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) 39837 (Completion Date 04/16/2024) and 36443 (Completion Date 02/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/16/2024 and found that you have corrected the violations listed in the Complaint report dated 02/16/2024. Your home is back in compliance as of 03/20/2024 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 388-76-10015-3

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

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
License/Cert.#: 754130
Compliance Determination #: 36443
Investigator: Spomenka Hodzic
Provider Type: Adult Family Home
Intake ID: 116460
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 02/06/2024 through 02/16/2024
Complainant Contact Date(s):

Allegation(s):
1. The Adult Family Home (AFH) failed to prevent communicable disease outbreak for the Named Residents (NRs).

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 2 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents and Provider.
Record Reviews:	Resident Records, Staff Records, AFH Policies and Procedures, Third Party Provider Notes, Departments records.

Investigation Summary:
1.Observation showed the Adult Family Home (AFH) had six residents in their care. Residents who were [redacted] with COVID 19 virus were being quarantined. AFH had enough Protective Personal Equipment (PPE) on hand. In an interview, Sample Residents reported getting good care. Record review showed that AFH had Respiratory Protective Program (RPP) and Infection Prevention Control (IPC policy). AFH was following these programs and policy to contain and prevent further spread of the infection. Record review showed that AFH did not have Medical Testing Site Waver license and was testing residents in the AFH. Refer to Statement of Deficiency (SOD) written on 02/16/2024.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 754130	Compliance Determination # 36443
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 1 of 3	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC	02/16/2024

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 complaint investigation on 02/06/2024 and 02/06/2024 of:

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

This document references the following complaint number(s): 116460

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, 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.

Renee' 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 # 36443
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 2 of 3	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC	02/16/2024

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Provider (or Representative)

02-27-24.
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

(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 interview, and record review, the Adult Family Home (AFH) failed to have a medical test site waver license (MTSW) for performing COVID-19 test (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk). This failure placed 6 of 6 residents (Resident 1, 2, 3,4, 5, and 6) living in the AFH at risk from infection and unmet care needs.

Findings included...

<Medica Test Site Waiver>

Review of Dear Provider Letter, dated 04/01/2022, indicated the requirements necessary for obtaining a medical test site waiver (MTSW) license. The Dear Provider Letter listed when the MTSW license was required and included following; when the Adult Family Home (AFH) Provider administers a medical test such as a COVID-19 test or blood glucose test (elevated sugar in the blood), or interprets the test result, or acts upon the test results the AFH was required to have MTWS license. 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.

Record review of the AFH's undated facility records on 02/06/2024 at 12:40 PM, showed no record of a MTSW license.

In an interview, on 02/06/2024 at 12:30 PM, Staff A, Provider, stated that three of the six residents living in the AFH (Resident 3, 4, and 6) were [redacted] with COVID 19 infection. Staff A stated that they were testing and re-testing residents since the infection outbreak on 01/27/2024. Staff A stated that they did not have MTSW license but will immediately apply for one.

Statement of Deficiencies	License #: 754130	Compliance Determination # 36443
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 3 of 3	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC	02/16/2024

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 Samantha & Yoanna's Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 03/20/24.

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

Provider (or Representative) — Date: 02/24/24