STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Absolute Care and Comfort AFH LLC

Absolute Care and Comfort AFH LLC
8828 S Alaska St.
Tacoma, WA 98444

RE: Absolute Care and Comfort AFH LLC License # 754242

Dear Provider:

This letter addresses Compliance Determination(s) 52332 (Completion Date 12/30/2024) and 51420 (Completion Date 12/10/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/30/2024 and found that you have corrected the violations listed in the Full report dated 12/10/2024. Your home is back in compliance as of 12/18/2024 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 388-76-10750-6-c

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 12/09/2024 and 12/09/2024 of:

Absolute Care and Comfort AFH LLC
8828 S Alaska St.
Tacoma, WA 98444

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 inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer — Residential Care Services

12/11/2024 — 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 #: 754242	Compliance Determination # 51420
Plan of Correction	Absolute Care and Comfort AFH LLC	Completion Date
Page 2 of 3	Licensee: Absolute Care and Comfort AFH LLC	12/10/2024

Provider (or Representative) 12/18/2024 Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure 2 of 2 sinks sampled (kitchen sink and bathroom sink) water temperatures did not exceed 120 degrees Fahrenheit (F). This failure placed 2 of 5 residents (Resident 4 and Resident 5) at risk for accidental burns.

Findings included...

On 12/09/2024 at 10:18 AM, the kitchen sink water temperature was measured at 123 F. The Resident Manager (RM) immediately adjusted the hot water tank thermostat setting after being informed of the thermometer reading. On 12/09/2024 at 10:19 AM, the hallway bathroom sink water temperature was measured at 121 F. The RM let the kitchen faucet ran to drain the hot water from the water tank.

On 12/09/2024 at 10:45 AM, Resident 5 was observed ambulating independently in the hallway adjacent to the bathroom and had access to the hot water in the bathroom sink without staff supervision. On 12/09/2024 at 11:30 AM, Resident 4 was observed ambulating independently in the hallway adjacent to the bathroom and had access to the hot water in the bathroom sink without staff supervision.

On 12/09/2024 at 12:50 PM, the hot water temperature at both the kitchen sink and bathroom sink was remeasured at 107 F.

On 12/09/2024 at 1:10 PM, during interview, both the Provider and RM had no explanation on how often they checked the home's hot water temperatures.

This is a repeated deficiency previously written as a consultation on 06/13/2022.

Statement of Deficiencies	License #: 754242	Compliance Determination # 51420
Plan of Correction	Absolute Care and Comfort AFH LLC	Completion Date
Page 3 of 3	Licensee: Absolute Care and Comfort AFH LLC	12/10/2024

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, Absolute Care and Comfort AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/18/24 .

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

Provider (or Representative) 12/18/24 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Absolute Care and Comfort AFH LLC
Absolute Care and Comfort AFH LLC
8828 S Alaska St.
Tacoma, WA 98444

RE: Absolute Care and Comfort AFH LLC # 754242

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/10/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

On 12/09/2024, review of administrative records revealed the Adult Family Home (AFH) did not have documentation to show that the home had a written succession plan. On 12/09/2024 at 1:10 PM, during interview, the Provider and Resident Manager (RM) stated that they couldn't find the succession plan that was previously written, would look for it and send a copy to the Department for review. On 12/10/2024, the Department received from the Provider via email, a copy of the AFH's written succession plan designating the RM to be in charge of providing care and services to the residents in the event the Provider was unable to do so.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

On 12/09/2024 at 10:15 AM, bottles of Benadryl, Tylenol, and cough syrup were observed not in locked storage inside a refrigerator in the kitchen area. During interview, the Provider and Resident Manager (RM) stated that the refrigerator was for their own personal use, and that the other adjacent refrigerator in the kitchen area was designated for residents' use. The Provider immediately placed the medications in a locked box to correct the issue.

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

On 12/09/2024 at 10:20 AM, the Adult Family Home's (AFH) most recent inspection report was not observed inside the inspection report binder which was in an organizer on the wall of the main hallway. During interview, the Provider and Resident Manager (RM) stated that they thought they only needed to place and keep the inspection report inside the folder for one (1) year and then archive them. The RM immediately placed the most recent inspection report inside the binder to correct the issue.

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

On 12/09/2024, record review revealed that the Adult family Home (AFH) did not have Household Member (HH)1 who was over eleven (11) years old, complete a Washington State name and date of birth (DOB) background check. On 12/09/2024 at 1:10 PM, interview with the Provider and RM revealed they were not aware of the requirement. On 12/10/2024, the Department received from the Provider via email, a copy of HH1's background check result dated 12/09/2024 (valid until 2026, no findings) to correct the issue.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

On 12/09/2024, record review of personnel files revealed that the Provider's twelve (12) hours of continuing education (CE) training certificates were not readily available for review. On 12/09/2024 at 1:10 PM, during interview, the Provider stated that they would look for the training certificates and send copies to the Department for review. On 12/10/2024, the Department received from the Provider via email, copies of their 12 hours of CE training certificates to correct the issue.

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 (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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

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
PO Box 45600
Olympia, WA 98504-5600