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

1 SAMANTHA & YOANNA'S CARE HOME LLC
#1 Samantha & Yoanna's Care Home LLC
827 103rd Pl SE
Everett, WA 98208

RE: #1 Samantha & Yoanna's Care Home LLC License # 754130

Dear Provider:

This letter addresses Compliance Determination(s) 38762 (Completion Date 03/22/2024) and 36659 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/22/2024 and found that you have corrected the violations listed in the Follow up report dated 02/12/2024. Your home is back in compliance as of 03/13/2024 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 388-76-10355-7-a, WAC 388-76-10355-7-b

The Department staff who did the off-site verification:
Twyla Robinson, AFH Licensor

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

Sincerely,

Renee' Bourque

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

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

Statement of Deficiencies	License #: 754130	Compliance Determination # 36659
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 1 of 3	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC	02/12/2024

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

The department completed data collection for an unannounced on-site follow-up on 02/09/2024 and 02/09/2024 of:
#1 Samantha & Yoanna's Care Home LLC
4308 189TH PL SW
LYNNWOOD, WA 98036

This document references the following SOD dated: 02/12/2024

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licensor

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.

Renae' Bourque
Residential Care Services

02/21/2024
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 #: 754130	Compliance Determination # 36659
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 2 of 3	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC	02/12/2024

Provicer (or Representative) Date

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

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on observation, interview and record review, Staff A (Provider) failed to ensure the Negotiated Care Plan (NCP) of 1 of 2 sampled residents (Resident 2) indicated how the Adult Family Home (AFH) would manage the resident's behaviors. This failure placed Resident 2 at risk of unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2019 with a diagnosis of [redacted].

Record review of Resident 2's Assessment, dated 10/13/2023, reported that historically, "maintaining [Resident 2's] emotional and physical health, and health care services has been difficult... [and required] close monitoring and encouragement on a daily basis."

Resident 2's NCP, signed and dated 09/13/2023, did not include caregiver instructions, nor when psychotropic medications may be administered to address identified behaviors.

In an interview, on 02/09/2024 at 12:35 p.m., when asked why the NCP had not been revised, Staff A (Provider) did not respond.

This is an uncorrected deficiency previously cited on 12/14/2023.

Attestation Statement

Statement of Deficiencies	License #: 754130	Compliance Determination # 38659
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 3 of 3	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC	02/12/2024

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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 03-13-24.

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

Provider (or Representative) Fanta Banksra Date 03/13/24

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

Statement of Deficiencies	License #: 754130	Compliance Determination # 32489
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 1 of 17	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME	12/14/2023

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 11/13/2023 and 11/13/2023 of:
#1 Samantha & Yoanna's Care Home LLC
4308 189TH PL SW
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licensor
Olga Petrov, NCI

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.

Ronni' Bourgue
Residential Care Services

12/18/2023
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) 1/6/2024 Date

WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 1) medications were available for administration in the facility. This failure placed Resident 1 at risk of not receiving their medications and of potential health complications.

Findings included...

Resident record review showed the AFH admitted Resident 1 on [redacted]/2021. Resident 1's Negotiated Care Plan (NCP), signed and dated on 12/15/2022, showed that the AFH would provide care, including medication management.

Record review of Resident 1's November 2023 Medication Log (ML) listed Acetaminophen (a medication used to treat mild to moderate pain, and/or reduce fever), 500 milligrams (mg), take one tablet by mouth three times a day as needed for pain.

Observation, on 11/13/2023 at 1:09 p.m., showed Resident 1's locked medication supply did not contain Acetaminophen.

In an interview, on 11/22/2023 at 1:49 p.m., when asked about the Acetaminophen, the Pharmacist reported that the medication was last filled on 02/11/2022 and the order had now expired.

In an interview, on 11/13/2023 at 1:09 p.m., when asked about the Acetaminophen, Staff A (Provider) stated that they did not know.

Attestation Statement

Statement of Deficiencies	License #: 754130	Compliance Determination # 32489
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 3 of 17	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME	12/14/2023

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, #1 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/10/2024~~ 01/27/2024 SB

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

Provider (or Representative) — Date: 1/6/2024

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

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Provider (Staff A) failed to include in the Negotiated Care Plan (NCP) of 1 of 2 sampled residents (Resident 2) how the Adult Family Home (AFH) would manage the resident's behaviors. This failure placed Resident 2 at risk of unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2019.

Observation, on 11/13/2023 at 9:08 a.m., showed Resident 2 went outside independently and returned to the home shortly after. Resident 2 spent majority of the morning in the living room watching games on TV.

Record review of Resident 2's assessment, dated 10/19/2022, included a diagnosis of [redacted]. Resident 2's NCP, signed and dated 09/13/2023, listed Resident 2's behaviors. There was nothing written under caregiver instructions. The NCP did not include how caregivers would manage identified behaviors nor when caregivers would assist Resident 2 with psychotropic medications.

In an interview, on 11/13/2023 at 1:29 p.m., Staff A (Provider) stated Resident 2 had anxiety and was on psychotropic medications for his behaviors. Staff A stated he would update the resident's NCP.

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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024.

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

Provider (or Representative) — Date: 1/6/2024

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 have a documented review and update of the Negotiated Care Plan (NCP) for 1 of 4 sampled residents (Resident 1) at least every 12 months. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

Record review showed that the AFH admitted Resident 1 on [redacted]/2021 with a diagnosis of [redacted].

Record review of Resident 1's NCP indicated that the AFH would provide medication management and some activities of daily living. Resident 1's NCP was last signed and dated by Staff A (Provider) on 10/20/2022. Resident 1's representative subsequently signed on 12/15/2022.

In an interview, on 11/13/2023 at 12:30 p.m., when asked how often the NCP should be reviewed and revised, Staff A stated every year. When asked why the NCP was not revised in October, Staff A reported Resident 1's representative had surgery and Staff A had not scheduled a meeting with the representative and the nurse delegator.

Attestation Statement

Statement of Deficiencies	License #: 754130	Compliance Determination # 32489
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 5 of 17	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME	12/14/2023

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, #1 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 3/6/2024 .01/27/2024 BD

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

Provider (or Representative) 1/6/2024 Date

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

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

This requirement was not met as evidenced by:

Based on observation, interviews and record reviews, the Adult Family Home (AFH) failed to ensure the daily Medication Log (ML) was current for 2 of 2 sampled residents (Resident 1 and 2). This failure placed Resident 1 and 2 at risk of harm from not receiving the right medications and/or receiving an extra dose of medication(s).

Findings included...

<Resident 1>
Record review showed the AFH admitted Resident 1 on [redacted]/2021. Resident 1's Negotiated Care Plan, signed and dated on 12/15/2022, indicated that the AFH would provide care including medication management.

Record review showed Resident 1's November 2023 Medication Log (ML) listed Lidocaine (a medication used on the skin to stop itching and pain from certain skin conditions) , 5% patch, apply 2 patches topically once daily as needed for pain, remove patches after 12 hours.

Record review showed Resident 1's November 2023 ML listed Hydrocodone-Acetaminophen (a medication used to relieve moderate to severe pain, and reduce a fever), 5-325 milligrams (mg), take one tablet by mouth every 6 hours for 3 days as needed for pain.

Record review showed Resident 1's November 2023 ML listed Melatonin (a hormonal supplement used to help with trouble sleeping), 5 mg, take one tablet by mouth every

night at bedtime as needed for insomnia.

Record review showed Resident 1's November 2023 ML listed Diclofenac (a nonsteroidal anti-inflammatory drug used to treat mild-to-moderate pain), 1% gel, apply 2 grams topically every 6 hours as needed for pain to left knee and/or back.

Record review showed Resident 1's November 2023 ML listed Guaifen-Codeine (a combination medication used to treat cough and chest congestion caused by allergies, the common cold, or the flu), 100-10 mg, take 5 milliliters (mL) by mouth every 6 hours for 7 days as needed for cough.

Record review of Resident 1's November 2023 ML showed that 8:00 a.m. medications administration was not initialed as given.

Observation, on 11/13/2023 at 1:09 p.m., showed Resident 1's medication bin did not contain Lidocaine, Hydrocodone, Melatonin, Diclofenac, and Guaifen-Codeine.

In an interview, on 11/13/2023 at 1:09 p.m., when asked about the Lidocaine, Hydrocodone, Melatonin, Diclofenac, and Guaifen-Codeine, Staff A (Provider) stated the medications needed to be discontinued and Resident 1 was not using the Melatonin.

In an interview, on 11/13/2023 at 1:20 p.m., when asked if Resident 1 received morning medications, Staff A stated "Yes."

<Resident 2>
Record review showed the AFH admitted Resident 2 on [redacted]/2019. Resident 2's NCP, signed and dated on 09/13/2023, indicated that the AFH would provide care including medication management.

Observation, on 11/13/2023 at 12:50 p.m., showed Resident 2's locked medication supply contained Famotidine (a medication used to treat ulcers of the stomach), 20 mg, take 1 tablet by mouth twice daily.

Observation, on 11/13/2023 at 12:50 p.m., showed Resident 2's locked medication supply contained Super B-50 Complex (a combination of B vitamins used to treat or prevent vitamin deficiency due to poor diet, and certain illnesses), take 1 tablet by mouth once a day.

Observation, on 11/13/2023 at 12:50 p.m., showed Resident 2's locked medication supply contained Tab-A-Vite (a multivitamin used to treat or prevent vitamin deficiency due to poor diet and certain illnesses), take 1 tablet by mouth once daily.

Observation, on 11/13/2023 at 12:55 p.m., showed Resident 2's locked medication supply contained a bubble pack of Ibuprofen (a medication used to help relieve mild to moderate pain), 600 mg, take 1 tablet three times a day with food as needed. Next to the empty medication slots of the bubble pack were handwritten dates "11/1" and "11/3."

Review of Resident 2's November 2023 ML showed the Famotidine, Super B-50, and Tab-A-Vite, and Ibuprofen were not initialed as being given from 11/01/2023 through 11/13/2023.

In an interview, on 11/13/2023 at 12:55 p.m., Staff A reported that Staff A and Staff C (Caregiver) assisted Resident 2 with routine medications in the month of November 2023. Staff A reported that Resident 2 did receive their medications as required and acknowledged that Staff A did not initial the November 2023 ML. Staff A stated Resident 2 received the Ibuprofen "three times this month for pain." Staff A said they did not initial medication administration nor the reasoning and/or effect of the Ibuprofen on Resident 2's ML.

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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/10/2024 . 01/27/2024

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

Provider (or Representative) 1/6/2024 Date

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

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not dispose of expired medications for 1 of 4 sampled residents (Resident 3). This failure placed Resident 3 at risk of health complications from expired medication.

Findings included...

Record review showed that the AFH's generic Medication Disposal Policy, signed and dated on [redacted]/2023, stated "Medications that are no longer needed by the client, have been discontinued, expired...," the AFH would follow the identified "medication disposal methods."

Resident record review showed the AFH admitted Resident 3 on [redacted]/2023. Record review of Resident 3's Negotiated Care Plan (NCP) indicated that the AFH would provide medication management and some activities of daily living. Resident 3's NCP was last signed and dated on 05/25/2023.

Observation, on 11/13/2023 at 1:45 p.m., showed Resident 3's locked medication supply contained two boxes of Pepto Bismol (a medication used to treat diarrhea, heartburn, nausea, and upset stomach). The medications expired in August 2023.

In an interview, 11/13/2023 at 1:57 p.m., when asked if Staff A (Provider) was checking expiration dates, Staff A reported at the beginning of the month. Staff A reviewed the medications and stated that the family supplied the Pepto Bismol.

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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024 . 01/25/2024

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

Provider (or Representative) _____ Date 1/6/2024

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(a) When there is a significant change in the resident's physical or mental condition;

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

(c) At the resident's request or at the request of the resident's representative; or

(d) At least every 12 months.

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 754130	Compliance Determination # 32489
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 9 of 17	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME	12/14/2023

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Assessment was updated every twelve months for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk of unidentified and unmet care needs.

Findings included...

Record review showed that the AFH admitted Resident 1 on [redacted] 2021 with a diagnosis of [redacted]. Resident 1's dual Assessment and Negotiated Care Plan showed the Assessment was last completed on 10/15/2022.

In an interview, on 11/13/2023 at 12:30 p.m., when asked if there was a current assessment for Resident 1, Staff A (Provider) stated "No." When asked why the assessment was not completed, Staff A reported that Resident 1's representative had surgery and Staff A needed to schedule the assessment with the nurse delegator.

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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/16/2024~~ 01/27/2024.

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

Provider (or Representative) — Date: 1/6/2024

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 3 of 5 sampled residents (Resident 1, 2, and 4) every 24 months. This failure placed Resident 1, 2, 4, and at risk of being unaware of house rules, services, and costs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2021. Resident 1's Notices of Services was last signed and dated on 10/15/2021.

Resident record review showed the AFH admitted Resident 2 on [redacted]/2019. Resident 2's Notices of Services was last signed and dated on 08/01/2021.

Resident record review showed the AFH admitted Resident 4 on [redacted]/2023. Resident 4's Notices of Services was not signed nor dated by Resident 4. Staff A (Provider) signed on [redacted]/2023.

In an interview, on 11/13/2023 at 12:33 p.m., when asked the about the timeframe to renew the Notice of Services, Staff A stated every two years.

In an interview, on 11/21/2023 at 12:51 p.m., when asked why Resident 4's Notice of Services was not signed nor dated by resident, Staff A stated that they missed it.

Attestation Statement

Statement of Deficiencies	License #: 754130	Compliance Determination # 32489
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 11 of 17	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME	12/14/2023

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, #1 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024 . 01/27/2024

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

Provider (or Representative) 1/6/2024 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:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(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 ensure that 1 of 2 sampled residents (Resident 1) received a Medicaid Policy written on a separate page. This failure placed Resident 1 at risk of not being fully aware of their rights.

Findings included...

Resident record review showed the AFH admitted Resident 1 on [redacted]/2021.

Record review showed there was no [redacted] Policy in Resident 1's file.

In an interview, on 11/21/2023 at 12:52 p.m., when asked about Resident 1's [redacted] Policy, Staff A (Provider) stated that it was part of the application packet and believed that Resident 1's representative may have kept the policy.

Attestation Statement

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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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/16/2024~~ 01/27/2024.

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

Provider (or Representative) — Date: 1/6/2024

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

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to follow and implement infection control systems that included universal precautions. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 6) at risk of exposure to a contagious virus.

Findings included...

Observation, on 11/13/2023 between 9:00 a.m. to 3:31 p.m., showed 5 residents resided in the facility.

Record review of AFH files for respiratory infection prevention and control showed no written Respiratory Protection Program (RPP).

In an interview, on 11/13/2023 at 9:55 a.m., when asked if the AFH had a written RPP, Staff A (Provider) did not answer.

In an interview, on 11/13/2023 at 9:57 a.m., when asked if staff completed medical clearances for respirator use and N-95 Fit-Tests, Staff A stated "Yes."

Record review showed Staff A's and Staff B's medical clearances and N-95 fit-tests for respirator use showed that evaluations expired on 10/03/2023.

In an interview, on 11/13/2023 at 9:46 a.m., when asked if residents contracted Covid-19 in the AFH, Staff A stated "Yes. In 2021." When asked about reporting, Staff A stated that they reported to Snohomish County, doctors, and family.

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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024. 01/27/2024

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

Provider (or Representative) — Date: 1/6/2024

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;

(8) Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision, unless the resident has been assessed as safe to use the substance or material without direct supervision and if the use is documented in the negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that all toxic substances and hazardous materials were retained in locked storage. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 6) at risk of harm from accidental ingestion or misuse of harmful substances.

Findings included...

Observation, on 11/13/2023 between 9:00 a.m. to 3:31 p.m., showed 5 residents resided in the facility. Resident 2, 3, 4, and 6 showed independent mobility with or without aids.

Observation, on 11/13/2023 at 10:35 a.m., showed during the environmental tour, the cabinet under the kitchen sink held a broken safety lock on the cabinet door. The cabinet contained glass cleanser and air freshener aerosol cans. The cabinet's contents could not be secured.

Record review showed that the AFH admitted Resident 2 on [redacted]/2019 with an [redacted].

Record review showed Resident 2's Negotiated Care Plan (NCP), signed and dated on 09/13/2023, did not indicate that Resident 2 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 3 on [redacted]/2023 with a diagnosis of [redacted].

Record review showed Resident 3's NCP, signed and dated on 05/25/2023, did not indicate that Resident 3 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 4 on [redacted]/2023 with a diagnosis of [redacted].

Record review showed Resident 4's NCP, signed and dated on 03/29/2023, did not indicate that Resident 4 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 6 on [redacted]/2019 with a diagnosis of [redacted].

Record review showed Resident 6's NCP, signed and dated on 09/18/2023, did not indicate that Resident 6 was assessed for safe use of toxins without supervision.

In an interview, on 11/13/2023 at 10:55 a.m., when asked about the Washington Administrative Code regulation on securing toxins, Staff A (Provider) stated "It has to be secured."

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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024. 01/27/2024

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

Statement of Deficiencies	License #: 754130	Compliance Determination # 32489
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 5 of 17	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME	12/14/2023

Provider (or Representative) 1/6/2024 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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to post the most recent licensing inspection and complaint investigation reports for review. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 6) at risk of being unaware of regulatory compliance issues.

Findings included...

Observation, on 11/13/2023 between 9:00 a.m. to 3:31 p.m., showed 5 residents resided in the facility.

Observation, on 11/13/2023 at 10:35 a.m., during the environmental tour, showed that the last licensing inspection and complaint investigation reports were not available for review in the living room without asking for reports.

In an interview, on 11/13/2023 at 10:39 a.m., when asked about the reports, Staff A (Provider) searched through the desk and bureau drawers until they found a folder containing the last full inspection report. When asked about the complaint report, Staff A reported that that they needed to print a copy.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, #1 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/2024 . 01/27/2024

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

Statement of Deficiencies	License #: 754130	Compliance Determination # 32489
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 16 of 17	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME	12/14/2023

Provider (or Representative) 1/6/2024 Date

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(2) Obtain the liability insurance required in subsection (1) of this section before whichever of the following events happens first:

(a) Admitting the first resident after issuance of a new adult family home license; or

(b) 10 working days have passed since the issuance of the license.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to maintain liability insurance for the AFH. This failure placed Residents 1, 2, 3, 4, and 6 at risk of unmet financial coverage in case of harm or injury by AFH staff or in the facility.

Findings included...

Observation, 11/13/2023 between 09:00 a.m. to 3:31 p.m., observation showed 5 residents resided in the facility.

Record review showed no current AFH commercial general liability and professional liability insurance.

In an interview, on 11/21/2023 at 12:48 p.m., when asked about the AFH liability insurance, Staff A (Provider) stated that they were trying to obtain proof of coverage.

Record review of an email, on 12/11/2023 at 9:32 a.m., showed the AFH "Certificate of Liability Insurance" included commercial general liability and professional liability insurance coverage from 11/29/2023 to 11/29/2024.

Attestation Statement

Statement of Deficiencies	License #: 754130	Compliance Determination # 32489
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 17 of 17	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME	12/14/2023

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, #1 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) ~~2/16/2024~~. 01/27/2024

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

Provider (or Representative)

1/6/2024
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

12/19/2023

CERTIFIED MAIL

94890090002760730032 72

1 SAMANTHA & YOANNA'S CARE HOME LLC
#1 Samantha & Yoanna's Care Home LLC
827 103rd Pl SE
Everett, WA 98208

RE: #1 Samantha & Yoanna's Care Home LLC # 754130

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/14/2023 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 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(a) The local public health officer; and

(b) The department's complaint toll-free hotline number.

(4) The adult family home must notify the department's case management office within twenty-four hours whenever a resident, whose stay is paid for by the department is discharged for more than twenty-four hours on medical leave to a nursing home or hospital.

The Adult Family Home (AFH) failed to report a communicable disease to the Department of Social and Health Services. This failure placed residents and staff at risk of exposure to a communicable disease.

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

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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 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

#1 Samantha & Yoanna's Care Home LLC # 754130
12/14/2023

PO Box 45600
Olympia, WA 98504-5600