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

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 License # 753889

Dear Provider:

This letter addresses Compliance Determination(s) 62011 (Completion Date 07/02/2025) and 59242 (Completion Date 05/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/02/2025 and found that you have corrected the violations listed in the Follow up report dated 05/09/2025. Your home is back in compliance as of 06/30/2025 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 388-76-10430-1, WAC 388-76-10430-2-c

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

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 05/07/2025 of:

A Marine Hill Adult Family Home LLC
29849 6th Ave S.
Federal Way, WA 98003

This document references the following SOD dated: 05/09/2025

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

Statement of Deficiencies	License #: 753889	Compliance Determination # 59242
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: A MARINE HILLS ADULT FAMILY HOME LLC	05/09/2025

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 — 05/21/2025 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) — 5-30-25 Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules relating to medication for 2 of 2 sampled residents' (Resident 1 and Resident 4) that included prescribed medication label's matching Primary Care Physician (PCP) orders and resident Medication Administration Record (MAR). These failures placed Resident 1 and Resident 4 at risk of medication errors.

Findings included...

During a follow up visit on 05/07/2025 at 3:45 PM, observation showed Resident 1 and Resident 4 lived in and received medication assistance from the AFH.

Resident 1

Observation on 05/07/2025 at 3:56 PM of Resident 1's medication storage drawer

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

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules relating to medication for 2 of 2 sampled residents' (Resident 1 and Resident 4) that included prescribed medication label's matching Primary Care Physician (PCP) orders and resident Medication Administration Record (MAR). These failures placed Resident 1 and Resident 4 at risk of medication errors.

Findings included…

During a follow up visit on 05/07/2025 at 3:45 PM, observation showed Resident 1 and Resident 4 lived in and received medication assistance from the AFH.

Resident 1

Observation on 05/07/2025 at 3:56 PM of Resident 1's medication storage drawer

showed, 2 bottles “Trazadone HCL” 100 milligram (mg), take 1 tablet by mouth every night at bedtime for insomnia.

A review of Resident 1’s May 2025 pharmacy generated MAR showed Resident 1 was prescribed, “Trazodone (HCL) 100 mg. Further review showed a handwritten entry “As of 04/10/2025, take (2) tablets by mouth daily at bedtime.”

A review of Resident 1’s medication list dated 04/10/2025 from their PCP showed, “Trazodone HCL” 100 mg, take two tablets by mouth at bedtime.

In an interview on 05/07/2025 at 4:06 PM, Staff A, Entity Representative/Resident Manager, stated that they reviewed resident medication to the resident MAR when new medication was received by the AFH. Staff A further stated that they had not realized the medication labels and Resident 1’s April 2025 MAR for “Trazodone HCL” 100 mg did not match.

Observation on 05/07/2025 at 4:10 PM of Resident 1’s medication storage drawer showed Vitamin D 50 micrograms (mcg) 2000 unit, take 1 capsule daily at night for vitamin deficiency.

A review of Resident 1’s May 2025 pharmacy generated MAR showed Resident 1 was prescribed, Vitamin D 1,000 unit, take 2 tablets (2000 units) by mouth daily.

A review of Resident 1’s medication list dated 04/10/2025 from their PCP showed, Vitamin D 50 mcg 2000 unit, take one tablet by mouth at night.

In an interview on 05/07/2025 at 4:12 PM, Staff A stated that medication was provided to Resident 1 based on their PCP’s medication list dated 04/10/2025. Staff A further stated that Resident 1’s Vitamin D 1,000 units was the same medication and Resident 1 was still receiving the same amount of medication. In addition, Staff A stated that it was hard to understand. Staff A further stated that they had contacted the pharmacy, but they had not updated Resident 1’s MAR.

Observation on 05/07/2025 at 4:14 PM of Resident 1’s medication storage drawer showed Gabapentin 300 mg, take 1 capsule by mouth 3 times daily for nerve pain.

A review of Resident 1’s May 2025 pharmacy generated MAR showed Resident 1 was prescribed, Gabapentin 300 mg. Further review showed a handwritten entry “As of 03/04/2025, take 1 tablet by mouth every morning and 2 tablets by mouth every evening.”

A review of Resident 1’s medication list dated 04/10/2025 from their PCP showed

Gabapentin 300 mg, take 1 capsule in the morning and 2 at night.

In an interview on 05/07/2025 at 4:16 PM, Staff A stated that Resident 1 had previously received medication from a pharmacy and had issues with payment. Staff A further stated that Resident 1 now received medication from a new pharmacy, and Resident 1's MAR was sent by the old pharmacy. Staff A further stated that Resident 1's medication was complicated.

Resident 4

Observation on 05/07/2025 at 4:32 PM of Resident 4's medication storage drawer showed, Lidocaine 5 percent (%) patch, apply one patch to affected area every day as needed for pain; leave patch on for 12 hours then off for 12 hours.

A review of Resident 4's May 2025 pharmacy generated MAR showed Resident 4 was prescribed, Lidocaine 5% patch, apply 1 patch to painful area daily as needed, on for 12 hours and remove at 8:00 PM and leave off for 12 hours.

In an interview on 05/07/2025 at 4:55 PM, Staff A did not respond when asked if they had noticed the discrepancy for Resident 4's Lidocaine 5% patch.

This is an uncorrected deficiency previously cited on 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) 6-30-2025

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

Provider (or Representative) 5-30-25 Date

Gabapentin 300 mg, take 1 capsule in the morning and 2 at night.

In an interview on 05/07/2025 at 4:16 PM, Staff A stated that Resident 1 had previously received medication from a pharmacy and had issues with payment. Staff A further stated that Resident 1 now received medication from a new pharmacy, and Resident 1's MAR was sent by the old pharmacy. Staff A further stated that Resident 1's medication was complicated.

Resident 4

Observation on 05/07/2025 at 4:32 PM of Resident 4's medication storage drawer showed, Lidocaine 5 percent (%) patch, apply one patch to affected area every day as needed for pain; leave patch on for 12 hours then off for 12 hours.

A review of Resident 4's May 2025 pharmacy generated MAR showed Resident 4 was prescribed, Lidocaine 5% patch, apply 1 patch to painful area daily as needed, on for 12 hours and remove at 8:00 PM and leave off for 12 hours.

In an interview on 05/07/2025 at 4:55 PM, Staff A did not respond when asked if they had noticed the discrepancy for Resident 4's Lidocaine 5% patch.

This is an uncorrected deficiency previously cited on 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)_____ .

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

_____ _____

Provider (or Representative) 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

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 02/25/2025 of:

A Marine Hill Adult Family Home LLC
29849 6th Ave S.
Federal Way, WA 98003

This document references the following complaint number(s): 168899

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 investigated 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 #: 753689	Compliance Determination #: 55541
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 2 of 6	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

03/05/2025 — 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)

3-14-25 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules relating to medication for 2 of 2 sampled residents (Resident 1 and Resident 4) that included medication logs that were kept current and failed to ensure over-the-counter (OTC) medication for 1 of 1 sampled resident (Resident 4) included instructions for use. These failures placed Resident 1 and Resident 4 at risk of medication errors.

Findings included...

During a visit on 02/25/2025 at 9:58 AM, observation showed Resident 4 lived in and received medication assistance from the AFH.

In an interview on 02/25/2025 at 10:01 AM, Staff B, Caregiver, stated that Resident 1 was in the community and not in the AFH.

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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules relating to medication for 2 of 2 sampled residents (Resident 1 and Resident 4) that included medication logs that were kept current and failed to ensure over-the-counter (OTC) medication for 1 of 1 sampled resident (Resident 4) included instructions for use. These failures placed Resident 1 and Resident 4 at risk of medication errors.

Findings included…

During a visit on 02/25/2025 at 9:58 AM, observation showed Resident 4 lived in and received medication assistance from the AFH.

In an interview on 02/25/2025 at 10:01 AM, Staff B, Caregiver, stated that Resident 1 was in the community and not in the AFH.

Resident 1
A review of Resident 1's February 2025 pharmacy generated medication log showed Resident 1 was prescribed,

-Vitamin D 1,000 unit, take 2 tablets (2000 units) by mouth daily for vitamin deficiency. Further review showed a handwritten entry "On 01/27/2025 50 micrograms (mcg) capsule, take 1 capsule by mouth daily in the morning." In addition, the initialed entries for Resident 1's Vitamin D3 on their medication log from 02/01/2025-02/24/2025 showed it was for 9:00 PM.

Observation on 02/25/2025 at 11:14 AM of Resident 1's medication storage drawer showed Vitamin D 50 mcg, 1 capsule every day.

A review of Resident 1's medication list from their Primary Care Physician (PCP) dated 01/27/2025 showed Vitamin D 50 mcg (2000 UT), take 1 tablet by mouth once daily.

In an interview on 02/25/2025 at 11:15 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 was still receiving their Vitamin D once a day.

A review of Resident 1's February 2025 pharmacy generated medication log showed Resident 1 was prescribed,

- "Tamsulosin HCL" 0.4 milligram (mg), take 2 capsules by mouth daily after breakfast to relax the muscles of the prostate.

Observation on 02/25/2025 at 11:16 AM of Resident 1's medication storage drawer showed "Tamsulosin HCL" 0.4 mg, take 2 capsules every day. In addition, there was a second bottle of "Tamsulosin HCL" 0.4 mg, take 1 capsule by mouth after breakfast in Resident 1's medication storage drawer.

A review of Resident 1's medication list from their PCP dated 01/27/2025 showed "Tamsulosin HCL" 0.4 mg, take 2 capsules by mouth daily.

In an interview on 02/25/2025 at 11:17 AM, Staff A stated that they would change the medication label from "Tamsulosin HCL" 0.4 mg, take 1 capsule by mouth after breakfast to "Tamsulosin HCL" 0.4 mg, take 2 capsules by mouth daily.

A review of Resident 1's February 2025 pharmacy generated medication log showed Resident 1 was prescribed,

- “Trazodone HCL” 100 mg, take 1 tablet by mouth daily at bedtime for insomnia.

Observation on 02/25/2025 at 11:18 AM of Resident 1’s medication storage drawer showed “Trazodone HCL” 100 mg, take 1 tablet by mouth every night at bedtime as needed for insomnia. A second bottle of “Trazodone HCL” 100 mg, take 1 tablet at night for insomnia was found in Resident 1’s medication storage drawer.

In an interview on 02/25/2025 at 11:19 AM, Staff A stated that Resident 1’s “Trazodone HCL” 100 mg, take 1 tablet by mouth every night at bedtime as needed for insomnia was wrong and the pharmacy had made a mistake.

A review of Resident 1’s medication list from their PCP dated 01/27/2025 showed “Trazodone HCL” 100 mg, take one tablet by mouth at night for insomnia.

A review of Resident 1’s February 2025 pharmacy generated medication log showed a handwritten entry,
-Hydralazine 50 mg, take 1 ½ tablet by mouth every 8 hours for 60 days. Hold if blood pressure (BP) is under 140/90. Stop on 02/20/2025. Further review showed initialed entries from 02/01/2025-02/24/2025 for the 7:00 AM, 4:00 PM, and 1:00 AM dose.

Observation on 02/25/2025 at 11:20 AM of Resident 1’s medication storage drawer showed Hydralazine 50 mg, take 1 tablet every 8 hours If BP over 150/95 and hold if BP under 140/90.

A review of Resident 1’s medication list from their PCP dated 01/27/2025 showed “Hydralazine HCL” 50 mg, take 1.5 tablet by mouth every 8 hours if BP is greater than 150/95 and hold if BP is less than 140/90. Further review showed a handwritten note, 1 ½ tablets by mouth every 8 hours daily.

In an interview on 02/25/2025 at 11:21 AM, Staff A stated that Resident 1’s “Hydralazine HCL” 50 mg, had been filled by one pharmacy and Resident 1’s PCP had changed the order. Staff A further stated that Resident 1 was not to stop taking the medication on 02/20/2025 as the order had changed.

Resident 4
A review of Resident 4’s February 2025 pharmacy generated medication log showed Resident 4 was prescribed,
-Acetaminophen 325 mg, take 2 tablets by mouth every 4 hours as needed for pain.

-Calcium Citrate-Vitamin D 315-200 mg, take 2 tablets by mouth daily for vitamin deficiency.

-Miconazole Nitrate 2 percent (%) cream, apply to affected area(s) 2 times a day as needed for fungal infections.

Observation on 02/25/2025 at 11:22 AM of Resident 4's medication storage drawer showed Acetaminophen 325 mg, Citracal +D Vitamins, Miconazole Nitrate 2% cream had Resident 4's name but had no instructions for use.

In an interview on 02/25/2025 at 11:23 AM, Staff A stated that department staff had previously informed them that OTC medication required instructions for use.

A review of Resident 4's February 2025 pharmacy generated medication log showed Resident 4 was prescribed,
-Lidocaine 5% Patch, apply 1 patch to painful area daily as needed, on for 12 hours and remove at 8:00 PM and leave off 12 hours.

Observation on 02/25/2025 at 11:24 AM of Resident 4's medication storage drawer showed Lidocaine 5% patch, apply 1 patch to affected area every day as needed for pain, leave on for 12 hours then off for 12.

In an interview on 02/25/2025 at 11:25 AM, Staff A stated that they had always removed Resident 4's patch at 8:00 PM.

Observation on 02/25/2025 at 11:30 AM of Resident 4's medication storage drawer showed Miralax 3350. Further observation showed there was no medication label or instructions for use on the bottle.

A review of Resident 4's February 2025 pharmacy generated MAR showed no entry for Miralax 3350.

In an interview on 02/25/2025 at 11:31 AM, Staff A stated that they did not know why Miralax 3350 was not on Resident 4's MAR. Staff A further stated that Resident 4 had been taking the Miralax 3350 a few months ago but did not know if it had been discontinued or not.

Observation on 02/25/2025 at 11:32 AM of Resident 4's medication storage drawer showed Nystop 100,000 units, apply to perineal/thigh rash 2 times a day until resolved.

A further review of Resident 4's February 2025 pharmacy generated MAR showed no entry for Nystop 100,000 units.

Statement of Deficiencies	License # 753889	Compliance Determination # 55541
Plan of Correction	A Marine Hill Adult Family Home LLC	Completion Date
Page 6 of 6	Licensee: A MARINE HILLS ADULT FAMILY HOME LLC	03/04/2025

In an interview on 02/26/2025 at 11:33 AM, Staff A stated that they did not know why it was not on Resident 4's MAR. Staff A further stated that it may have been discontinued but were unsure.

A review of records received by the department through fax on 03/04/2025 at 6:08 PM from Staff A showed, Resident 4's medication list from their PCP dated 12/04/2024. Further review showed Nystatin 100,000 units, apply to perineal/thigh rash twice daily until resolved and Miralax 17 grams, take 1 packet by mouth once daily as needed for constipation were on Resident 4's medication list.

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) 3-14-25

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

Provider (or Representative) — Date: 3-14-25

In an interview on 02/25/2025 at 11:33 AM, Staff A stated that they did not know why it was not on Resident 4's MAR. Staff A further stated that it may have been discontinued but were unsure.

A review of records received by the department through fax on 03/04/2025 at 6:08 PM from Staff A showed, Resident 4's medication list from their PCP dated 12/04/2024. Further review showed Nystatin 100,000 units, apply to perineal/thigh rash twice daily until resolved and Miralax 17 grams, take 1 packet by mouth once daily as needed for constipation were on Resident 4's medication list.

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.

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Provider (or Representative) Date