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

05/07/2025

A MARINE HILLS ADULT FAMILY HOME LLC
A Marine Hill Adult Family Home LLC
29849 6th Ave S.
Federal Way, WA 98003

RE: A Marine Hill Adult Family Home LLC # 753889

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59241 (Completion Date 05/07/2025) and 55324 (Completion Date 03/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/07/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(4) Medication management:

(a) The ability of the resident to be independent in managing medications;

(b) The amount of medication assistance needed;

(c) If medication administration is required; or

(d) If a combination of the elements in (a) through (c) above is required.

(11) Functional abilities in relationship to activities of daily living including:

(f) Personal hygiene;

(g) Dressing; and

(h) Bathing.

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(c) Sleeping and nap times.

(13) Activities.

The Department staff who did the On Site verification:
Michele Grumke, AFH Licensor

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 #: 753889	Compliance Determination # 55324
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: A MARINE HILLS ADULT FAMILY HOME LLC	03/04/2025

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 follow-up on 02/25/2025 of:
A Marine Hill Adult Family Home LLC
29849 6th Ave S.
Federal Way, WA 98003

This document references the following SOD dated: 03/04/2025

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:

Michele Grumke, AFH Licensor

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 #: 753889	Compliance Determination # 55324
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: A MARINE HILLS ADULT FAMILY HOME LLC	03/04/2025

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.

Dahl Kim — Residential Care Services

03/12/2025 — 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.

The resident assessment was performed by a licensed RN prior to coming to my home. In conversations with other AFH owners, it is common knowledge to find not all topics of an assessment are addressed or boxes checked. My resident's condition and abilities improved immediately upon receiving my care. My resident and I disagree that he was at risk. A new assessment by a licensed RN is now in process.

Provider (or Representative) [signature] Date 3-21-25

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(4) Medication management:

(a) The ability of the resident to be independent in managing medications;

(b) The amount of medication assistance needed;

(c) If medication administration is required; or

(d) If a combination of the elements in (a) through (c) above is required.

(11) Functional abilities in relationship to activities of daily living including:

(f) Personal hygiene,

(g) Dressing; and

(h) Bathing.

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(c) Sleeping and nap times.

(13) Activities.

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 1 resident (Resident 1) Assessment contained all the resident's needs. This failure placed Resident 1 at risk of unmet care needs.

Statement of Deficiencies	License #: 753889	Compliance Determination # 55324
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 3 of 4	Licensee: A MARINE HILLS ADULT FAMILY HOME LLC	03/04/2025

Findings included...

During a follow up visit on 02/25/2025 at 9:58 AM, observation showed Resident 1 was not in the AFH.

In an interview on 02/25/2025 at 10:01 AM, Staff B, Caregiver, stated that Resident 1 was in the community.

A review of Resident 1's records showed Resident 1 was admitted to the AFH on [redacted]/2024. A review of Resident 1's Assessment dated 04/10/2024 showed it did not contain the following information: medication management, personal hygiene, dressing, bathing, sleep, and activities.

Review of Resident 1's Negotiated Care Plan (NCP) dated 05/15/2024 showed Resident 1 required the following,
-Medication, Resident 1 could fill their own medication organizer and was not nurse delegated.
-Bathing, A handwritten entry dated 01/01/2025 showed Resident 1 was independent with bathing.
-Personal Hygiene, Resident 1 required cues and reminders.
-Dressing, Resident 1 was independent with dressing.
-Sleep, Resident 1 had insomnia and took medication for sleep.
-Activities, Resident 1 liked music, dogs and cats, children, games, reading/books on tape, talking/conversation, movies, tv, enjoyed group activities, gardening, and arts and crafts.

In an interview on 02/25/2025 at 10:30 AM, Staff A, Entity Representative/Resident Manager, stated that they thought they were supposed to update Resident 1's NCP. Department Staff (DS) showed Staff A the Statement of Deficiency dated 12/26/2024 for WAC 388-76-10335 (4)(a)(b)(c)(d)(11)(f)(g)(h)(12)(c)(13) Resident assessment topics. Staff A stated that they did not understand the citation. In addition, Staff A stated that they did not understand why they were required to have a new assessment completed for Resident 1. Staff A further stated that they updated the resident's NCP due to it being the residents' current needs and asked what the purpose of an assessment was.

This is an uncorrected deficiency previously cited on 12/26/2024.

Statement of Deficiencies	License #: 753889	Compliance Determination # 55324
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 4 of 4	Licensee: A MARINE HILLS ADULT FAMILY HOME LLC	03/04/2025

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, A Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 4-14-25.

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

Provider (or Representative) 3-21-25 Date

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 #: 753889	Compliance Determination # 51537
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 1 of 14	Licensee: A MARINE HILLS ADULT FAMILY HOME LLC	12/26/2024

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 12/10/2024 and 12/10/2024 of:
A Marine Hill Adult Family Home LLC
29849 6th Ave S.
Federal Way, WA 98003

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:

Michele Grumke, AFH Licensor

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

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

12-27-2024
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.

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

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 12/10/2024 and 12/10/2024 of:
A Marine Hill Adult Family Home LLC
29849 6th Ave S.
Federal Way, WA 98003

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:

Michele Grumke, AFH Licensor

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

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)

1-5-25
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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had a Medical Test Site Waiver (MTSW) to complete medical testing of the residents without being a licensed laboratory. This failure placed the AFH at risk of penalties due to testing Resident 4's blood glucose (checks blood sugar levels in the blood) and from potentially using COVID-19 (a viral respiratory illness) rapid tests to determine if a resident was positive for COVID-19 without the required MTSW.

Findings included..

A review of a Dear Provider letter dated 04/01/2022 from the department showed AFH's were required to follow state and federal regulations related to COVID-19 and other medical tests completed in AFH's. Further review showed an MTSW was required when staff administer a medical test such as a COVID-19 rapid test or testing of a resident's blood glucose, interprets the test results, or acts upon the test results. In addition, AFH's were also required to have an MTSW when the home reported test results to a medical provider who may adjust a resident's diet or medication in response to a test result. The 04/01/2022 Dear Provider letter instructed AFH providers on how to attain the MTSW from the Department of Health. In addition, Dear Provider letters referencing MTSW were dated 04/22/2022, 08/12/2022, and 11/15/2024 showed the MTSW was still required under the same circumstances as indicated in the 04/01/2022 Dear Provider letter.

During a visit on 12/10/2024 at 8:34 AM, observation showed Resident's 1, 2, 3, and 4 lived in and received care from the AFH.

In an interview on 12/10/2024 at 9:12 AM, Staff A, Entity Representative/Resident Manager, stated that the AFH would administer a COVID-19 rapid test if a resident was suspected of having Covid-19.

In an interview on 12/10/2024 at 9:28 AM, Staff A stated that staff checked Resident 4's blood sugar's daily.

Provider (or Representative) 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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had a Medical Test Site Waiver (MTSW) to complete medical testing of the residents without being a licensed laboratory. This failure placed the AFH at risk of penalties due to testing Resident 4's blood glucose (checks blood sugar levels in the blood) and from potentially using COVID-19 (a viral respiratory illness) rapid tests to determine if a resident was positive for COVID-19 without the required MTSW.

Findings included…

A review of a Dear Provider letter dated 04/01/2022 from the department showed AFH's were required to follow state and federal regulations related to COVID-19 and other medical tests completed in AFH's. Further review showed an MTSW was required when staff administer a medical test such as a COVID-19 rapid test or testing of a resident's blood glucose, interprets the test results, or acts upon the test results. In addition, AFH's were also required to have an MTSW when the home reported test results to a medical provider who may adjust a resident's diet or medication in response to a test result. The 04/01/2022 Dear Provider letter instructed AFH providers on how to attain the MTSW from the Department of Health. In addition, Dear Provider letters referencing MTSW were dated 04/22/2022, 08/12/2022, and 11/15/2024 showed the MTSW was still required under the same circumstances as indicated in the 04/01/2022 Dear Provider letter.

During a visit on 12/10/2024 at 8:34 AM, observation showed Resident's 1, 2, 3, and 4 lived in and received care from the AFH.

In an interview on 12/10/2024 at 9:12 AM, Staff A, Entity Representative/Resident Manager, stated that the AFH would administer a COVID-19 rapid test if a resident was suspected of having Covid-19.

In an interview on 12/10/2024 at 9:28 AM, Staff A stated that staff checked Resident 4's blood sugar's daily.

A review of the AFH's policies found no MTSW.

In an interview during the exit on 12/10/2024 at 4:05 PM, Staff A stated they did not have an MTSW.

I have submitted the forms for the MTSW to the Department of Health. When they provide me the waiver I will sent you a copy.

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 Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 2-20-25 DEPENDENT ON DEPT OF HEALTH

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

Provider (or Representative) 1-5-25 Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

(3) Does not allow the individual to have unsupervised access to any resident;

(4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and

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 1 current staff (Staff B, Caregiver) and 1 of 1 former staff (Staff F, Caregiver) signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of a Washington state name and date of birth Background Inquiry (BGI) prior to employment. This failure placed all resident's (Residents 1, 2, 3, and 4) at risk of harm from staff with an unknown current criminal background.

Findings included...

A review of the AFH's policies found no MTSW.

In an interview during the exit on 12/10/2024 at 4:05 PM, Staff A stated they did not have an MTSW.

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 Marine Hill Adult Family Home 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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

(3) Does not allow the individual to have unsupervised access to any resident;

(4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and

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 1 current staff (Staff B, Caregiver) and 1 of 1 former staff (Staff F, Caregiver) signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of a Washington state name and date of birth Background Inquiry (BGI) prior to employment. This failure placed all resident's (Residents 1, 2, 3, and 4) at risk of harm from staff with an unknown current criminal background.

Findings included…

During a visit on 12/10/2024 at 8:34 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff B worked in the AFH.

In an initial interview on 12/10/2024 at 9:07 AM, Staff A, Entity Representative/Resident Manager, stated that full-time, live-in staff worked 5 days in a row with 2 days off. Staff A further stated that there were 2 staff on shift 3 days a week. Additionally, Staff A stated that there was 1 staff on shift 4 days a week, on staff days off. Staff A stated that they were frequently in the AFH.

Staff B
A review of Staff B's personnel records showed a hire date of 10/16/2024. Further review showed Staff B's BGI was completed on 10/26/2024.

In an interview on 12/10/2024 at 3:35 PM, Staff A, Entity Representative/Resident Manager, stated that they had attempted to log into the state background check system on 10/16/2024 to submit Staff B's BGI. Staff A further stated that they were unable to log in and contacted the state. Additionally, Staff A stated that they had submitted Staff B's BGI as soon as they were able to log into the system.

Staff G
A review of Staff G's personnel file showed no date of hire. Further review showed Staff G's BGI was completed on 09/16/2024.

In an interview on 12/10/2024 at 3:36 PM, Staff A stated that after researching Staff G's date of hire, it was 07/18/2024. Staff A stated that they did not know why Staff G's date of hire and BGI were so far apart.

In an interview during the exit on 12/10/2024 at 4:05 PM, Staff A stated that both Staff B and Staff G had not signed a disclosure statement acknowledging they had no disqualifying criminal convictions or pending charges for a disqualifying crime pending the results of their BGI's. Staff A further stated that due to staffing in the AFH, Staff B and Staff G had worked alone and were not supervised when providing care to residents.

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 Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 1-5-25.

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

It should be mentioned, on the one instance of prolonged issue of BOI It was due to the State of Washington BOI website being down for several weeks. No one was able to log in. In the future, the AFH will submit for BOI within one day of hire.

Provider (or Representative) 1-5-25 Date

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.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a written succession plan in place to ensure continuous care and services for the residents if Staff A, Entity Representative/Resident Manager, was unable to fulfill their day-to-day responsibilities in the AFH and in the event of an emergency. This failure placed all resident's (Residents 1, 2, 3, and 4) at risk of unmet care needs and a decreased quality of life.

Findings included...

During a visit on 12/10/2024 at 8:34 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

A review of the AFH's policies found no succession plan.

In an interview on 12/10/2024 at 1:45 PM, Staff A stated that they did not have a succession plan.

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 Marine Hill Adult Family Home 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 388-76-10201 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.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a written succession plan in place to ensure continuous care and services for the residents if Staff A, Entity Representative/Resident Manager, was unable to fulfill their day-to-day responsibilities in the AFH and in the event of an emergency. This failure placed all resident's (Residents 1, 2, 3, and 4) at risk of unmet care needs and a decreased quality of life.

Findings included…

During a visit on 12/10/2024 at 8:34 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

A review of the AFH's policies found no succession plan.

In an interview on 12/10/2024 at 1:45 PM, Staff A stated that they did not have a succession plan.

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 Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 12-12-24

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

The signed Succession Plan has already been completed and received by Michele Grumke.

Provider (or Representative) 1-5-25 Date

WAC 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(4) Medication management:

(a) The ability of the resident to be independent in managing medications;

(b) The amount of medication assistance needed;

(c) If medication administration is required; or

(d) If a combination of the elements in (a) through (c) above is required.

(11) Functional abilities in relationship to activities of daily living including:

(f) Personal hygiene;

(g) Dressing; and

(h) Bathing.

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(c) Sleeping and nap times.

(13) Activities.

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 sampled resident's (Resident 1) Assessment contained all the resident's assessed needs. This failure placed Resident 1 at risk of unmet care needs.

Findings included...

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 Marine Hill Adult Family Home 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 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(4) Medication management:

(a) The ability of the resident to be independent in managing medications;

(b) The amount of medication assistance needed;

(c) If medication administration is required; or

(d) If a combination of the elements in (a) through (c) above is required.

(11) Functional abilities in relationship to activities of daily living including:

(f) Personal hygiene;

(g) Dressing; and

(h) Bathing.

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(c) Sleeping and nap times.

(13) Activities.

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 sampled resident’s (Resident 1) Assessment contained all the resident’s assessed needs. This failure placed Resident 1 at risk of unmet care needs.

Findings included…

During a visit on 12/10/2024 at 8:34 AM, observation showed Resident 1 lived in and received care from the AFH.

A review of Resident 1's records showed Resident 1 was admitted to the AFH on [redacted]2024. A review of Resident 1's Assessment dated 04/10/2024 showed it did not contain the following information: medication management, personal hygiene, dressing, bathing, sleep, and activities.

Review of Resident 1's Negotiated Care Plan (NCP) dated 05/15/2024 showed Resident 1 required the following,
-Medication, Resident 1 could fill their own medication organizer and was not nurse delegated.
-Bathing, Resident 1 required stand by assistance for balance/safety. Further review showed staff were to shower the resident, assist with bed baths, wash and dry lower extremities, and back.
-Personal Hygiene, Resident 1 required cues and reminders.
-Dressing, Resident 1 was able to choose their own outfits, put arms through sleeves, put legs through pant legs, able to button, and tie/fasten shoes.
-Sleep, Resident 1 had insomnia and took two medications for sleep, trazodone and melatonin.
-Activities, Resident 1 liked music, dogs and cats, children, games, reading/books on tape, talking/conversation, movies, tv, enjoyed group activities, gardening, and arts and crafts.

In an interview on 12/10/2024 at 12:03 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1's Assessment had been completed during a hospital stay.

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 Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 1-5-25.

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

Care plans have been updated.

Provider (or Representative) Date 1-5-25

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;

During a visit on 12/10/2024 at 8:34 AM, observation showed Resident 1 lived in and received care from the AFH.

A review of Resident 1's records showed Resident 1 was admitted to the AFH on [redacted]/2024. A review of Resident 1's Assessment dated 04/10/2024 showed it did not contain the following information: medication management, personal hygiene, dressing, bathing, sleep, and activities.

Review of Resident 1's Negotiated Care Plan (NCP) dated 05/15/2024 showed Resident 1 required the following,
-Medication, Resident 1 could fill their own medication organizer and was not nurse delegated.
-Bathing, Resident 1 required stand by assistance for balance/safety. Further review showed staff were to shower the resident, assist with bed baths, wash and dry lower extremities, and back.
-Personal Hygiene, Resident 1 required cues and reminders.
-Dressing, Resident 1 was able to choose their own outfits, put arms through sleeves, put legs through pant legs, able to button, and tie/fasten shoes.
-Sleep, Resident 1 had insomnia and took two medications for sleep, trazodone and melatonin.
-Activities, Resident 1 liked music, dogs and cats, children, games, reading/books on tape, talking/conversation, movies, tv, enjoyed group activities, gardening, and arts and crafts.

In an interview on 12/10/2024 at 12:03 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1's Assessment had been completed during a hospital stay.

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 Marine Hill Adult Family Home 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 388-76-10485 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, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 4) medication remained in locked storage. This failure placed the ambulatory resident (Resident 1) at risk of accessing and taking medication not prescribed for their use.

Findings included .

During a visit on 12/10/2024 at 8:34 AM, observation showed Resident 4 lived in and received medication assistance from the AFH.

Observation on 12/10/2024 at 9:03 AM showed Staff B, Caregiver, placed Resident 4's medication cup with medication inside, on the dining table next to the resident. Further observation showed Staff B left the room and were not within line of sight of the medication.

In an interview on 12/10/2024 at 9:15 AM, Department Staff informed Staff A, Entity Representative/Resident Manager, that Staff B had left Resident 4's medication on the table and left the room. Staff A stated that they did not know why Resident 4's medication was left unattended.

Observation on 12/10/2024 at 9:16 AM showed Staff A asked Resident 4 to take the medication that had been left on the table by Staff B.

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 Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 1-5-25

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

Staff have re-visited the medication storage WAC to be in compliance.

Provider (or Representative) 1-5-25 Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

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 1 resident (Resident 4) medication remained in locked storage. This failure placed the ambulatory resident (Resident 1) at risk of accessing and taking medication not prescribed for their use.

Findings included…

During a visit on 12/10/2024 at 8:34 AM, observation showed Resident 4 lived in and received medication assistance from the AFH.

Observation on 12/10/2024 at 9:03 AM showed Staff B, Caregiver, placed Resident 4's medication cup with medication inside, on the dining table next to the resident. Further observation showed Staff B left the room and were not within line of sight of the medication.

In an interview on 12/10/2024 at 9:15 AM, Department Staff informed Staff A, Entity Representative/Resident Manager, that Staff B had left Resident 4's medication on the table and left the room. Staff A stated that they did not know why Resident 4's medication was left unattended.

Observation on 12/10/2024 at 9:16 AM showed Staff A asked Resident 4 to take the medication that had been left on the table by Staff B.

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

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy for 2 of 2 sampled residents (Resident 1 and Resident 4). This failure placed Resident 1 and Resident 4 at risk of not receiving the full effect of prescribed medication or being given a medication no longer prescribed for their use.

Findings included…

A review of the AFH's undated "Medication Disposal-Written Policy" showed expired or unneeded medication would be returned to the pharmacy.

During a visit on 12/10/2024 at 8:34 AM, observation showed Resident 1 and Resident 4 lived in and received medication assistance from the AFH.

Observation on 12/10/2024 at 9:42 AM showed resident medication was stored in a filing cabinet and each resident had their own drawer.

Resident 4

Review of Resident 4's medication showed, Polyethylene Glycol 3350, mix 17 grams, one capful, in one cup of water and drink by mouth every day as needed for constipation with an expiration date of 08/07/2024. In addition, Resident 4 had an unopened bottle of Acetaminophen 500 milligram (mg), take 1 tablet by mouth every 6 hours for pain with an expiration date of 03/13/2023.

A review of Resident 4's December 2024 pharmacy generated Medication Administration Record (MAR) showed no entry for Polyethylene Glycol 3350. Further review showed Acetaminophen 325 mg, take 2 tablets by mouth every 4 hours as needed.

In an interview on 12/10/2024 at 9:45 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4's Polyethylene Glycol 3350 had been discontinued and they were unsure as to why it was in Resident 4's medication drawer. Staff A further stated that Resident 4's Acetaminophen 500 mg was from an old order or Resident 4's daughter had brought it to the home without staff knowledge.

Resident 1

Observation on 12/10/2024 at 10:27 AM of Resident 1's medication showed, Atorvastatin 80 mg, take one tablet by mouth at bedtime for high cholesterol, fat in the blood, with an expiration date of 09/17/2024. Further observation of Resident 1's medication showed Amlodipine 5 mg, take one tablet by mouth twice daily for high blood pressure with an expiration date of 09/11/2024.

A review of Resident 1's December 2024 pharmacy generated MAR showed Atorvastatin Calcium 40 mg, take 1 tablet by mouth at bedtime. Further review showed no entry for Amlodipine 5 mg on Resident 1's December 2024 MAR.

In an interview on 12/10/2024 at 10:38 AM, Staff A stated that Resident 1's medication order for Atorvastatin had changed and Resident 1's Amlodipine 5 mg had been discontinued. Staff A further stated that they had forgotten to remove both medications from Resident 1's medication drawer.

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 Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 1-5-25.

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

Staff have re-visited the Medication Disposal WAC to be in compliance.

Provider (or Representative) 1.5.25 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.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all smoke alarms were interconnected and that the activation of each alarm activated all smoke alarms in the AFH when tested. This failure placed all 4 residents at risk of harm or serious injury in the event of a fire.

Findings included...

Observation on 12/10/2024 at 10:27 AM of Resident 1's medication showed, Atorvastatin 80 mg, take one tablet by mouth at bedtime for high cholesterol, fat in the blood, with an expiration date of 09/17/2024. Further observation of Resident 1's medication showed Amlodipine 5 mg, take one tablet by mouth twice daily for high blood pressure with an expiration date of 09/11/2024.

A review of Resident 1's December 2024 pharmacy generated MAR showed Atorvastatin Calcium 40 mg, take 1 tablet by mouth at bedtime. Further review showed no entry for Amlodipine 5 mg on Resident 1's December 2024 MAR.

In an interview on 12/10/2024 at 10:38 AM, Staff A stated that Resident 1's medication order for Atorvastatin had changed and Resident 1's Amlodipine 5 mg had been discontinued. Staff A further stated that they had forgotten to remove both medications from Resident 1's medication drawer.

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 Marine Hill Adult Family Home 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 388-76-10805 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.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all smoke alarms were interconnected and that the activation of each alarm activated all smoke alarms in the AFH when tested. This failure placed all 4 residents at risk of harm or serious injury in the event of a fire.

Findings included…

During a visit on 12/10/2024 at 8:34 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Observation on 12/10/2024 at 2:10 PM showed the smoke detector in Bedroom B (vacant) did not activate all smoke detectors in the AFH when activated.

Observation on 12/10/2024 at 2:20 PM showed the smoke detector in Bedroom [redacted] (used by Resident 4) did not activate all smoke alarms in the AFH when tested.

Observation on 12/10/2024 at 2:21 PM showed the smoke detector in the hallway near Bedroom [redacted], B, C, and [redacted] did not activate all smoke alarms in the AFH when tested.

Observation on 12/10/2024 at 2:24PM showed the smoke detector in Bedroom C (used by Caregiver) did not activate all smoke alarms in the AFH when tested.

Observation on 12/10/2024 at 2:27 PM showed the smoke detector in Bedroom [redacted] (used by Resident 3) did not activate all smoke alarms in the AFH when tested.

Observation on 12/10/2024 at 2:30 PM showed the smoke detector in Bedroom [redacted] (used by Resident 2) did not activate all smoke alarms in the AFH when tested.

Observation on 12/10/2024 at 2:33 PM showed the smoke detector in the hallway located near Bedroom [redacted] and Bedroom [redacted] did not activate all smoke alarms in the AFH when tested.

Observation on 12/10/2024 at 2:35 PM showed the smoke detector in Bedroom [redacted] (used by Resident 1) did not activate all smoke alarms in the AFH when tested.

In an interview on 12/10/2024 at 2:36 PM, Staff A, Entity Representative/Resident Manager, stated that the smoke detectors required special batteries due to being interconnected. Staff A stated that they did not have the batteries on hand and that they would need to be ordered.

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 Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 12-11-24

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

All smoke alarms were serviced and functioned properly the very next day 12-11-24. Fire drill conducted, logged and sent to Michele Grumke on 12-11-24. Additionally, I completed a test of all the smoke/CO2 alarms on 1-2-25. All alarms are functioning properly.

Provider (or Representative) 1-5-25 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;

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 current staff (Staff B, Caregiver and Staff C, Caregiver) and 4 of 4 former staff (Staff D, Caregiver, Staff E, Caregiver, Staff F, Caregiver, and Staff G, Caregiver) participated in emergency evacuation drills that occurred during random staffing shifts. This failure placed all 4 residents' (Resident's 1, 2, 3, and 4) at risk of harm or injury from delays in the event of an emergency requiring evacuation occurred where staff on duty had not been involved or practiced an emergency evacuation drill.

Findings included...

In an interview on 12/10/2024 at 8:55 AM, Staff A, Entity Representative/Resident Manager, stated that Staff B, was a full-time live-in staff. Staff A further stated that Staff C, was hired the day before on 12/09/2024. Additionally, Staff A stated that Staff C had slept in the AFH overnight and would be a full-time live-in staff if it was determined that they were a good fit for the AFH.

A review of the AFH's "Emergency Evacuation Drill" logs showed the following:

-11/19/2023 log showed Staff A had conducted the full emergency evacuation drill in 4 minutes from 3:00 PM-3:04 PM with 4 residents. Further review showed there were no staff names on the log that indicated which staff had participated in the emergency evacuation drill.

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 Marine Hill Adult Family Home 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 388-76-10895 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;

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 current staff (Staff B, Caregiver and Staff C, Caregiver) and 4 of 4 former staff (Staff D, Caregiver, Staff E, Caregiver, Staff F, Caregiver, and Staff G, Caregiver) participated in emergency evacuation drills that occurred during random staffing shifts. This failure placed all 4 residents' (Resident's 1, 2, 3, and 4) at risk of harm or injury from delays in the event of an emergency requiring evacuation occurred where staff on duty had not been involved or practiced an emergency evacuation drill.

Findings included…

In an interview on 12/10/2024 at 8:55 AM, Staff A, Entity Representative/Resident Manager, stated that Staff B, was a full-time live-in staff. Staff A further stated that Staff C, was hired the day before on 12/09/2024. Additionally, Staff A stated that Staff C had slept in the AFH overnight and would be a full-time live-in staff if it was determined that they were a good fit for the AFH.

A review of the AFH's "Emergency Evacuation Drill" logs showed the following:

-11/19/2023 log showed Staff A had conducted the full emergency evacuation drill in 4 minutes from 3:00 PM-3:04 PM with 4 residents. Further review showed there were no staff names on the log that indicated which staff had participated in the emergency evacuation drill.

-01/19/2024 & 05/19/2024 logs showed Staff A had conducted both full emergency evacuation drills in 3 minutes from 3:00 PM-3:03 PM with 3 residents. Further review showed there were no staff names on the log that indicated which staff had participated in the emergency evacuation drill.
-03/19/2024 log showed Staff A had conducted the partial emergency evacuation drill in 4 minutes from 3:00 PM-3:04 PM with 4 residents. Further review showed there were no staff names on the log that indicated which staff had participated in the emergency evacuation drill.
-07/19/2024 log showed Staff A had conducted the full emergency evacuation drill in 3 minutes from 3:00 PM-3:03 PM with 5 residents. Further review showed there were no staff names on the log that indicated which staff had participated in the emergency evacuation drill.
-09/19/2024 log showed Staff A had conducted the full emergency evacuation drill in 4 minutes from 3:30 PM-3:34 PM with 5 residents. Further review showed there were no staff names on the log that indicated which staff had participated in the emergency evacuation drill.
-11/08/2024 log showed Staff A had conducted the partial emergency evacuation drill in 4 minutes with 5 residents. Further review showed there were no start and end times listed on the log and there were no staff names on the log to indicate which staff had participated in the emergency evacuation drill.

In an interview on 12/10/2024 at 1:38 PM, Staff A stated that they would need to look up the names of staff that had participated in the emergency evacuation drills. Staff A further stated that they were the one who primarily participated in the drill. Additionally, Staff A stated that they were not aware that emergency evacuation drills were required on different staff shifts for the purpose of ensuring all staff were trained on emergency evacuation drills.

In an interview on 12/10/2024 at 2:55 PM, Staff B stated that they had never participated in an evacuation drill.

A review of Staff B's personnel records showed a hire date of 10/16/2024.

A review of former staff (Staff D, Caregiver) personnel records showed a hire date of 03/27/2024 and a departure date of September 2024.

A review of former staff (Staff E, Caregiver) personnel records showed a hire date of 06/05/2022 and a departure date of July 2024.

A review of former staff (Staff F, Caregiver) personnel records showed no date of hire and a departure date of 10/15/2024.

In an interview on 12/10/2024 at 3:36 PM, Staff A stated that Staff G's date of hire was 07/18/2024.

Statement of Deficiencies	License #: 753889	Compliance Determination # 51537
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 14 of 14	Licensee: A MARINE HILLS ADULT FAMILY HOME LLC	12/26/2024

A review of former staff (Staff G, Caregiver) personnel records showed a hire date of 07/30/2024 and a departure date of 12/01/2024

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 Marine Hill Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 12-11-24

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

Fire drills have been successfully conducted for the last 15 Years by me (Provider) In the future, other staff on duty shall be listed as well on the fire drill log done at random times of day. Completed fire drill on 12-11-24 and sent to Michele Grumke on 12-11-24.

Provider (or Representative) Date 1-5-25

A review of former staff (Staff G, Caregiver) personnel records showed a hire date of 07/30/2024 and a departure date of 12/01/2024

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 Marine Hill Adult Family Home 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