STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Quilceda Creek Manor LLC
Quilceda Creek Manor III LLC
409 148th st ne
Arlington, WA 98223

RE: Quilceda Creek Manor III LLC License # 753739

Dear Provider:

This letter addresses Compliance Determination(s) 54852 (Completion Date 02/14/2025) and 52107 (Completion Date 01/02/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/14/2025 and found that you have corrected the violations listed in the Complaint report dated 01/02/2025. Your home is back in compliance as of 01/16/2025 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 388-76-10420-7-b, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON
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3906-172nd St NE, Suite #100, Arlington, WA 98223

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 12/20/2024, 01/02/2025, 12/20/2024 and 12/20/2024 of:

Quilceda Creek Manor III LLC
1058 Alder Ave #A
Marysville, WA 98270

This document references the following complaint number(s): 159532, 160650

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 _____ 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

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure food available for 6 of 6 residents (Residents 1, 2, 3, 4, 5 & 6) was not past the expiration date. This failure placed residents at risk for food born illnesses.

Findings included…

Observation, on 12/20/2024 at 11:42 AM, showed there were six residents that lived at the AFH.

Observation, on 12/20/2024 at 11:52 AM, showed two containers of yoghurt with expiration dates of 11/06/2024, one container of sour cream with an expiration date of 12/06/2024, and one container of prune juice with an expiration date of 08/14/2024 in the resident refrigerator.

In an interview, on 12/20/2024 at 12:40 PM, Staff C (Caregiver) stated that they were not aware of any expired food in the resident refrigerator. Staff C stated that staff was expected to clean out the resident refrigerator every week. Staff C stated that they guessed that staff did not clean out the resident refrigerator within the last week.

In an interview, on 12/26/2024 at 12:18 PM, Staff A (Entity Representative) stated that the staff was expected to clean out the resident refrigerator and check for expired food monthly. Staff A stated that they were not aware there was any expired food in the refrigerator and said it was a staff oversight to have expired yoghurt, sour cream and prune juice in the fridge.

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, Quilceda Creek Manor III 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 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 6 of 6 residents (Residents 1, 2, 3, 4, 5 & 6) had a sanitary homelike environment. This failure placed residents at risk for easily spread illnesses from one person to another.

Findings included…

Observation, on 12/20/2024 at 11:42 AM, showed there were six residents that lived at the AFH.

Observation, on 12/20/2024 at 12:10 PM, showed the resident dining table to have multiple sticky brown, clear and red spots on the surface of the plastic dining table cover and placemats.

In an interview, on 12/18/2024 at 3:05 PM, Collateral Contact 1 (CC1) stated that they observed and felt one of the AFH's bedside tables to be soiled and sticky on more than one occasion.

In an interview, on 12/20/2024 at 12:40 PM, Staff C (Caregiver) reported that the staff was expected to clean the dining table after every meal. Staff C stated that the dining table did not get cleaned after the residents ate breakfast on 12/20/2024 at the dining table.

Observation, on 12/20/2024 at 12:40 PM, showed Staff C did not clean the resident dining table after the department notified them it was soiled with visible sticky spots.

In an interview, on 12/26/2024 at 12:18 PM, Staff A (Entity Representative) stated that the staff was expected to wipe down tables after every meal. Staff A stated that they were not aware that staff were not cleaning the tables.

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, Quilceda Creek Manor III 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