STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Tukwila Senior Care LLC

Tukwila Senior Care LLC
PO Box 18771
Seattle, WA 98118

RE: Tukwila Senior Care LLC License # 754181

Dear Provider:

This letter addresses Compliance Determination(s) 56244 (Completion Date 03/12/2025) and 52306 (Completion Date 01/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/12/2025 and found that you have corrected the violations listed in the Full report dated 01/17/2025. Your home is back in compliance as of 01/09/2025 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 388-76-10560-2-a, WAC 388-76-10560-2-b, WAC 388-76-10560-2-d, WAC 388-76-10560-2-e, WAC 388-76-10560-2-f

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Dahl Kim

Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 12/30/2024 of:

Tukwila Senior Care LLC
14054 Military Rd S
Tukwila, WA 98168

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

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 754181	Compliance Determination # 52306
Plan of Correction	Tukwila Senior Care LLC	Completion Date
Page 2 of 4	Licensee: Tukwila Senior Care LLC	01/17/2025

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.

Residential Care Services — 1-28-2025 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) — 01/28/2025 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 observation, interview, and record review the Adult Family Home (AFH) failed to have a 1 of 1 Medical Test Site Waiver (MTSW), a license required to perform certain medical tests in an AFH. This failure led to AFH conducting medical tests on Resident 2 without an MTSW.

Findings included...

During a visit on 12/30/2024 at 9:55 AM observation showed Resident 2 lived in and received care from the AFH.

Review of Resident 2's December 2024 electronically generated Medication Administration Record (MAR), showed Resident 2 was prescribed Novolog 100 unit/milliliter Flexpen, inject three times daily before meals as directed per sliding scale. Further review of Resident's 2 MAR showed, check blood sugars four times daily before meals and at bedtime. Additional review showed staff initialed blood sugar checks four times daily.

During an interview on 12/30/2024 at 2:00 PM Staff A, Entity Representative, stated that Resident 2 had Diabetes, a disease caused when the body does not produce enough insulin. Staff A further stated that glucose testing was conducted in the AFH by

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During an interview on 12/30/2024 at 2:00 PM Staff A, Entity Representative, stated that Resident 2 had Diabetes, a disease caused when the body does not produce enough insulin. Staff A further stated that glucose testing was conducted in the AFH by

Statement of Deficiencies	License #: 754181	Compliance Determination # 52306
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Page 3 of 4	Licensee: Tukwila Senior Care LLC	01/17/2025

caregivers. Staff A stated that they did not know what a MTSW was and that they did not realize it was a requirement. Additionally, Staff A stated they would apply for a MSTW.

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, Tukwila Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 01/03/2025
ALREADY APPLIED FOR THIS. THEY ENTERED OUR APPLICATION IN THEIR SYSTEM ON 01/09/2025. WAITING FOR THE LICENCE ISSUANCE
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 01/28/2025

WAC 388-76-10560 Resident rights Adult family home management of resident financial affairs.

(2) If the adult family home agrees to manage a resident's personal funds, the home must:

(a) Have a written authorization from the resident;

(b) Develop and maintain a system that assures a full, complete, and separate accounting of each resident's personal funds given to the home on the resident's behalf;

(d) Deposit a resident's personal funds in excess of one hundred dollars in an interest-bearing account(s) separate from any of the home's operating accounts and that credits all interest earned on residents' funds to that account;

(e) Ensure that the account or accounts are held in a financial institution as defined in RCW 30A.22.040 , and notify each resident in writing of the name, address, and location of the depository.

(f) Keep a resident's personal funds that do not exceed one hundred dollars in a noninterest-bearing account, interest-bearing account, or petty cash fund; and

This requirement was not met as evidenced by:

Based on observation, and interview, the Adult Family Home (AFH) failed to request written authorization and develop a system for the management of resident funds. This failure placed 1 of 2 sampled residents (Resident 2) at risk of financial exploitation.

Findings included...

caregivers. Staff A stated that they did not know what a MTSW was and that they did not realize it was a requirement. Additionally, Staff A stated they would apply for a MSTW.

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, Tukwila Senior Care 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

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This requirement was not met as evidenced by:

Based on observation, and interview, the Adult Family Home (AFH) failed to request written authorization and develop a system for the management of resident funds. This failure placed 1 of 2 sampled residents (Resident 2) at risk of financial exploitation.

Findings included…

During a visit on 12/30/2024 at 9:55 AM observation showed Resident 2 lived in and received care from the AFH. Further observation showed a locked money safe on the top shelf of the kitchen cabinet.

During an interview on 12/30/2024 at 1:30 PM, Resident 2 stated that the AFH held their personal cash in a secure safe box. Resident 2 stated that they agreed to give their $150 cash to the AFH to hold and request their money as needed. Resident 2 further stated that they did not understand why their caregiver had to wait for permission from the provider before giving them their money.

During an interview on 12/30/2024 at 2:08 PM, Staff A, Entity Representative, stated that several months ago Resident 2 took $150 out of their bank because they no longer wanted to keep their money in a financial institution. Staff A stated that Resident 2 used to keep their cash in their room and that Resident 2 expressed paranoia that their money would be stolen. Staff A further stated that Resident 2 verbally agreed that the AFH would keep their cash in a secure money safe. Staff A stated that Resident 2 was required to use a sign out sheet with staff to track when money was removed from the safe. Additionally, Staff A stated that two staff were required to be present during the removal and sign out process of Resident 2's money to prevent any miscommunication with Resident 2 about their funds.

During an interview on 12/30/2024 at 3:30 PM, Staff A stated that they did not have a written policy for the management of resident finances. Staff A further stated that they did not have written authorization from Resident 2 on the AFH's management of Resident 2's personal funds. Staff A stated that they were not aware of the regulations for management of Resident funds. Additionally, Staff A stated that they would create a written agreement and policy for handling resident finances.

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, Tukwila Senior Care LLC is or will be in compliance with this law and / or regulation on (Date) 01/09/2025

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

Provider (or Representative) 01/28/2025 Date

During a visit on 12/30/2024 at 9:55 AM observation showed Resident 2 lived in and received care from the AFH. Further observation showed a locked money safe on the top shelf of the kitchen cabinet.

During an interview on 12/30/2024 at 1:30 PM, Resident 2 stated that the AFH held their personal cash in a secure safe box. Resident 2 stated that they agreed to give their $150 cash to the AFH to hold and request their money as needed. Resident 2 further stated that they did not understand why their caregiver had to wait for permission from the provider before giving them their money.

During an interview on 12/30/2024 at 2:08 PM, Staff A, Entity Representative, stated that several months ago Resident 2 took $150 out of their bank because they no longer wanted to keep their money in a financial institution. Staff A stated that Resident 2 used to keep their cash in their room and that Resident 2 expressed paranoia that their money would be stolen. Staff A further stated that Resident 2 verbally agreed that the AFH would keep their cash in a secure money safe. Staff A stated that Resident 2 was required to use a sign out sheet with staff to track when money was removed from the safe. Additionally, Staff A stated that two staff were required to be present during the removal and sign out process of Resident 2's money to prevent any miscommunication with Resident 2 about their funds.

During an interview on 12/30/2024 at 3:30 PM, Staff A stated that they did not have a written policy for the management of resident finances. Staff A further stated that they did not have written authorization from Resident 2 on the AFH's management of Resident 2's personal funds. Staff A stated that they were not aware of the regulations for management of Resident funds. Additionally, Staff A stated that they would create a written agreement and policy for handling resident finances.

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, Tukwila Senior Care 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