administrative records showed that Staff E was hired 03/07/2018. Staff E's current BGC showed a completion of 06/28/2022 with an expiration date of 06/28/2024.

Review of Staff F's administrative records showed that Staff F was hired 09/01/2010. Staff F's current BGC showed a completion of 06/22/2022 with an expiration date of

Provider (or Representative) Date

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(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to renew Washington state name and date of birth background check (BGC) every two years for 5 of 6 staffs (Staff A, Entity Representative/ Resident Manager, Staff B, D, E and F, Caregivers). This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from staffs with unknown criminal history.

Findings included...

Observation on 11/21/2024 at 9:35 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Staffs A, B, C in the morning and Staff E later in the afternoon were working and providing care for Residents 1, 2, 3, 4, 5 and 6.

Review of Staff A's personnel record showed Staff A's current BGC was completed on 06/22/2022 with an expiration date of 06/22/2024.

Review of Staff B's administrative records showed that Staff B was hired 07/30/2013. Staff B's current BGC showed a completion of 06/28/2022 with an expiration date of 06/28/2024.

Review of Staff D's administrative records showed that Staff D was hired 10/07/2011. Staff D's current BGC showed a completion of 06/28/2022 with an expiration date of 06/28/2024.

Review of Staff E's administrative records showed that Staff E was hired 03/07/2018. Staff E's current BGC showed a completion of 06/28/2022 with an expiration date of 06/28/2024.

Review of Staff F's administrative records showed that Staff F was hired 09/01/2010. Staff F's current BGC showed a completion of 06/22/2022 with an expiration date of

06/22/2024.

In an interview, on 11/21/2024 at 1:40 PM, Staff A stated that they had not renewed Staff A, B, D, E and F 's BGC.

Observation, on 11/21/2024 at 1.45 PM, showed Staff A, applied to renew Staff A, B, D, E and F's BGC. Staff A and F's BGC renewed on 11/21/2024 and Staffs B, D and E BGC results were pending.

Attestation Statement

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 Touch of Comfort LLC is or will be in compliance with this law and / or regulation on (Date) 12-20-24.

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

Provider (or Representative) 12-20-24 Date

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

(4) Each smoke alarm must be kept in working condition at all times.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all smoke detectors in the home were interconnected and kept in working condition. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury from a delayed warning in the event of a fire emergency.

Findings included...

In an interview, on 11/21/2024 at 10:00 AM, Staff A, Entity Representative, stated that the AFH had no live in staffs and household members. Staff A stated that independent residents, Residents 1 and 5, lived on the [redacted] and Residents 2, 3, 4 and 6 lived on the [redacted] of the AFH.

06/22/2024.

In an interview, on 11/21/2024 at 1:40 PM, Staff A stated that they had not renewed Staff A, B, D, E and F 's BGC.

Observation, on 11/21/2024 at 1:45 PM, showed Staff A, applied to renew Staff A, B, D, E and F's BGC. Staff A and F's BGC renewed on 11/21/2024 and Staffs B, D and E BGC results were pending.

Attestation Statement

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Provider (or Representative) _____ Date _____

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure all smoke detectors in the home were interconnected and kept in working condition. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of injury from a delayed warning in the event of a fire emergency.

Findings included...

In an interview, on 11/21/2024 at 10:00 AM, Staff A, Entity Representative, stated that the AFH had no live in staffs and household members. Staff A stated that independent residents, Residents 1 and 5, lived on the [redacted] and Residents 2, 3, 4 and 6 lived on the [redacted] of the AFH.

Observation on 11/21/2024 at 3:10 PM, showed the smoke detectors on the upper level and lower level of the home were not interconnected. Observation showed the smoke detector on the upper level of the AFH were working. Observation showed the smoke detector in the hallway, and Resident 1's bedroom (Bedroom [redacted]) and Resident 5's bedroom (Bedroom [redacted]) on the [redacted] were not working. Observation showed the smoke detector was working in an unlicensed/private room (listed on the Floor Plan) on the lower level.

In an interview, on 11/21/2024 at 3:15 PM, Staff A stated that they were sure the smoke detectors were interconnected before, and they were working in both levels of the AFH. Staff A stated that they did not know why the smoke detectors were not interconnected now. Staff A stated they had someone to come over to run the smoke detector anytime they completed the evacuation fire drill.

Attestation Statement

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 Touch of Comfort LLC is or will be in compliance with this law and / or regulation on (Date) 12-13-24.

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

Provider (or Representative) Date 12-20-24

WAC 388-76-10730 Grab bars and hand rails.

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(b) Each side of any toilet used by residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure there were grab bars next to the toilet in 1 of 2 bathrooms (located in the hallway on the [redacted]) used by the residents (Residents 1 and 5). This failure placed Residents 1 and 5 at risk of injury from loss of balance when using the bathroom.

Findings included...

Observation on 11/21/2024 at 10:35 AM, showed the AFH had two bathrooms in common areas of the AFH (one on the upper level and one on the lower level) for

Observation on 11/21/2024 at 3:10 PM, showed the smoke detectors on the upper level and lower level of the home were not interconnected. Observation showed the smoke detector on the upper level of the AFH were working. Observation showed the smoke detector in the hallway, and Resident 1's bedroom (Bedroom [redacted]) and Resident 5's bedroom (Bedroom [redacted]) on the [redacted] were not working. Observation showed the smoke detector was working in an unlicensed/private room (listed on the Floor Plan) on the lower level.

In an interview, on 11/21/2024 at 3:15 PM, Staff A stated that they were sure the smoke detectors were interconnected before, and they were working in both levels of the AFH. Staff A stated that they did not know why the smoke detectors were not interconnected now. Staff A stated they had someone to come over to run the smoke detector anytime they completed the evacuation fire drill.

Attestation Statement

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

Provider (or Representative) _____ Date _____

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(b) Each side of any toilet used by residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure there were grab bars next to the toilet in 1 of 2 bathrooms (located in the hallway on the [redacted]) used by the residents (Residents 1 and 5). This failure placed Residents 1 and 5 at risk of injury from loss of balance when using the bathroom.

Findings included...

Observation on 11/21/2024 at 10:35 AM, showed the AFH had two bathrooms in common areas of the AFH (one on the upper level and one on the lower level) for

residents to use. Observation of the bathroom on the lower level showed there was no grab bars next to the toilet.

In an interview, on 11/21/2024 at 10:55 AM, Staff A, Entity Representative, stated that their independent residents, Residents 1 and 5, used bathroom 2 (located on the [redacted]) and they did not need grab bars.

Record review of Resident 1's assessment, dated 01/05/2024, showed that Resident 1 was admitted to the AFH on [redacted]/2013. Review of the assessment under "Toilet use "noted Grab bars "has/used."

Record review of Resident 5's assessment, dated 05/31/2024, showed that Resident 5 was admitted to the AFH on [redacted]/2020. Review of the assessment under "Lifting and/or transferring and toilet use" noted extensive support needed.

Attestation Statement

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 Touch of Comfort LLC is or will be in compliance with this law and / or regulation on (Date) 11-26-24 ~~12-11-24~~.

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

Provider (or Representative) 12-20-24 Date

WAC 388-76-10865 Resident evacuation from adult family home.

(2) The home must ensure that residents are able to evacuate the home as follows:

(b) Via a path from the resident's bedroom that does not go through other bedrooms; and

(3) Residents who require assistance with evacuation must have a path via an emergency exit to the designated safe location that does not require the use of stairs.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) was physically capable of safely getting out of the home without exiting through another bedroom or using stairs without assistance. This failure placed Resident 1 at risk of harm and injury in case of an emergency.

residents to use. Observation of the bathroom on the lower level showed there was no grab bars next to the toilet.

In an interview, on 11/21/2024 at 10:55 AM, Staff A, Entity Representative, stated that their independent residents, Residents 1 and 5, used bathroom 2 (located on the [redacted]) and they did not need grab bars.

Record review of Resident 1's assessment, dated 01/05/2024, showed that Resident 1 was admitted to the AFH on [redacted]/2013. Review of the assessment under "Toilet use "noted Grab bars "has/used."

Record review of Resident 5's assessment, dated 05/31/2024, showed that Resident 5 was admitted to the AFH on [redacted]/2020. Review of the assessment under "Lifting and/or transferring and toilet use" noted extensive support needed.

Attestation Statement

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 Touch of Comfort 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 _____

WAC 388-76-10865 Resident evacuation from adult family home.

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(b) Via a path from the resident's bedroom that does not go through other bedrooms; and

(3) Residents who require assistance with evacuation must have a path via an emergency exit to the designated safe location that does not require the use of stairs.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 1) was physically capable of safely getting out of the home without exiting through another bedroom or using stairs without assistance. This failure placed Resident 1 at risk of harm and injury in case of an emergency.

Findings included:.

Observation, on 11/21/2024 at 9:35 AM and on 11/22/2024 at 11:55 AM, showed Resident 1 lived in and received care from the AFH. Observation showed Resident 1 used a walker to ambulate in the AFH. Observation showed Resident 1 resided in bedroom [redacted] labeled as independent (located in the [redacted]).

In an interview, on 11/21/2024 at 10:00 AM, Staff A, Entity Representative, stated that Residents 1 and 5 were independent. Staff A further stated that Residents 1 and 5 resided in the [redacted] l/independent bedrooms. Further Staff A stated that Resident 1 was using a walker temporary after they fell a few days ago to get back their strength.

Record review of Resident 1's assessment, dated 01/05/2024, showed that Resident 1 was admitted to the AFH on [redacted]/2013 with multiple medical diagnoses including but not limited to [redacted]. Review of the assessment under the AFH evacuation noted "assistance required." Review of the assessment under locomotion noted "Total dependence, One-person physical assist. Review of transfer noted "Total dependence, one-person physical assist."

In an interview, on 11/26/2024 at 8:50 AM, Resident 1's Case manager (CM) stated that Resident 1 used a wheelchair, and they needed assistance to ambulate.

In an interview, on 11/22/2024 at 12:30 PM, when asked Staff A if there were changes in Resident 1's physical and mental conditions to re-evaluate residents' abilities as independent. Staff A stated that "they were not sure, and they needed to check with Resident 1's doctor."

Attestation Statement

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 Touch of Comfort LLC is or will be in compliance with this law and / or regulation on (Date) 12-19-24 .

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

Findings included...

Observation, on 11/21/2024 at 9:35 AM and on 11/22/2024 at 11:55 AM, showed Resident 1 lived in and received care from the AFH. Observation showed Resident 1 used a walker to ambulate in the AFH. Observation showed Resident 1 resided in bedroom [redacted] labeled as independent (located in the [redacted]).

In an interview, on 11/21/2024 at 10:00 AM, Staff A, Entity Representative, stated that Residents 1 and 5 were independent. Staff A further stated that Residents 1 and 5 resided in the [redacted] /independent bedrooms. Further Staff A stated that Resident 1 was using a walker temporary after they fell a few days ago to get back their strength.

Record review of Resident 1's assessment, dated 01/05/2024, showed that Resident 1 was admitted to the AFH on [redacted] /2013 with multiple medical diagnoses including but not limited to [redacted]. Review of the assessment under the AFH evacuation noted "assistance required." Review of the assessment under locomotion noted "Total dependence, One-person physical assist. Review of transfer noted "Total dependence, one-person physical assist."

In an interview, on 11/26/2024 at 8:50 AM, Resident 1's Case manager (CM) stated that Resident 1 used a wheelchair, and they needed assistance to ambulate.

In an interview, on 11/22/2024 at 12:30 PM, when asked Staff A if there were changes in Resident 1's physical and mental conditions to re-evaluate residents' abilities as independent. Staff A stated that "they were not sure, and they needed to check with Resident 1's doctor."

Attestation Statement

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 Touch of Comfort 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) 12-20-24 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;

(8) Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision, unless the resident has been assessed as safe to use the substance or material without direct supervision and if the use is documented in the negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was no access to potential hazardous and toxic substances. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of harm from accidental ingestion of toxic substances (intoxicated), and a decreased quality of life.

Findings included...

"Review of Dear Provider Letter, dated 11/09/2022, showed the requirements necessary for AFHs to keep toxic and hazardous substances in locked storage. The Dear Provider Letter noted that the AFH residents who have been assessed as "safe to use and access the substance" and to access and use the substance "without direct supervision." The use is documented in the negotiated care plan" where all residents are assessed as "safe", and the use is documented in all residents' negotiated care plans.

Review of MedlinePlus [Internet], dated 01/03/2024, definition showed "Alcohol is a central nervous system depressant. This means that it is a drug that slows down brain activity. It can change your mood, behavior, and self-control. It can cause problems with memory and thinking clearly. Alcohol can also affect your coordination and physical control. Alcohol is a psychoactive and toxic substance."

According to the World Health Association (WHO), dated 06/28/2024, showed "Alcohol or alcoholic beverages contain ethanol, a psychoactive and toxic substance that can

Provider (or Representative) 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;

(8) Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision, unless the resident has been assessed as safe to use the substance or material without direct supervision and if the use is documented in the negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was no access to potential hazardous and toxic substances. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of harm from accidental ingestion of toxic substances (intoxicated), and a decreased quality of life.

Findings included...

“Review of Dear Provider Letter, dated 11/09/2022, showed the requirements necessary for AFHs to keep toxic and hazardous substances in locked storage. The Dear Provider Letter noted that the AFH residents who have been assessed as “safe to use and access the substance” and to access and use the substance “without direct supervision.” The use is documented in the negotiated care plan” where all residents are assessed as “safe”, and the use is documented in all residents’ negotiated care plans.

Review of MedlinePlus [Internet], dated 01/03/2024, definition showed “Alcohol is a central nervous system depressant. This means that it is a drug that slows down brain activity. It can change your mood, behavior, and self-control. It can cause problems with memory and thinking clearly. Alcohol can also affect your coordination and physical control. Alcohol is a psychoactive and toxic substance."

According to the World Health Association (WHO), dated 06/28/2024, showed “Alcohol or alcoholic beverages contain ethanol, a psychoactive and toxic substance that can

cause dependence."

Observation, on 11/21/2024 at 9:35 AM, and on 11/22/2024 at 11:55 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation showed Resident 5 ambulated independently in the AFH.

In an interview, on 11/21/2024 at 10:00 AM, Staff A, Entity Representative, stated that Residents 1 and 5 ambulated independently and Residents 2, 3, 4 and 6 ambulated with staff assistance. Staff A stated that they do not live at the AFH and that they had no household members or staffs that lived in the AFH.

Observation, on 11/21/2024 at 10:30 AM, showed two safety gates at both doorways (one access from the dining room and one from the hallway) to the AFH kitchen.

In an interview, on 11/21/2024 at 10:35 AM, Staff A stated that they have the kitchen locked policy due to safety of residents. Staff A stated that Resident 5 sneaked to the kitchen and ate foods.

Records review of Resident 1's assessment, dated 01/05/2024, showed that Resident 1 admitted to the AFH on [redacted]/2013 with multiple medical diagnoses including but not limited to [redacted].

Record review of Resident 5's assessment, dated 05/31/2024, showed that Resident 5 was admitted to the AFH on [redacted]/2020 with multiple medical diagnoses including but not limited to [redacted]. Review of the assessment under the safety, nutrition and behavior noted "Resident 5 would be unsafe with any cooking tasks, they would steal foods, staff needed to watch cupboards, overeating, focused on obtain food, for this reason the gate to the kitchen needs to be always locked. Resident 5 would hide food or the fact that they had snuck food, they would take food off others plates even in front of caregiver, from the cupboards, if kitchen was not gated, she will take anything

that is available which is a significant concern due to her choking risk."

In an interview, on 12/21/2024 at 2:55 PM, Resident 5 stated that they "stole other resident food, they overeat, and they would make phone calls if they had access to the phone."

Observation, on 11/21/2024 at 10:40 AM and on 11/22/2024 at 12:00 PM, showed an open floor plan with a closet containing the laundry area, a living room area, dining room areas, and bedroom [redacted] (located on the [redacted] of the AFH). These areas were listed as a Provider area on the AFH Floor Plan. The entrance to the Provider area was in the dining area accessible by Residents 1, 2, 3, 4, 5 and 6.

In an interview, on 11/21/2024 at 12:10 PM, Staff A stated that the AFH used the listed Provider area on the floor plan when they celebrated holidays, using laundry, used by staffs, and to access bedroom [redacted] (Resident 3's).

Observation, on 11/21/2024 at 12:15 PM and on 11/22/2024 at 12:05 PM, showed Staff A's private common area had an open floor concept. The area had a large, open cabinet with a slider door on the left side and three drawers on the right side. Sitting on top of the cabinet, unsecured, was three one-liter (unit of measure) bottles of Jack Daniel's Whiskey. There were also seven wine bottles sitting on the top of the cabinet and lined across the back section cabinet. Hanging above the cabinet was eleven bottles of wine. Above the cabinet on a shelf was eleven various bottles of liquor. Observation further showed Resident 3's bedroom (Bedroom [redacted]) located in the left corner of the provider area, directly across from the cabinet. There was a walker leaning on the side of the display, close to Bedroom [redacted].

In an interview, on 11/22/2024 at 12:40 PM, Staff A stated that the AFH was licensed for 10 years, the AFH setting was the same. Staff A stated that they had no issues in the past to lock the alcohols. Staff A stated that residents had no access to the alcohol. When asked "How the AFH had a locked kitchen policy for Residents' safety but unlocked alcohol, and how did they know residents does not have access to the alcohol." Staff A got agitated and stated that "residents could not walk, and their business set up like that for 10 years and no one had issues with the alcohol."

In an interview, on 12/03/2024 at 10:42 AM, Resident 5's representative stated that the home had to lock the kitchen because Resident 5 went to the kitchen in different occasions and sneaking foods. Resident 5's representative stated that Resident 5 stole other resident's foods from their plates in the past.

Attestation Statement

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 Touch of Comfort LLC is or will be in compliance with this law and / or regulation on (Date) 12-16-20.

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

Provider (or Representative) 12-20-24 Date

In an interview, on 12/03/2024 at 10:42 AM, Resident 5's representative stated that the home had to lock the kitchen because Resident 5 went to the kitchen in different occasions and sneaking foods. Resident 5's representative stated that Resident 5 stole other resident's foods from their plates in the past.

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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

12/10/2024

A Touch of Comfort LLC
A Touch of Comfort LLC
4123 SERENE WAY
LYNNWOOD, WA 98087

RE: A Touch of Comfort LLC # 753471

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/10/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to ensure the AFH Provider had a succession plan in place in the event the AFH Provider was unable to fulfill their care and supervision duties for residents (Residents 1, 2, 3, 4, 5 and 6). This deficiency was corrected on-site at the time of visit by Staff A, Entity Representative.

WAC 388-76-10885 Elements of emergency evacuation floor plan. The adult family home must develop an emergency evacuation floor plan for each level of the home that:

(1) Is accurate and includes all rooms, hallways, and exits (such as doorways and windows) to the outside of the home;

The posted Floor Plan (FP) on the lower level of the Adult Family Home (AFH) did not match with the provided FP to the Regulator by Staff A, Entity Representative on 11/21/2024. Staff A stated that the posted FP on the lower level was the old one. This deficiency corrected on-site by Staff B, Caregiver, at the time of visit.

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
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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600