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

Amen Adultcare, Inc
Amen Adult Family Home
20400 Whitman Ave N
Shoreline, WA 98133

RE: Amen Adult Family Home License # 753785

Dear Provider:

This letter addresses Compliance Determination(s) 63040 (Completion Date 07/24/2025) and 60117 (Completion Date 06/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/24/2025 and found that you have corrected the violations listed in the Complaint report dated 06/04/2025. Your home is back in compliance as of 07/15/2025 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-b-iii, WAC 388-76-10400-1, WAC 388-76-10375-1

The Department staff who did the on-site verification:
Theresia Karundeng, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON
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***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***

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|---|---|---|
| Statement of Deficiencies | License #: 753785 | Compliance Determination # 60117 |
| Plan of Correction | Amen Adult Family Home | Completion Date |
| Page 1 of 6 | Licensee: Amen Adultcare, Inc | 06/04/2025 |

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 an unannounced on-site complaint investigation on 05/27/2025 of:

Amen Adult Family Home
20400 Whitman Ave N
Shoreline, WA 98133

This document references the following complaint number(s): 177132

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 investigated the Adult Family Home:

Theresia Karundeng, NCI

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

| Statement of Deficiencies | License #: 753786 | Compliance Determination # 60117 |
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| Page 2 of 6 | Licensee: Amen Adultcare, Inc | 06/04/2025 |

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 — 06/13/2025 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) — 07/15/30/2025 Date

**WAC 388-76-10225 Reporting requirement.**

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

(b) Report the following to the department by calling the complaint toll-free hotline number:

(iii) A missing resident.

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a report was made to the Department's Complaint Resolution Unit when 1 of 1 resident (Resident 1) went missing. This failure placed Resident 1 at risk of harm and delayed the Department's investigation.

Findings included...

Review of Resident 1's demographic page showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses including [redacted].

Review of Resident 1's Negotiated Care Plan (NCP), dated [redacted]/2024, showed Resident 1 was an elopement risk. Review of Resident 1's NCP showed interventions included to notify law enforcement when resident leaves the AFH, stay with Resident 1 when they leave the AFH, and maintain alarms on outside doors to alert staff.

Review of Resident 1's incident report, dated April 2025, showed Resident 1 sneaked out of the AFH and reached a hardware store (Home Depot). Review of Resident 1's

incident report showed police brought Resident 1 back to the AFH.

In an interview, on 05/27/2025 at 11:54 AM, Staff A, Provider, stated that when there was a missing resident, they would call 911, file a missing person report, call the state hotline, call their family and notify the doctor. Staff A stated that the AFH staff were not aware that Resident 1 was missing. Staff A stated that Resident 1 was missing for 20 minutes. Staff A stated that they did not notify the state hotline of Resident 1's missing incident.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 06/19/2025.
Confirmation # 10006872

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

Provider (or Representative) Amen Date 06/23/2025

**WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:**

(1) The care and services identified 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 interventions in the negotiated care plan were implemented for 1 of 1 resident (Resident 1) with a risk of elopement. This failure resulted in Resident 1 eloping out of the AFH without the AFH's knowledge causing risk for harm and unmet care needs.

Findings included...

Review of Resident 1's demographic page showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses including [redacted].

Review of Resident 1's Negotiated Care Plan (NCP), dated [redacted]2024, showed Resident 1 was an elopement risk. Review of Resident 1's NCP showed interventions included to notify law enforcement when resident leaves the AFH, stay with Resident 1 when they

leave the AFH, and maintain alarms on the outside doors to alert staff.

Review of Resident 1's assessment, dated 12/01/2024, showed Resident 1 had short-term memory loss, poor decision making, risk of elopement, history of leaving home, and gotten lost when trying to return. Review of Resident 1's assessment showed Resident 1 had a history of running out of an assisted living facility into traffic, crossing four lanes of traffic.

Review of Resident 1's incident report, dated April 2025, showed Resident 1 sneaked out of the AFH and reached a hardware store (Home Depot). Review of Resident 1's incident report showed police brought Resident 1 back to the AFH.

Review of google maps showed the AFH was 0.6 miles away from Home Depot with a walk time of 13 minutes. Review of google maps showed Resident 1 would have to cross a major busy street (Aurora Ave/State Route 99).

An observation, on 05/27/2025 at 10:05 AM, showed Staff B, Caregiver, opened the door for the department staff to enter the AFH and Resident 1 went out of the front door. Observation showed the staff followed Resident 1 out of the AFH.

An observation, on 05/27/2025 at 10:28 AM, showed Resident 1 walked out of the front door and Staff A, Provider, followed Resident 1 out of the front door.

In a joint observation and interview, on 05/27/2025 at 10:40 AM, and 05/27/2025 at 10:55 AM with Staff A, of the AFH's front entrance door and back door, showed there was an alarm device on the front door and back door. Observation showed no audible alarm when the front door was opened and when the back door was opened. Staff A acknowledged that there was no audible sound from the alarm when the doors (front door and back door) were opened. Staff A stated that they needed to check the battery.

In an interview, on 05/27/2025 at 11:54 AM, Staff A stated that the AFH staff were not aware that Resident 1 was missing. Staff A stated that Resident 1 was missing for 20 minutes. Staff A stated that the alarm system should have beeped when the doors were opened. Staff A stated that the batteries were dead, and they should have been replaced. Staff A stated that the AFH staff should have provided Resident 1 with one-on-one supervision and staff should not have left Resident 1.

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| Plan of Correction | Amen Adult Family Home | Completion Date |
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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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 07/28/2025 AWB

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

Amen — 06/23/2025

Provider (or Representative) — Date

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

(1) Resident; and

**This requirement was not met as evidenced by:**

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of unrecognized and/or unmet care needs.

Findings included...

Review of Resident 1's demographic page showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses.

Review of Resident 1's NCP, dated [redacted]/2024, showed there were no signatures and dates indicating that Resident 1's NCP was reviewed with either Resident 1 or their representative.

In an interview, on 05/27/2025 at 11:54 AM, Staff A, Provider, stated that the NCP would be updated and reviewed once a year and as needed. Staff A stated that they would review the NCPs with residents or their representatives and request them to sign the NCP. Staff A stated that they would follow up and check their records for any signatures on Resident 1's NCP.

Review of fax sent on 05/28/2025 at 7:31 AM, showed Resident 1's NCP had no signatures indicating it was reviewed with Resident 1 or their representative.

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|---|---|---|
| Plan of Correction | Amen Adult Family Home | Completion Date |
| Page 6 of 6 | Licensee: Amen Adultcare, Inc | 08/04/2025 |

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 06/19/2025.

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

Amen
Provider (or Representative)

06/23/2025
Date