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) 32113 (Completion Date 11/06/2023) and 28975 (Completion Date 09/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/06/2023 and found that you have corrected the violations listed in the Complaint report dated 09/26/2023. Your home is back in compliance as of 10/18/2023 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 388-76-10750-1, WAC 388-76-10750-11-d

The Department staff who did the on-site verification:
Nylay Quist, AFH Complaint Investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: #1 Samantha & Yoanna's Care Home LLC
Provider Type: Adult Family Home
License/Cert.#: 754130
Intake ID: 94816
Compliance Determination #: 28975
Region/Unit #: RCS Region 2 / Unit I
Investigator: Nylay Quist
Investigation Date(s): 09/05/2023 through 09/26/2023
Complainant Contact Date(s): 09/26/2023

Allegation(s):
1. The Adult Family Home (AFH) has bedbugs' infestation.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Exterior/Interior General Tour Resident's room and AFH.
Interviews:	Complainant/RP AV AP Sample resident staff Case manager Pest control staff
Record Reviews:	Resident record Incident/Injury log Abuse& Neglect policy Pest control service record Supplies used by AFH staff

Investigation Summary:
In an interview the AFH staffs and the NR stated they saw bed bugs in the AFH. The NR stated they had multiple bites mark on their body. The AFH Provider stated they did not initially agree to have professional pest control company treat the bed bugs problem due to high cost. Record review show a professional pest control company confirmed that the AFH has bed bugs infestation on 08/15/2023 and the first initial treatment was delayed until 09/11/2023. See deficiencies citation dated 09/26/2023.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 an unannounced on-site complaint investigation on 09/05/2023 and 09/05/2023 of:

#1 Samantha & Yoanna's Care Home LLC
4308 189TH PL SW
LYNNWOOD, WA 98036

This document references the following complaint number(s): 94816

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator

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

9/27/2023
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)

10-18-23
Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(11) Keep the home free from:

(d) Other vermin.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep home free of bed bugs. This failure resulted in 1 of 5 residents (Resident 1) having multiple bites. This failure also placed 4 of 5 residents (Resident 2, 3, 4 and 5) at risk of exposure and health risks.

Findings included...

In an interview, on 09/05/2023 at 12:25 PM, Resident 1 stated that their room (room 1) had bed bugs. Resident 1 reported that Staff B (Caregiver) found bed bugs on the floor in their room during routine cleaning on 08/14/2023. Resident 1 stated that bed bugs bit them on their chest and buttock. Resident 1 stated that bed bugs had also been found in Staff B's (Caregiver) room. Resident 1 stated that the AFH Staff and Provider were aware of the bed bug infestation. Resident 1 stated that they saw the bed bugs in their room (room 1), and they had been moved to room 2 while their room was being treated.

In an interview, on 09/05/2023 at 11:26 AM, Resident 2 stated that they were aware of a bed bug infestation in the AFH. Resident 2 stated that they heard the AFH staff stating that Resident 1 's room had bed bugs.

In an interview, on 09/15/2023 at 12:10 PM, Staff B stated that they saw live bedbugs during routine cleaning in Resident 1's room and killed them. Staff B stated that they immediately reported to Staff A (AFH Provider) that same day on 08/14/2023.

In an interview, on 09/05/2023 at 11:45 AM, Staff A stated that they were aware of a bed bug infestation in the AFH on 08/14/2023. Staff A stated that the bed bugs were in Resident 1's room and Resident 5's room. Staff A stated that they saw the bed bugs themselves. Staff A stated that they had called a professional pest control company on 08/14/2023 for an inspection of the AFH. Staff A stated that the professional pest control company inspected and confirmed the AFH had bed bugs on 08/15/2023. Staff A stated that they had not agreed to have the professional pest control company treat the AFH because of the high cost. Staff A stated that they chose to treat the bed bug problem on their own. Staff A stated that they used a bed bug and flea fogger (an aerosol spray of fine mist or fog pesticide. It is used to kills bed bugs, fleas, and other listed insects) that they had bought from a local store. Staff A stated that they treated Resident 1's room three times with the bed bug's spray, following the directions listed on the product, while Resident 1 was out of the AFH for 5 to 6 hours. Staff A stated that the other 4 residents were in the AFH when they used the bed bug spray on Resident 1's room with the door closed.

During an interview, on 09/05/2023 at 11:45 AM, the Department Representative requested documents that showed name, cautions, and usage instructions of bed bug spray that Staff A had used to treat Resident 1's room. Staff A stated that they had not saved this document or information.

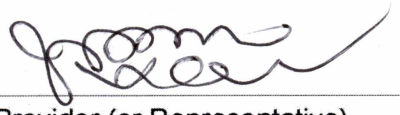
Review of an email received from Staff A on 09/07/2023 showed a picture of "Hot Shot Bedbug & Flea fogger". Staff A also included in the email a copy of the AFH first professional pest control inspection dated 08/15/2023.

Review of an email received from Staff, on 09/14/2023, showed a copy of the AFH agreement and initial treatment of the bed bugs by the professional pest control company. As of 09/18/2023, the AFH had not provided a statement from the professional pest control company that the AFH was clear and free of bed bugs infestation.

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) 10-18-23.

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



Provider (or Representative)

10-11-23

Date