



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 PI SE
Everett, WA 98208

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

Dear Provider:

This letter addresses Compliance Determination(s) 51630 (Completion Date 12/11/2024) and 48700 (Completion Date 10/22/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/11/2024 and found that you have corrected the violations listed in the Complaint report dated 10/22/2024. Your home is back in compliance as of 11/21/2024 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 388-76-10380-4

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

This document was prepared by Residential Care Services for the Locator website.



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Statement of Deficiencies	License #: 754130	Compliance Determination # 48700
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 1 of 3	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC	10/22/2024

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 10/15/2024 and 10/15/2024 of:

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

This document references the following complaint number(s): 147353, 151487

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:

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 B. Borge
Residential Care Services

10/28/2024
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies License #: 754130 Compliance Determination # 48700
 Plan of Correction #1 Samantha & Yoanna's Care Home LLC Completion Date
 Page 2 of 3 Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC 10/22/2024


 Provider (or Representative)

10/28/24
 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 update the Negotiated Care Plan (NCP) for 1 of 5 residents (Residents 1) at least every 12 months. This failure placed Residents 1 at risk for unrecognized and/or unmet care needs.

Finding included...

Resident 1's record showed the AFH admitted Resident 1 on [REDACTED] 2013 with multiple diagnoses that included [REDACTED]

and [REDACTED]

Record review of Resident 1's Negotiated Care Plan (NCP) dated 09/18/2023 was the most recent signed and dated as review by Resident 1's Representative and Staff A (Provider). Resident 1's current NCP was 27 days overdue.

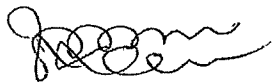
In an interview, on 10/16/2024 at 12:58PM, Staff A stated that they had overlooked it and had not known that Resident 1's NCP had expired. Staff A stated that they would work with Resident 1's Representative and update Resident 1's NCP.

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) 11-26-24.

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

Statement of Deficiencies	License #: 754130	Compliance Determination # 48700
Plan of Correction	#1 Samantha & Yoanna's Care Home LLC	Completion Date
Page 3 of 3	Licensee: # 1 SAMANTHA & YOANNA'S CARE HOME LLC	10/22/2024



Provider (or Representative)

10/28/24.

Date