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

Highland House Adult Family Home LLC

Highland House Adult Family Home LLC
17816 60th Ave W
Lynnwood, WA 98037

RE: Highland House Adult Family Home LLC License # 753824

Dear Provider:

This letter addresses Compliance Determination(s) 65717 (Completion Date 09/16/2025) and 64850 (Completion Date 08/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/16/2025 and found that you have corrected the violations listed in the Full report dated 08/29/2025. Your home is back in compliance as of 09/12/2025 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 388-76-10420-4, WAC 388-76-10355-4, 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

Statement of Deficiencies	License #: 753824	Compliance Determination # 64850
Plan of Correction	Highland House Adult Family Home LLC	Completion Date
Page 1 of 7	Licensee: Highland House Adult Family Home LLC	08/29/2025

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 08/28/2025 and 09/02/2025 of:
Highland House Adult Family Home LLC
17816 60th Ave W
Lynnwood, WA 98037

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

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Page 2 of 7	Licensee: Highland House Adult Family Home LLC	08/29/2025

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.

Renee' Bourque
Residential Care Services

09/04/2025
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)

09 - 12 - 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 record review and interview, the Adult Family Home (AFH) failed to have a record of Medical Test Site Waiver (MTSW) license to perform blood sugar testing and monitoring as required for 2 of 4 residents (Residents 2 and 3). This failure placed Residents 2 and 3 at risk of infection and illness.

Findings included..

Review of resident records showed the AFH admitted Resident 2 on [redacted]/2019 with multiple diagnoses including [redacted]. Review of Resident 2's assessment, dated 09/18/2024, showed AFH staff checked Resident 2's blood sugar twice a day.

<Resident 3>
Review of resident records showed the AFH admitted Resident 3 on [redacted]/2021 with multiple diagnoses including [redacted]. Review of Resident 3's assessment, dated 06/09/2025, showed AFH staff checked Resident 3's blood sugar once a day.

In an interview, on 08/28/2025 at 10:30 AM, Staff A, Entity Representative, stated that they checked Resident 2's blood sugar twice a day and Resident 3's blood sugar once in the morning. Staff A stated that they did not have an MTSW license. Staff A stated that

they were unaware of requirements.

Review of facility records showed no record of the MTSW license available.

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, Highland House Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09-12-2025 .

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

Provider (or Representative) [signature] Date 9-12-2025

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

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement (Ensure) to 1 of 4 residents (Resident 4). This failure placed Resident 4 at risk for dietary problems and possible health complications.

Findings included...

Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]/2013 with multiple medical diagnoses.

In an interview, on 08/28/2025 at 10:40 AM, Staff A, Entity Representative, stated that they gave Ensure to Resident 4 once to twice a week. Staff A stated that Resident 4's family supplied the Ensure for Resident 4.

Review of Resident 4's record showed there was no written approval or documentation from Resident 4's physician for the use of the Ensure supplement.

In an interview, on 08/28/2025 at 10:45 AM, Staff A stated that they were unaware of doctor's order for the Ensure. Staff A stated that they would call the doctor to obtain written approvals for Resident 4 to take the Ensure supplement.

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, Highland House Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 9-12-2025 .

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

Provider (or Representative) [signature] Date 09-12-2025

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include in the Negotiated Care Plan (NCP) for 1 of 2 samplec residents (Resident 2) how the resident received their medications when away from the home. This failure placed Resident 2 at risk of unmet medication needs and medication errors.

Findings included...

Observation, on 08/28/2025 at 9:40 showed Resident 2 was out of the home for their dialysis treatment (a treatment removed fluid and waste from blood when kidneys were not functioning properly).

Review of Resident 2's records showed the AFH admitted Resident 2 on [redacted]/2019 with multiple diagnoses. Review of Resident 2's assessment, dated 09/18/2024, indicated that Resident 2 required assistance with their medications. Review of Resident 2's NCP, dated 09/27/2024, showed the AFH would manage the medications. Further reviews showed there was no medication plan when the resident was not in the home or took

the medication to their medical appointments.

In an interview, on 08/28/2025 at 10:15 AM, Staff A, Entity Representative, stated that staff managed and assisted Resident 2 with the medications.

Record review of Resident 2's August 2025 Medication Log (ML) showed Resident 2 was prescribed Midodrine 5 Milligram (mg) (used for low blood pressure) one tablet three times weekly (Tuesday/Thursday and Saturday) in the evening before dialysis session as needed (PRN). The medication entry matched the doctor's order dated 07/06/2025.

Observation of Resident 2's medication storage bin, on 08/28/2025 at 12:45 PM, showed the Midodrine supplies were not available.

In an interview, on 08/28/2025 at 12:55 PM, Staff A stated that Resident 3 took the Midodrine supplies with them to the dialysis clinic (DaVita). Staff A stated that Davita center told them to send the Midodrine with resident and do not give the medication to resident before their treatment. Staff A stated that they asked for the doctor's order to send the medication with Resident 2 to the clinic, and they did not receive it. Staff A was observed to contact the DaVita clinic to get the doctor's order for sending the PRN medications with the resident to the dialysis clinic three times a week.

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, Highland House Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09-12-2025.

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

Provider (or Representative) — Date: 09-12-2025

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 were kept in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm or injury if they accessed and inappropriately took unlocked/unsecured medications.

Findings included...

Observation, on 08/28/2025 at 9:40 AM, showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Observation further showed Resident 1 ambulated with staff assistance and Residents 2, 3 and 4 ambulated with the medical devices independently in the AFH.

Observation on 08/28/2025 at 10:55 AM, showed two boxes of unlocked and unsecured Fluticasone nasal sprays (used for nasal congestion) on the top of the medication cabinet in the living room. Observation of the pharmacy generated label showed the Fluticasone nasal sprays were for Resident 3.

In an interview, on 08/28/2025 at 10:58 AM, Staff A, Entity Representative, stated that they gave the Fluticasone nasal sprays to Resident 3 this morning, they got distracted when the department staff arrived and they forgot to lock the medications. Staff A was observed locked Resident 3's nasal sprays.

Observation, on 08/28/2025 at 11:20 AM, showed an unlocked Equate Arthritis Pain gel (used for pain) on the nightstand next to Resident 3's bed (bedroom [redacted]).

In an interview, on 08/28/2025 at 11:25 AM, Staff A stated that they got distracted and they forgot to lock Resident 3's medication this morning. Staff A was observed moving the Arthritis pain gel from Resident 3's room to the locked storage cabinet in the living room.

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