STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

St Patrick Annex AFH LLC

St Patrick Annex AFH LLC
4046 I St NE
Auburn, WA 98002

RE: St Patrick Annex AFH LLC License # 753644

Dear Provider:

This letter addresses Compliance Determination(s) 72410 (Completion Date 02/05/2026) and 68275 (Completion Date 12/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/05/2026 and found that you have corrected the violations listed in the Full report dated 12/17/2025. Your home is back in compliance as of 12/23/2025 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 388-76-10015-1, WAC 388-76-10430-2-d, WAC 388-76-10530-1, WAC 388-76-10895-2-a, WAC 388-76-10900-4

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753644	Compliance Determination # 68275
Plan of Correction	St Patrick Annex AFH LLC	Completion Date
Page 1 of 8	Licensee: St Patrick Annex AFH LLC	12/17/2025

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 10/30/2025 of:
St Patrick Annex AFH LLC
4046 I St NE
Auburn, WA 98002

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 753644	Compliance Determination # 68275
Plan of Correction	St Patrick Annex AFH LLC	Completion Date
Page 2 of 8	Licensee: St Patrick Annex AFH LLC	12/17/2025

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.

Jeb Korzilius, on behalf of Cecile Leano
Residential Care Services

12/19/2025
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.

ANNE KIARIE
Provider (or Representative)

12/23/2025
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to have a current Medical Test Site Waiver Certificate (MTSW) for their home. This resulted in the AFH performing blood glucose tests without a MTSW as required.

Findings included...

Observation, on 10/30/2025 at 9:52 AM, showed Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver, providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

In an interview, on 10/30/2025 at 10:16 AM, Staff B stated that Resident 1 had diabetes (a disease that have a high blood sugar) and received insulin injections (help keep blood sugar under control).

Review of Resident 1's AFH records showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's October 2025 pharmacy generated medication log showed an order to check their blood sugar four times daily, before meals and at bedtime.

Statement of Deficiencies	License #: 753644	Compliance Determination # 68275
Plan of Correction	St Patrick Annex AFH LLC	Completion Date
Page 3 of 8	Licensee: St Patrick Annex AFH LLC	12/17/2025

A review of AFH administrative records showed their MTSW expired on 06/30/2025.

In an interview, on 10/30/2025 at 10:32 AM, Staff B stated that they would inform Staff A, Entity Representative/Resident Manager that their MTSW was expired.

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, St Patrick Annex AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/2025.

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

ANNE KIARIE AK
Provider (or Representative)

12/28/2025
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a medication system in place to ensure that the medication log was accurate for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of unmet medication needs and a decline in their medical condition.

Finding included...

Observation, on 10/30/2025 at 9:52 AM, showed Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver, providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

In an interview, on 10/30/2025 at 10:21 AM, Staff B stated that Resident 1 received medication assistance from the AFH staff.

Review of Resident 1's records showed the AFH admitted Resident 1 on [redacted]/2022.

Resident 1's October 2025 pharmacy generated medication log showed they were prescribed Vitamin B-1 (a supplement that helps converts food into energy) 100 milligram (mg), one tablet every morning.

Observation of Resident 1's medication supply, on 10/30/2025 at 12:21 PM, showed a bottle that was labelled Super B complex (a supplement containing vitamins B1, B2, B3, B5, B6, B7, B9 and B12 for overall wellness, energy and brain function) with Vitamin C (a supplement that helps fights infections, heal wounds and keep tissues healthy).

In an interview, on 10/30/2025 at 12:25 PM, Staff B stated that the medication supply was provided by Resident 1's family.

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, St Patrick Annex AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/2025 .

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

ANNE KIRRIE AA
Provider (or Representative)

12/28/2025
Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review their admission agreement (notice of rights and services agreement) for 1 of 2 sampled residents (Resident 2) every 24 months after their admission. This failure placed Resident 2 at risk of unmet care needs.

Findings included...

Statement of Deficiencies	License #: 753644	Compliance Determination # 68275
Plan of Correction	St Patrick Annex AFH LLC	Completion Date
Page 5 of 8	Licensee: St Patrick Annex AFH LLC	12/17/2025

Observation, on 10/30/2025 at 9:52 AM showed Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver, providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

Review of Resident 2's AFH records showed the AFH admitted Resident 2 on [redacted]/2021. Resident 2 had an admission agreement that was signed and dated 05/14/2021 and 05/30/2023. There was no other admission agreement found in Resident 2's file. Further review showed that it had been 29 months since the admission agreement was last reviewed.

In an interview, on 10/30/2025 at 5:12 PM, Staff B acknowledged that Resident 2's admission agreement that was reviewed on 05/30/2023, was over 24 months. Staff B stated that they would look for the current admission agreement and would send it to the department.

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, St Patrick Annex AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/2025.

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

ANNE KIARIE

Provider (or Representative)

12/28/2025

Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to conduct a partial emergency evacuation drill every 60 days during 2024 and 2025 in 1 of 1 AFH. This failure placed all five residents (Residents 1, 2, 3, 4, and 5) at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

Statement of Deficiencies	License #: 753644	Compliance Determination # 68275
Plan of Correction	St Patrick Annex AFH LLC	Completion Date
Page 6 of 8	Licensee: St Patrick Annex AFH LLC	12/17/2025

Observation, on 10/30/2025 at 9:52 AM, showed Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver, providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

In an interview, on 10/230/2025 at 10:14 AM, Staff B stated that Residents 1, 2, 3, and 4 required assistance with emergency evacuation.

Record review of the AFH's 2024 fire drills showed the AFH completed a total of six drills. Four of these were identified as "every two-month drills" and were completed on 01/29/2024, 08/27/2024, 10/27/2024, and 12/25/2024. One was completed without an identification of what type of drill was on 06/28/2024. The full evacuation was conducted on 08/20/2024. There were 151-days between the 01/29/2024 "every two-month drill" and the 06/28/2024 unspecified evacuation drill.

Record review of the AFH's 2025 fire drill showed the AFH completed five drills. One drill, conducted on 02/25/2025, was identified as a "every two-month drill." Four of the drills, conducted on 04/27/2025, 06/22/2025, 06/23/2025, and 10/21/2025, were unspecified as to what type of drill was conducted. There were 120-days between the 06/23/2025 and the 10/21/2025.

In an interview, on 10/30/2025 at 5:19 PM, Staff B acknowledged that a March 2024 fire drill was not completed. Staff B agreed that a fire drill in August 2025 was missing. Staff B confirmed that the fire drills on 06/28/2024, 04/24/2025, 06/22/2025, 06/23/2025, and 10/21/2025, were not labelled as to what type of drill was completed.

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, St Patrick Annex AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/2025

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

Provider (or Representative) ANNE KIARIE Date 12/28/2025

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

Statement of Deficiencies	License #: 753644	Compliance Determination # 68275
Plan of Correction	St Patrick Annex AFH LLC	Completion Date
Page 7 of 8	Licensee: St Patrick Annex AFH LLC	12/17/2025

(4) Whether the drill was a full or partial emergency evacuation; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to indicate the type of drills for 1 of 6 evacuation drills completed for 2024 and for 4 of 5 evacuation drills completed for 2025. This failure placed five residents (Residents 1, 2, 3, 4, and 5) at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included...

Observation, on 10/30/2025 at 9:52 AM, showed Staff B, Caregiver, Staff C, Caregiver, and Staff D, Caregiver, providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

In an interview, on 10/230/2025 at 10:14 AM, Staff B stated that Residents 1, 2, 3, and 4 required assistance with emergency evacuation.

Record review of the AFH's 2024 fire drills showed the AFH completed a total of six drills. One was completed without an identification of what type of drill was on 06/28/2024.

Record review of the AFH's 2025 fire drill showed the AFH completed five drills. Four of the drills, conducted on 04/27/2025, 06/22/2025, 06/23/2025, and 10/21/2025, were unspecified as to what type of drill was conducted.

In an interview, on 10/30/2025 at 5:19 PM, Staff B confirmed that the fire drills on 06/28/2024, 04/24/2025, 06/22/2025, 06/23/2025, and 10/21/2025, were not labelled as to what type of drill was completed.

Statement of Deficiencies	License #: 753644	Compliance Determination # 68275
Plan of Correction	St Patrick Annex AFH LLC	Completion Date
Page 8 of 8	Licensee: St Patrick Annex AFH LLC	12/17/2025

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, St Patrick Annex AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/2025 .

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

ANNE KIARIE

Provider (or Representative)

12/28/2025

Date

PLAN OF CORRECTION **12/23/2025**

MTS LICENSE

I have already applied and paid for MTS license. But in future I have to apply a couple of mouth to avoid processing delays.

Resident 2 admission agreement

The admission agreement for resident 2 was just mis- filed, so the correction is done.

However I have reaudited all residents files to make all documents are in place and the filing is consistent. And our new policy is every time a staff need document on residents file he should make sure he put it back in sequence.

Fire drill new guidelines

The staff conducting the fire drill must make sure he first mark/write the name of the facility/license #, date, type, his name, starting time, then when the evacuation is complete he completes the remaining portion. And when he is done one of the participating staff counter check and confirm all is correct before filing.

Anne Karie

Email stpatrickannexafh@gmail.com