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

06/05/2025

Comfort Care Adult Family Home LLC
Comfort Care Adult Family Home
13617 48th Dr SE
Snohomish, WA 98296

RE: Comfort Care Adult Family Home # 754015

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 60800 (Completion Date 06/05/2025) and 54292 (Completion Date 04/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/05/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10330 Resident assessment. The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;

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

(1) Recent medical history;

(2) Current prescribed medications, and contraindicated medications, including but not limited to, medications known to cause adverse reactions or allergies;

(3) Medical diagnosis reported by the resident, the resident representative, family member, or by a licensed medical professional;

(4) Medication management:

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

(c) If medication administration is required; or

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

(5) Food allergies or sensitivities;

(7) Cognitive status, including an evaluation of disorientation, memory impairment, and impaired judgment;

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;

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(2) The following chart provides a summary of the training and certification requirements for an adult family home applicant prior to licensure and an adult family home entity representative and resident manager prior to assuming the duties of the position: Who Status Orientation and safety training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home applicant.

(iii) Seeking a license to operate an adult family home and is not exempt under subsection (2)(a)(i) or (ii) of this section. WAC 388-112A-0030 . Required. Five hours per WAC 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 .

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

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

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(1) Names of each resident and staff involved in the drill;

(2) Name of the person conducting the drill;

(3) Date and time of the drill;

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

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.

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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an

audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather;

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

The Department staff who did the On Site verification:
Shelly Scarboro, AFH Licensor

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 02/07/2025 and 02/10/2025 of:

Comfort Care Adult Family Home
13617 48th Dr SE
Snohomish, WA 98296

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:

Shelly Scarboro, AFH Licensor

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Nicholette Flynn
Residential Care Services

4/16/2025
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)

Date

WAC 388-76-10330 Resident assessment. The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;

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

(1) Recent medical history;

(2) Current prescribed medications, and contraindicated medications, including but not limited to, medications known to cause adverse reactions or allergies;

(3) Medical diagnosis reported by the resident, the resident representative, family member, or by a licensed medical professional;

(4) Medication management:

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

(c) If medication administration is required; or

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

(5) Food allergies or sensitivities;

(7) Cognitive status, including an evaluation of disorientation, memory impairment, and impaired judgment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to obtain a written assessment that contained accurate information about the prospective resident's current needs for 1 of 2 sampled residents (Resident 2) before admitting

Resident 2 to the AFH. This failure placed Resident 2 at risk for not receiving the appropriate care and services that they required.

Findings included...

Review of R 2's file showed they were admitted to the AFH on [redacted]/2024. Review of Resident 2's assessment, undated, from their previous place of residence, an Assisted Living Facility (ALF), was not signed by the the staff at the ALF who completed Resident 2's assessment. Review of the assessment showed Staff B, Resident Manager (RM), Home Care Aide, and Resident 2's Representative signed the ALF assessment on the date Resident 2 admitted to the AFH, [redacted]/2024.

In an interview on 02/10/2025 at 3:23 PM, Staff B, stated that the AFH's nurse delegator completed assessments when residents were admitted to the AFH. The Staff B stated that Resident 2 had arrived with an assessment from their previous place of residence and the AFH accepted the assessment. Staff B stated that the AFH had not completed an assessment prior to Resident 2's admission to the AFH.

Review of Resident 2's assessment showed an incomplete list of Resident 2's diagnoses. The assessment did not include a complete list of Resident 2's medication and potential reactions and allergies. The assessment did not include information about whether or not Resident 2 was allergic to certain medications or had allergies to certain food. The assessment did not include complete information about the kind of assistance Resident 2 needed and the responsibilities of the AFH when giving Resident 2 their medication. Resident 2's assessment indicated that a mental capability test was performed with Resident 2 to determine the ability of their mental processes of thinking, learning, and understanding. The assessment did not show the results of the test. The assessment showed that Resident 2 did not drink alcohol.

Observation on 02/07/2025 at 12:53 PM, in Resident 2's room showed a partially full bottle of drinking alcohol on their table.

In an interview on 02/07/2025 at 4:02 PM, Resident 2 stated that they enjoyed the taste of the alcohol and would have a drink once a month. Resident 2 stated that they asked caregivers for a glass of ice and poured the alcohol over the ice.

In an interview on 02/07/2025 at 1:17 PM, Staff F, volunteer, stated that Resident 2 was new and they were getting to know them. In an interview on 02/10/2025 at 4:02, Staff B stated that the assessment from Resident 2's prior place of residency was the only one the AFH had.

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, Comfort Care Adult Family Home 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 and interview the Adult Family Home (AFH) failed to ensure medication for 1 of 4 residents (Resident 2) had been secured. This failure placed Resident 2 at risk unmet care needs.

Findings included...

Record review of Resident 2's file, undated, showed Resident 2 was admitted to the AFH on [redacted]/2024.

Review of resident 2's assessment, undated, showed they required assistance with their medications.

Observation on 02/07/2025 at 12:53 PM, in Resident 2's room showed a partially full bottle of drinking alcohol on their table by the closet and "Clear Eyes" eyedrops (used to relieve irritation of the eye) on another table near Resident 2's bed.

In an interview on 02/07/2025 at 1:06 PM, Staff C, Caregiver, stated that they did not know the alcohol or the eyedrops were in R 2's room. Staff C stated that the alcohol and the eyedrops were not on Resident 2's medication administration record and they did not have a prescription for the eyedrops.

In an interview on 02/07/2025 at 3:02 PM, Resident 2 stated that drank the alcohol once a month. Resident 2 stated that they used the eye drops when their eyes got goopy which happened after staff cleaned their eyes. Resident 2 stated the last time they used the eye drops was one week ago.

Review of the AFH's Facility rules and policies (FRP), undated, showed bottles of alcohol were not allowed in resident's rooms and would be stored in a locked cabinet. The FRP showed medications would be secured by the AFH.

In an interview on 02/10/2025 at 11:53 AM, Staff B, Resident Manager, stated that they did not know Resident 2 had drinking alcohol or eyedrops in their room. Staff B stated that alcohol and eyedrops should be secured by AFH staff.

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, Comfort Care Adult Family Home 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 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(2) The following chart provides a summary of the training and certification requirements for an adult family home applicant prior to licensure and an adult family home entity representative and resident manager prior to assuming the duties of the position: Who Status Orientation and safety training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home applicant.

(iii) Seeking a license to operate an adult family home and is not exempt under

subsection (2)(a)(i) or (ii) of this section. WAC 388-112A-0030 . Required. Five hours per WAC 388-112A-0220 . Required. Seventy-hours per WAC 388-112A-0300 and 388-112A-0340 . Required per WAC 388-112A-0400 . Required twelve hours per WAC 388-112A-0610 . Home care aide certification required per WAC 388-112A-0105 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 staff (Staff B, Resident Manager), completed continuing education for Staff B's last full year birthdate to birthdate. This failure placed residents at risk of being cared for by an unqualified staff member.

Findings included...

Observation of the AFH employee record binder showed Staff B's file was not onsite on 02/07/2025.

Review of Staff B's personnel file, on 02/10/2025, showed no continuing education certificates (CE) for the last full year birthdate to birthdate.

In an interview on 02/07/2025 at 12:09 PM, Staff F, Volunteer, stated that Staff B's CE's should be in Staff B's file and may be in the office or at the other AFH where Staff B was the Entity Representative. Staff F stated that they would look for Resident B's CE's.

In an interview on 02/10/2025 at 3:14 PM, Staff B stated that whatever the staff files contained were the staff files the AFH had.

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, Comfort Care Adult Family Home 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the

staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to keep employee files at the AFH for 2 of 2 volunteer staff (Staff F & G), 1 of 1 management staff (Staff B) and failed to ensure 12 of 12 former staff (Staff H, I, J, K, M, N, O, P, Q, R & S) files had contained all the required documents. This failure caused the personnel records to not be readily accessible to authorized department staff.

Findings included...

<Current staff and volunteers>
Review of the AFH employee files, undated, showed no file for Staff B, Resident Manager, Staff F, Volunteer and Staff G, Volunteer.

In an interview on 02/07/2025 at 11:42 AM, Staff F stated that they had brought their employee file with them from another AFH.

In an interview on 02/07/2025 at 1:58 PM, Staff F stated that Staff B's employee file was at the home where Staff B is the Entity Representative.

In an interview on 02/10/2025 at 1:52 PM, Staff G stated that they owned a different AFH and that was where their employee file was located.

<Former Staff>
In an interview on 02/10/2025 at 4:05 PM, Staff B stated that the AFH had kept former staff (FS) employee files for the last two years. Staff B provided an envelope and stated that whatever was in the envelope was what the AFH had.

•Review of FS (H, I, J, K, L, M, N, P, Q, R, S, T & U) files showed no start date.

•Review of FS (H, I, J, K, L, M, N, P, Q, R, S, T & U) files showed no date of departure.

•Review of FS (J, K, L, M, N, O, P, Q, S & U) files showed no Fingerprint date and no documentation if a character, competency and suitability form needed to be completed.

In an interview on 02/10/2025 at 4:13 PM, Staff B stated that the AFH did not keep staff's start and end dates in writing.

Review of an email sent by Staff B to the Department, dated 3/19/2025, stated that "The background check with the fingerprints results, worked as an employee, and the background check without fingerprint check they worked as a cleaner or any other task at Comfort Care" and "all background checks are meant to be considered as hiring dates". The email showed no orientation or other proof of hire date, departure date or what job the staff was hired for.

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, Comfort Care Adult Family Home 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 388-76-10015 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 interview and record review, the Adult Family Home (AFH) failed to comply with the laws and regulations as required when 4 of 4 staff (Staff B (Resident Manager), Staff C (Caregiver), Staff D (Caregiver), Staff E (Caregiver) had no record of respirator fit testing. The AFH had not developed a Respiratory Protection Program (RPP). The AFH also failed to obtain a medical test site waiver (MTSW) license as required. These failures placed 4 of 4 residents (Resident 1, 2, 3 & 4) at risk for unmet care needs and placed staff and residents at increased risk for illness and infection.

Findings included...

Respirator fit testing:

Review of Dear Provider Letter, dated 11/05/2021, reviewed the requirements necessary in developing a respiratory protection program in a Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing N95 respirators (a mask that filters at least 95% of airborne viruses and bacteria) and the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

Review of, Washington State Department of Health, "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

In an interview, on 02/07/2025 at 2:22 PM, Staff C stated that they were not fit tested for a N-95 respirator.

In an interview, on 02/07/2025 at 2:22 PM, Staff D reported that they were not fit tested for a N-95 respirator.

Review of Staff C, D and E's employee file on 2/07/2025, showed no fit testing documentation.

In an interview, on 02/10/2025 2:07 PM, Staff, B, stated that staff they did not know about the requirement for staff to be fit tested for a N-95 respirator.

MTSW license:

Review of Dear Provider Letter, dated 04/01/2022, reviewed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a medical test site license is required to include; when the Adult Family Home provider administers a medical test (such as a Covid-19 test or blood sugar test), interprets the test result, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State Department of Health website link to the MTSW licensing application.

Respiratory Protection Program:

Review of the AFH's Disclosure of Services, dated, 04/2019, showed that the AFH provided all medication tasks within the scope of practice of a Nurse Delegator.

In an interview on 02/07/2025 at 1:25 PM, Staff C stated that the AFH had checked blood sugar levels and had given insulin.

Review of the AFH's "COVID [a contagious disease spread in the air] BINDER" showed no RPP.

In an interview, on 02/07/2025 at 3:35 PM, Staff F, Volunteer, stated The RPP was at the AFH somewhere and they would look for it.

In an interview, on 02/10/2025 2:07 PM, Staff B stated that they did not know about the requirement for the AFH to have a RPP and a MTSW.

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, Comfort Care Adult Family Home 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 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(1) Names of each resident and staff involved in the drill;

(2) Name of the person conducting the drill;

(3) Date and time of the drill;

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to complete documentation of fire drill evacuations as required. This failure placed 4 of 4 residents (Residents 1, 2, 3, & 4) at risk for delayed evacuation.

Findings included...

Observation on 02/07/2025 at 11:00 PM, showed four residents lived at the home.

Record review of the AFH evacuation drills (ED) on 02/07/2025 showed the most recent ED was conducted on 08/03/2024. The ED's dated 08/03/2024, did not include the start and end time and the length of time the evacuation. Record review of the AFH's ED dated, 04/09/2024, showed no type of ED, the start time did not include AM or PM. The length of the ED was recorded as 4 minutes. Record review of the AFH's ED dated 02/10/2024, showed no type of ED. The AFH ED log showed no ED for October 2024, December 2024.

In an interview, on 02/07/2025 at 3:29 PM, Staff F, Volunteer, stated that the AFH did evacuation drills regularly and they would look for the missing evacuation logs.

Record review of the AFH's ED's, dated 08/03/2024 on 02/10/2025, showed the ED's a start time of 11:00 AM and an end time of 11:04; AM or PM was not indicated on the end time. Record review of the AFH's ED dated 12/03/2024 provided and reviewed on 02/10/2025 showed the end time did not include AM or PM. Record review of the AFH's ED provided and reviewed on 02/10/2025 showed an ED dated 10/04/2024; the end time of the ED was not marked as AM or PM.

Review of Staff C's, Caregiver, employee file showed they were hired on 8/9/2021.

In an interview on 02/07/2025 at 12:49 PM, Staff C stated that they did not know where the meeting place was for a full ED.

Review of Staff D's, Caregiver, employee file showed they were hired on 10/29/2023.

In an interview on 02/07/2025 at 12:50 PM, Staff D stated that they had participated in evacuation drills and did not know where the meeting place was for a full ED.

In an interview on 02/10/2025 at 3:59 PM, Staff B stated that the missing ED were in the office.

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, Comfort Care Adult Family Home 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 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

This requirement was not met as evidenced by:

Based on record review and interview observation the Adult Family Home (AFH) failed to post the required results of complaint investigations as required for 4 or 4 residents (Resident 1, 2, 3 & 4), their representatives and others of interested in the AFH regulatory history. Observations showed the Entity Representative or the Resident Manager's contact information was not posted in a common area. This failure violated 4 of 4 residents rights.

Findings included...

Review of the Department's Secure Tracking and Reporting System (STARS) on 02/07/2025 showed the AFH had complaint investigations took place at the home on

3/13/2023, 05/09/2024 and 09/20/2024.

In an interview on 02/07/2025 at 2:56 PM, Staff F, Volunteer, stated that they were not sure about the last inspection and complaint investigation paperwork and would ask about it.

In an interview on 02/07/2025 2:50 PM, Staff C, Caregiver, stated that Staff B's, Resident Manager, information was in the kitchen on the refrigerator. Staff C stated that they did not know Staff A, Entity Representative's, contact information and it was not on the paper with Staff B's phone number on the refrigerator.

Observation on 02/07/2025 at 2:51 PM, showed a piece of paper with phone numbers which did not include Staff A.

Observation on 02/07/2025 at 2:15 PM, showed no contact information for Staff A or Staff B posted in common areas.

In an interview on 02/10/2025 at 5:11 PM, Staff B stated that staff knew their phone number.

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, Comfort Care Adult Family Home 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.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) had no written succession plan to provide care for 4 of 4 resident's (Resident 1, 2, 3 & 4). This failure placed residents at risk for not having needs met in the case of an emergency.

Findings included...

Review of the home's records on 02/07/2025 show no written succession plan.

In an interview on 02/07/2025 at 4:25 PM, Staff F, volunteer, stated that they could not find a succession plan and would look for it.

In an interview on 02/10/2025 at 1:56 PM, Staff B, Resident Manager, stated that they did not know about the need to have a succession plan.

In an interview on 02/10/2025 at 1:57 PM, Staff G, volunteer, stated that the home was a family business and everyone in the family worked together.

In an interview on 02/25/2025 at 12:11 PM, Staff A, Entity Representative, stated that they did not know the AFH was required to have a written 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, Comfort Care Adult Family Home 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 388-76-10430 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.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the

practitioner as needed.

This requirement was not met as evidenced by:

Based on observation record review and interview the Adult Family Home (AFH) failed to ensure a safe process for medication administration was in place for 2 of 2 sampled residents (Resident 2 & 3). This placed residents at risk for receiving the wrong medication, unprescribed medications and unidentified side effects.

Findings included...

<Resident 2>

Record review showed Resident 2 was admitted to the AFH on [redacted]/2024.

Review of resident 2's assessment, undated, showed they required assistance with their medications.

Observation on 02/07/2025 at 12:53 PM, in Resident 2's room showed a partially full bottle of drinking alcohol on their table by the closet and "Clear Eyes" eyedrops (used to relieve irritation of the eye) on another table near Resident 2's bed.

In an interview on 02/07/2025 at 12:56 PM, Staff C, Caregiver, stated that they did not know the alcohol or the eyedrops were in R 2's room and did not know if Resident 2 drank the alcohol or used the eyedrops.

In an interview on 02/07/2025 at 4:02 PM, Resident 2 stated that they enjoyed the taste of the alcohol and would have a drink once a month. Resident 2 stated that they asked caregivers for a glass of ice and poured the alcohol over the ice. Resident two stated that the last time they drink the alcohol was a month ago. Resident 2 stated that they used the eye drops when their eyes got goopy which happened after staff cleaned their eyes. Resident 2 stated the last time they used the eye drops was one week ago.

In an interview on 02/07/2025 at 4:26 PM, Staff D stated that Resident 2 had asked for the ice when they had visitors. Staff D stated that they did not know what the ice was used for.

Review of the AFH, "Facility Rules and Policies (FRP)", showed all medication including over the counter (medications that could be bought without a prescription.) Were administered per Physician's prescription only. The AHF's FRP showed Alcohol use was directed by a physician, used under staff's supervision and not stored in resident's bedrooms. The AFH' s FRP showed bottles of alcohol would be stored in a locked

cabinet, available upon requests and there were no exceptions.

Review of Resident 2's medication list dated February 2025, showed no prescription for the drinking alcohol or the eyedrops.

<Resident 3>

Record review showed Resident 3 was admitted to AFH on [redacted]/2016 with multiple diagnoses that included a [redacted] and [redacted].

Review of Resident 3's assessment dated 07/17/2024 showed they required assistance with medication and was prescribed Quetiapine (a medication that works on chemicals in the brain) 200 milligrams every day at 2:00 PM.

Observation on 2/10/2025 at 12:25 PM, showed Staff D, Caregiver, assisted with Resident 3's lunch. A medication cup with a light tan pureed food was next to Resident 3's lunch on the dining room table.

In an interview on 02/10/2025 at 12:26 PM, staff D stated that the cup contained Resident 3's medication crushed and mixed with applesauce. Staff D stated that they were not sure what medication was in the cup, and they would have to ask staff C, Caregiver, because Staff C put the medication in the cup.

Observation on 02/10/2025 at 12:28 PM, showed Staff D got up from the table walked down the hall and entered another resident's room where staff C was assisting another resident with lunch. Staff D asked staff C what medication was in Resident 3's medication cup. Staff D returned to the table to continue assisting with staff B's meal.

In an interview on 02/10/2025 at 12:32 PM, Staff D stated that the medication cup contained quetiapine (a medication used for mental health conditions.) Staff D stated that staff C or themselves filled the medication cups in preparation for giving the medications depending on who was working that day. Staff D stated that on this day [2/10/2025] Staff C had filled Resident 3's medication cup 20 minutes prior to lunchtime.

In an interview 02/10/2025 at 12:36 PM, Staff B, Resident Manager, stated that the caregiver who put the medication into the cup should have been the same caregiver that gave the medication.

In an observation on 02/10/2025 at 12:38 PM, staff B told staff C and D that the caregiver who put the medication in the cup should be the same caregiver that gave the medication.

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, Comfort Care Adult Family Home 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 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure video monitoring did not take place in areas that residents gathered for 4 of 4 residents (Resident 1, 2,3 & 4.) This failure violated 3 of 4 residents' rights to privacy.

Findings included...

Observations on 02/07/2025 at 12:55 PM, showed one square camera mounted above the AFH's living room television (TV) with a blue light on, a second square camera was mounted by the front door and the entryway closet. Two other cameras were round and were a different model. The two round cameras faced the front door entryway.

In an interview on 2/07/2025 at 1:03 PM, Staff F, Volunteer, stated that the square cameras were used for motion monitoring throughout the night and the cameras were not on at the time or there would be a blue light that indicated the cameras were on.

In an observation on 02/07/2025 at 1:07 PM, Staff F showed the monitors connected to the cameras on Staff F's cell phone. The phone showed Resident 3 watching TV on the couch. The monitor's showed the resident's living room area, dining area, kitchen and two hallways that led to resident's sleeping areas.

In observation on 02/07/2025 at 12:35 PM, Resident 2 and Resident 3 sat at the dining room table and ate lunch. Observations on 02/07/25 and 02/10/2025 showed that Resident 3 watched television before lunchtime and most of the afternoon on the couch in the living room.

In an interview on 02/07/2025 at 2:25 PM, Staff C, Caregiver, stated that Resident 2 and Resident 3 used the living room and dining room area. Staff C stated that Resident 4 used the dining room on occasion. Resident 1 stayed in bed.

Observation on 02/10/2024 at 10:50 AM, showed the AFH's two square cameras had been removed from above the television and by the entry door next to the computer closet. The mounts for the cameras above the TV and at the front entrance near the computer closet had not been removed.

In an interview on 02/10/2025 at 11:28 AM, Staff C, stated that the mountings were still there in the living room above the television and in the corner by the computer closet. Staff C stated that they did not know when or who took the cameras down and did not know how long they had been mounted.

In an interview on 2/10/2025 at 11:44 Staff B, Resident Manager, stated the cameras had not disturbed resident's privacy. Staff B stated that sometimes residents got up and walked around the AFH and the cameras were used for safety purposed. Staff B stated that the cameras were taken down on the day before [02/09/2025]. Staff B stated that they thought the cameras had been mounted about a week ago. Staff B stated that they would have to make a phone call to find out more information about the cameras use and why they were taken down. Staff B stated that they thought the handyman may have taken them down. Staff B stated that Staff 0, Owner of the Limited Liability Company, had access to the cameras and Staff F, volunteer, had access to the cameras due to being the person that installed the cameras.

Record review showed resident 1, 2, 3 & 4 files had the AFH's, "Surveillance and Monitoring Cameras Consent Form" (SMCCF) which were signed by Resident 1's representative, Resident 2 and their personal representative, Resident 3's personal representative and Resident 4's personal representative. The AFH's SMCCF stated that cameras monitored the front entrance, back entrance and common area for safety of the residents and the AFH. The SMCCF did not list who had access to the cameras.

This is a repeated deficiency previously cited on 05/09/2023.

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, Comfort Care Adult Family Home 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 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

This requirement was not met as evidenced by:

Based on record review and interview the AFH failed to ensure 2 of 5 sampled staff (Staff C, Caregiver & Staff G, Volunteer) had documentation that showed they were oriented to the AFH. This failure placed residents at risk of receiving care and services from unqualified staff.

Findings included...

Review of the AFH employee files, undated, showed no facility orientation for Staff C, Caregiver and Staff G, volunteer.

In an interview on 02/10/2025 at 1:52 PM, Staff G stated that they owned a different AFH and that was where their employee file was located.

In an interview on 02/10/2025 at 3:56 PM, Staff B, Resident Manager, stated that whatever documentation was in the staff files what was the AFH had.

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, Comfort Care Adult Family Home 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to have a Medicaid policy on file for 2 of 2 sampled residents (Resident 1 & 2). This failure violated resident 1 and 2's rights.

Findings included...

Review of Resident 1's AFH admission agreement, undated, showed information about Medicaid within the admission agreement packet. Review of Resident 1's file showed no separate Medicaid policy.

Review of Resident 2's AFH admission agreement, undated, showed information about Medicaid within the admission agreement. The page with the Medicaid information had activities information and did not have a signature. Review of Resident 1's file showed no separate Medicaid policy.

In an interview on 02/10/2025 at 1:41 PM, Staff G, Volunteer, stated that the document was created by a lawyer and met the requirements.

In an interview on 02/10/2025 at 4:16 PM Staff B, Resident Manager, stated that what was in the admission agreement was the AFH Medicaid policy.

In a follow up interview on 03/18/2025 at 9:22 AM, Staff A, Entity Representative, stated that they knew the Medicaid policy needed to be on a separate page.

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, Comfort Care Adult Family Home 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 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on record review and interview the Adult Family Home (AFH) failed to complete a Preliminary Service Plan (PSP) for 1 of 2 sampled Residents (Resident 2). This failure place Resident 2 at risk for unmet care needs and a decreased quality of life.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses.

Review of Resident 2's file, undated, on 02/10/2025, showed no PSP had been completed by the AFH.

Review of Resident 2's assessment, undated, showed the assessment was from Resident 2's previous place of residency, an Assisted Living Facility (ALF). The assessment was signed by Staff B, Certified Nursing Assistant and Resident Manager of the AFH, and Resident 2's Representative on [redacted]/2025; the date Resident 2 admitted to the AFH. There was no signature on the assessment from Resident 2's previous place of residency and no goals or interventions for caregivers to ensure Resident 2's care and services were met.

Review of Resident 2's Negotiated Care Plan (NCP), received by e-mail from Staff B, Resident Manager, on 02/12/2025 at 10:44 AM, showed the NCP was dated 02/01/2025.

In an interview on 02/10/2025 at 2:06 PM, Staff B stated that the AFH used the ALF assessment as the PSP.

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, Comfort Care Adult Family Home 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Department's background check central unit received a new Department of Social and Health Services (DSHS) background authorization form every two years as required for 3 of 8 staff (Staff B, Resident Manager, Staff F, volunteer and Staff G, volunteer). This failure resulted in residents being cared for by staff with an unknown and unverified background.

Findings included...

Record review of the Department's Secure Tracking and Reporting System on 02/07/2025 showed the Department licensed the AFH on 04/05/2019 to provide care for up to six residents.

Observation on 02/07/2025 at 11:36 AM, showed four residents lived at the AFH.

In an interview on 02/07/2025 at 3:51 PM, Staff F stated that staff's orientation date should be the same as their date of hire.

Staff B

Review of an email sent by Staff B to the Department, dated 03/22/2025, showed Staff B stated that the AFH used the background check date as the staff's date of hire.

Record review of Staff B's employee file, undated, showed their orientation date to the AFH was completed on 12/10/2021. Review of Staff B's file showed the most recent Washington state name and date of birth background check (WNDOB), dated 01/18/2022, expired on 01/18/2024.

In an interview on 02/07/2025 at 2:49 PM, Staff F stated that there should be a current WNDOB for Staff B and they would look for it.

Review of an email sent by Staff B to the Department, dated 04/07/2025, showed Staff B was hired on 01/15/2022.

Staff F

In an interview on 02/07/2025 at 12:12 PM, Staff C, Caregiver, stated that when they needed help they called Staff F. Staff C stated that Staff F helped with anything they needed, including feeding residents and assisting with their care needs.

In an interview on 02/07/2025 at 12:58 PM, Staff F introduced themselves as the part-time Resident Manager (RM). Staff F stated that they had become a part-time RM for the AFH a few months prior [to the date of the inspection 02/07/2025]. Staff F stated that they had brought their employee file with them from a different AFH.

Review of the AFH's staff binder, on 02/07/2025, showed no staff file or WNDOB for Staff F.

In an interview on 02/10/2025 at 1:18 PM, Staff B stated that Staff F was not a RM. Staff B stated that Staff F was a volunteer and helped with the business part of the AFH.

Review of an email sent by Staff B to the Department, dated 04/07/2025, showed Staff F was hired on 12/15/2024.

Staff G

Review of the AFH staff binder, on 02/07/2025, showed no staff file or WNDOB for Staff G.

In a phone interview on 02/07/2025 at 11:48 AM, Staff G stated that they owned a different AFH and that was where their employee file was located. Staff G stated that they were not an employee at the AFH. Staff G stated that they volunteered at the AFH.

Review of an email sent by Staff B to the Department, dated 04/07/2025, showed Staff G was hired on 11/24/2021.

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, Comfort Care Adult Family Home 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
3906-172nd St NE, Suite #100, Arlington, WA 98223

04/16/2025

Comfort Care Adult Family Home LLC
Comfort Care Adult Family Home
13617 48th Dr SE
Snohomish, WA 98296

RE: Comfort Care Adult Family Home # 754015

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/08/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home had unsecured toxic chemicals in the kitchen. The chemicals were immediately secured.

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

The Adult Family Home did not have a first aid manual available. A first aid manual was available by the end of the inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (206)348-9350.

Sincerely,

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

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Nicholette Flynn, AFH Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the

number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225