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

02/11/2025

1 * Home Away From Home LLC

1 * Home Away From Home LLC
15110 62nd Ave W
Edmonds, WA 98026

RE: # 1 * Home Away From Home LLC License # 754062

Dear Provider:

This letter addresses Compliance Determination(s) 53107 (Completion Date 01/24/2025) and 51294 (Completion Date 12/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/24/2025 and found that you have corrected the violations listed in the Full report dated 12/10/2024. Your home is back in compliance as of 12/16/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10015-1, WAC 388-76-10380-4, WAC 388-76-10485-1, WAC 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10750-7, WAC 388-76-10805-3

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

Sincerely,

Renee' Bourque

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 12/05/2024 and 12/05/2024 of:

1 * Home Away From Home LLC
15110 62nd Ave W
Edmonds, WA 98026

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

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

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

Renee' Bourque
Residential Care Services

12/11/2024
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.

Statement of Deficiencies	License #: 754062	Compliance Determination # 51294
Plan of Correction	# 1 * Home Away From Home LLC	Completion Date
Page 2 of 8	Licensee: # 1 * Home Away From Home LLC	12/10/2024

Eleni Wo Idemariam BS
Provider (or Representative)

12/16/24
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staffs (Staff A, Entity Representative, and Staff D, Caregiver) had record of respirator training, medical clearance, and respirator fit testing every year. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a Respiratory Protection Program (RPP) in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health website link to the RPP for Long-Term Care Facilities. Review of the Washington State Department of Health's "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.

Review of the AFH's personnel record showed Staff A did not have record of medical clearance and respirator fit testing.

Review of the AFH's personnel record showed Staff D did not have record of respirator training, medical clearance, and respirator fit testing.

In an Interview, on 12/05/2024 at 10:15 AM, Staff A stated that they completed fit testing a long time ago and they did not fit testing annually.

Attestation Statement

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 record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 4 staffs (Staff A, Entity Representative, and Staff D, Caregiver) had record of respirator training, medical clearance, and respirator fit testing every year. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk for illness and infection.

Findings included...

Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a Respiratory Protection Program (RPP) in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health website link to the RPP for Long-Term Care Facilities. Review of the Washington State Department of Health's "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.

Review of the AFH's personnel record showed Staff A did not have record of medical clearance and respirator fit testing.

Review of the AFH's personnel record showed Staff D did not have record of respirator training, medical clearance, and respirator fit testing.

In an Interview, on 12/05/2024 at 10:15 AM, Staff A stated that they completed fit testing a long time ago and they did not fit testing annually.

Attestation Statement

Statement of Deficiencies	License #: 754062	Compliance Determination # 51294
Plan of Correction	# 1 * Home Away From Home LLC	Completion Date
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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, # 1 * Home Away From Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/16/24.

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

Eleni Wodemariam — Provider (or Representative)

12/16/24 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 4) at least every 12 months. This failure placed Resident 4 at risk for unrecognized or unmet care needs.

Findings included...

Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]/2019 with multiple medical diagnoses. Record review showed Resident 4 self-advocated, and they had signed the NCP. Review of Resident 4's NCP showed Staff A, Entity Representative, and Resident 4 last reviewed and signed the NCP on 02/10/2023. Record review showed there was no evidence Staff A reviewed or updated Resident 4's NCP in 2024.

In an interview, on 12/05/2024 at 12:25 PM, Staff A stated that they forgot, and they did not review the NCP in 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, # 1 * Home Away From Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/16/24.

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

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Provider (or Representative) Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 4) at least every 12 months. This failure placed Resident 4 at risk for unrecognized or unmet care needs.

Findings included...

Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]/2019 with multiple medical diagnoses. Record review showed Resident 4 self-advocated, and they had signed the NCP. Review of Resident 4's NCP showed Staff A, Entity Representative, and Resident 4 last reviewed and signed the NCP on 02/10/2023. Record review showed there was no evidence Staff A reviewed or updated Resident 4's NCP in 2024.

In an interview, on 12/05/2024 at 12:25 PM, Staff A stated that they forgot, and they did not review the NCP in 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, # 1 * Home Away From 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.

Statement of Deficiencies	License #: 754062	Compliance Determination # 51294
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Eleni Woldemarian 12/16/24
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 the medications was locked and inaccessible to Residents 1, 2, 3 and 4. Additionally, the AFH failed to ensure medications in 1 of 2 sampled resident's bedroom (Resident 2) were kept in locked storage. This failure placed Residents 1, 2, 3 and 4 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 12/05/2024 at 9:05 AM, showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Observation showed Residents 1, 2 and 3 ambulated with staff assistance and Resident 4 ambulated with assistive devices independently in the AFH.

Observation, on 12/05/2024 at 10:40 AM, showed a bottle of Polyethylene Glycol (used for constipation) for Resident 3 on the kitchen countertop next to the coffee maker.

In an interview, on 12/05/2024 at 10:45 AM, Staff A, Entity Representative, stated that they gave Resident's medications this morning, they got distracted and forgot to lock the medication. Staff A moved the unlocked Polyethylene Glycol to the locked storage cabinet in the kitchen.

Observation, on 12/05/2024 at 11:00 AM, showed Resident 2 resided in bedroom [redacted] and had no roommate. Observation showed Resident 2 was not in their bedroom. Observation of bedroom [redacted] found an open box of Lidocaine patches (used for pain) on top of the dresser.

In an interview, on 12/05/2024 at 11:05 AM, Staff A stated that they used the medication for Resident 2 this morning and they forgot to lock it. Staff A moved the Lidocaine patch to the locked storage in the kitchen.

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 the medications was locked and inaccessible to Residents 1, 2, 3 and 4. Additionally, the AFH failed to ensure medications in 1 of 2 sampled resident's bedroom (Resident 2) were kept in locked storage. This failure placed Residents 1, 2, 3 and 4 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 12/05/2024 at 9:05 AM, showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Observation showed Residents 1, 2 and 3 ambulated with staff assistance and Resident 4 ambulated with assistive devices independently in the AFH.

Observation, on 12/05/2024 at 10:40 AM, showed a bottle of Polyethylene Glycol (used for constipation) for Resident 3 on the kitchen countertop next to the coffee maker.

In an interview, on 12/05/2024 at 10:45 AM, Staff A, Entity Representative, stated that they gave Resident's medications this morning, they got distracted and forgot to lock the medication. Staff A moved the unlocked Polyethylene Glycol to the locked storage cabinet in the kitchen.

Observation, on 12/05/2024 at 11:00 AM, showed Resident 2 resided in bedroom [redacted] and had no roommate. Observation showed Resident 2 was not in their bedroom. Observation of bedroom [redacted] found an open box of Lidocaine patches (used for pain) on top of the dresser.

In an interview, on 12/05/2024 at 11:05 AM, Staff A stated that they used the medication for Resident 2 this morning and they forgot to lock it. Staff A moved the Lidocaine patch to the locked storage in the kitchen.

Statement of Deficiencies	License #: 754062	Compliance Determination # 51294
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Eleni Woldemarian 12/16/24

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 1 of 2 sampled residents (Resident 2) with [redacted] were assessed, care planned before the use of [redacted]. In addition, Residents 2 and their representative were not informed of the safety risks associated with the [redacted] use. These failures prevented Resident 2 and their representative from making an informed decision about whether to use the [redacted] and placed them at risk of harm.

Finding included...

Observation, on 12/05/2024 at 9:05 AM, showed Resident 2 lived in and received care from the AFH. Observation showed Resident 2 in the living room watching TV. Observation showed Resident 2 needed staff's assistance to ambulate in the AFH.

Observation of Resident 2's bedroom (Bedroom [redacted]), on 12/05/2024 at 11:30 AM, showed a [redacted] up on the left side of the [redacted].

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, # 1 * Home Away From 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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(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 1 of 2 sampled residents (Resident 2) with [redacted] were assessed, care planned before the use of [redacted]. In addition, Residents 2 and their representative were not informed of the safety risks associated with the [redacted] use. These failures prevented Resident 2 and their representative from making an informed decision about whether to use the [redacted] and placed them at risk of harm.

Finding included...

Observation, on 12/05/2024 at 9:05 AM, showed Resident 2 lived in and received care from the AFH. Observation showed Resident 2 in the living room watching TV. Observation showed Resident 2 needed staff's assistance to ambulate in the AFH.

Observation of Resident 2's bedroom (Bedroom [redacted]), on 12/05/2024 at 11:30 AM, showed a [redacted] up on the left side of the [redacted].

Review of records showed the AFH admitted Resident 2 on [redacted]/2024 with multiple medical diagnoses. Resident 2's assessment showed Resident 2 had dementia (A group of symptoms that affects memory, thinking and interferes with daily life). Resident 2's assessment, dated 05/03/2024, indicated Resident 2 required one-person physical assist (total dependence) with positioning, bed mobility and transfer. Resident 2's negotiated care plan (NCP), dated 09/09/2024, had not included the need for and use of a [redacted]. The resident's current NCP had not included the resident's use of [redacted] and the related safety plans. Review of Resident 2's records showed there was no documentation that the AFH informed Resident 2, or their representative, of the safety risks associated with [redacted] use.

In an interview, on 12/05/2024 at 12:00 PM, Staff A, Entity Representative, stated that when Resident 2 moved to the AFH, they had the [redacted] with attached [redacted]. Staff A stated that they did not re-assess the resident for [redacted] use. Staff A stated that they forgot to update the NCP with the [redacted] use. When asked if Resident 2 or their representatives were informed on risk and benefits of the [redacted] use, Staff A stated that the home had prepared documentation, and they would have Resident 2's representative to review/sign.

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, # 1 * Home Away From Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/16/24.

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

Provider (or Representative) Eleni Woldemariam Date 12/16/24

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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm from exposure to toxic and hazardous materials.

Review of records showed the AFH admitted Resident 2 on [redacted]/2024 with multiple medical diagnoses. Resident 2's assessment showed Resident 2 had dementia (A group of symptoms that affects memory, thinking and interferes with daily life). Resident 2's assessment, dated 05/03/2024, indicated Resident 2 required one-person physical assist (total dependence) with positioning, bed mobility and transfer. Resident 2's negotiated care plan (NCP), dated 09/09/2024, had not included the need for and use of a [redacted]. The resident's current NCP had not included the resident's use of [redacted] and the related safety plans. Review of Resident 2's records showed there was no documentation that the AFH informed Resident 2, or their representative, of the safety risks associated with [redacted] use.

In an interview, on 12/05/2024 at 12:00 PM, Staff A, Entity Representative, stated that when Resident 2 moved to the AFH, they had the [redacted] with attached [redacted]. Staff A stated that they did not re-assess the resident for [redacted] use. Staff A stated that they forgot to update the NCP with the [redacted] use. When asked if Resident 2 or their representatives were informed on risk and benefits of the [redacted] use, Staff A stated that the home had prepared documentation, and they would have Resident 2's representative to review/sign.

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, # 1 * Home Away From 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 388-76-10750 Safety and maintenance. The adult family home must:

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of harm from exposure to toxic and hazardous materials.

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Findings included...

Observation, on 12/05/2024 at 9:05 AM, showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Further observation showed Residents 1, 2 and 3 ambulated with staff assistance and Resident 4 ambulated with assistive devices independently in the AFH.

Observation, on 12/05/2024 at 10:30 AM, showed an unlocked cabinet underneath the kitchen sink. The cabinet contained a Great Value stain remover spray, a Shout stain remover spray, a Lysol all-purpose cleaner spray, two Pledge furniture polish sprays, a container of Comet bleach powder, a Goo Gone latex paint clean up spray, a container of Lime Out rust cleaner and a container of Cerama Bryte cooktop cleaner. Observation further showed a Lysol disinfectant spray on the shelf by the entrance.

In an interview, on 12/05/2024 at 10:35 AM, Staff A, Entity Representative, stated that they kept the cabinet locked all the time. Staff A stated that they painted the cabinet, and they needed to fix the magnet lock underneath the kitchen sink. Staff A stated that they used disinfectant spray to clean the area, and they were unaware to lock disinfectant spray.

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, # 1 * Home Away From Home LLC is or will be in compliance with this law and / or regulation on
(Date) 12/16/24

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

Eleni Woldemariam 12/16/24
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 detectors in the home were interconnected. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of injury from a delayed warning in the event of a fire

Findings included...

Observation, on 12/05/2024 at 9:05 AM, showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Further observation showed Residents 1, 2 and 3 ambulated with staff assistance and Resident 4 ambulated with assistive devices independently in the AFH.

Observation, on 12/05/2024 at 10:30 AM, showed an unlocked cabinet underneath the kitchen sink. The cabinet contained a Great Value stain remover spray, a Shout stain remover spray, a Lysol all-purpose cleaner spray, two Pledge furniture polish sprays, a container of Comet bleach powder, a Goo Gone latex paint clean up spray, a container of Lime Out rust cleaner and a container of Cerama Bryte cooktop cleaner. Observation further showed a Lysol disinfectant spray on the shelf by the entrance.

In an interview, on 12/05/2024 at 10:35 AM, Staff A, Entity Representative, stated that they kept the cabinet locked all the time. Staff A stated that they painted the cabinet, and they needed to fix the magnet lock underneath the kitchen sink. Staff A stated that they used disinfectant spray to clean the area, and they were unaware to lock disinfectant spray.

Attestation Statement

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Provider (or Representative) Date

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Based on observation and interview, the Adult Family Home (AFH) failed to ensure all smoke detectors in the home were interconnected. This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of injury from a delayed warning in the event of a fire

emergency.

Findings included...

Observation. on 12/05/2024 at 9:05 AM, showed Residents 1, 2, 3 and 4 lived and received care from the AFH. Observation showed the AFH was one level with six licensed bedrooms. Observation showed, bedrooms [redacted] and [redacted] were occupied by residents and bedrooms [redacted] and [redacted] were vacant. Observation showed the caregiver's bedroom was located next to the laundry room.

In an interview, on 12/05/2024 at 9:40 AM, Staff A, Entity Representative, stated that Staff B, Caregiver, was working full-time and they lived in the AFH.

Observation, on 12/05/2024 at 11:25 AM, showed the smoke detectors in bedrooms [redacted] and [redacted] common licensed areas of the AFH (kitchen, hallways) and the caregiver's bedroom were active. Observation showed the smoke detectors in the AFH were not interconnected.

In an interview, on 12/05/2024 at 11:30 AM, Staff A stated that they chowed the home in 2019, and the smoke detectors were not interconnected. Staff A stated that they had no issues with the smoke detectors because they were all working, and they were unaware they needed to be interconnected.

Attestation Statement

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Eleni Woldemariam 12/16/24

Provider (or Representative) Date

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Findings included...

Observation, on 12/05/2024 at 9:05 AM, showed Residents 1, 2, 3 and 4 lived and received care from the AFH. Observation showed the AFH was one level with six licensed bedrooms. Observation showed, bedrooms [redacted] and [redacted] were occupied by residents and bedrooms [redacted] and [redacted] were vacant. Observation showed the caregiver's bedroom was located next to the laundry room.

In an interview, on 12/05/2024 at 9:40 AM, Staff A, Entity Representative, stated that Staff B, Caregiver, was working full-time and they lived in the AFH.

Observation, on 12/05/2024 at 11:25 AM, showed the smoke detectors in bedrooms [redacted] and [redacted], common licensed areas of the AFH (kitchen, hallways) and the caregiver's bedroom were active. Observation showed the smoke detectors in the AFH were not interconnected.

In an interview, on 12/05/2024 at 11:30 AM, Staff A stated that they chowed the home in 2019, and the smoke detectors were not interconnected. Staff A stated that they had no issues with the smoke detectors because they were all working, and they were unaware they needed to be interconnected.

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

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

12/11/2024

1 * Home Away From Home LLC
1 * Home Away From Home LLC
15110 62nd Ave W
Edmonds, WA 98026

RE: # 1 * Home Away From Home LLC # 754062

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/10/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10201 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.

The Adult Family Home (AFH) failed to ensure the AFH Provider had a succession plan in place in the event the AFH Provider was unable to fulfill their care and supervision duties for residents (Residents 1, 2, 3 and 4). This deficiency was corrected on-site at the time of visit by Staff A, Entity Representative.

WAC 388-76-10475 Medication Log. The adult family home must:

(2) Include in each medication log the:

(c) Dosage of the medication;

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

The Adult Family Home (AFH) failed to ensure the Medication Log (ML) for Resident 4 was an up to date after changes in the medication dosages. This deficiency was corrected on-site at the time of visit by Staff A, Entity Representative.

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)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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 IDRs** 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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600