STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

1st Open Arms AFH LLC

1st Open Arms AFH LLC
2315 N 194th St
Shoreline, WA 98133

RE: 1st Open Arms AFH LLC License # 754380

Dear Provider:

This letter addresses Compliance Determination(s) 59581 (Completion Date 05/14/2025) and 58127 (Completion Date 04/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/14/2025 and found that you have corrected the violations listed in the Full report dated 04/22/2025. Your home is back in compliance as of 04/19/2025 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 388-76-10430-1, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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 the unannounced on-site full inspection on 04/16/2025 of:
1st Open Arms AFH LLC
2315 N 194th St
Shoreline, WA 98133

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:

Chrissy Exe, Long-Term Care Licensor

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.

Renae' Bourque
Residential Care Services

04/22/2025
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.

Eden Seyoum
Provider (or Representative)

4/22/2025
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the medication supply was accurate for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for medication errors.

Findings Included ..

Review of resident records showed the AFH admitted Resident 1 on [redacted] 2024. Resident 1 was on multiple prescribed medications.

Record review of Resident 1's April 2025 Medication Log (ML) showed an entry that read, "diclofenac sodium 1% gel (used to treat pain): apply 2GM topically to left knee three times daily." The April 2025 ML was initiated to show this medication was provided to Resident 1 at the correct times.

Observation, on 04/16/2025 at 1:07 PM, of Resident 1's medication supply, showed a tube of diclofenac sodium 1% gel. Resident 1's name was not on the label. The instructions on the label read, "apply 4GM topically to affected knee(s) twice daily." The prescription number on this tube was inconsistent with the prescription number on

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

04/22/2025
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)

Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the medication supply was accurate for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for medication errors.

Findings Included...

Review of resident records showed the AFH admitted Resident 1 on [redacted]/2024. Resident 1 was on multiple prescribed medications.

Record review of Resident 1's April 2025 Medication Log (ML) showed an entry that read, "diclofenac sodium 1% gel (used to treat pain): apply 2GM topically to left knee three times daily." The April 2025 ML was initiated to show this medication was provided to Resident 1 at the correct times.

Observation, on 04/16/2025 at 1:07 PM, of Resident 1's medication supply, showed a tube of diclofenac sodium 1% gel. Resident 1's name was not on the label. The instructions on the label read, "apply 4GM topically to affected knee(s) twice daily." The prescription number on this tube was inconsistent with the prescription number on

Resident 1's April 2025 ML

In an interview, on 04/16/2025 at 1:24 PM, Staff A, Entity Representative, stated that they did not recognize the name on the label of the diclofenac sodium 1% gel in Resident 1's supply. Staff A denied that the person named on the label was a former resident of the AFH. Staff A believed that this diclofenac sodium 1% prescription may have been received mistakenly from the pharmacy.

Observation, on 04/16/2025 at 1:37 PM, showed Staff A located the correct diclofenac sodium 1% prescription that matched Resident 1's April 2025 ML. Staff A removed the incorrect prescription from Resident 1's medication supply.

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, 1st Open Arms AFH LLC is or will be in compliance with this law and / or regulation on (Date) 4/16/2025.

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

Eden Seyoum
Provider (or Representative)

4/22/2025
Date

WAC 388-76-10265 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a Tuberculosis (TB) two step skin testing within three days of hire for 1 of 5 staff (Staff B, Caregiver). This failure placed Residents 1, 2, 3, 4 and 5 at risk for potential exposure to a communicable disease.

Findings included...

Review of personnel records showed the AFH hired Staff B on 10/14/2024. Record review showed Staff B had a negative TB skin test result, dated 11/07/2024. Further

Resident 1's April 2025 ML.

In an interview, on 04/16/2025 at 1:24 PM, Staff A, Entity Representative, stated that they did not recognize the name on the label of the diclofenac sodium 1% gel in Resident 1's supply. Staff A denied that the person named on the label was a former resident of the AFH. Staff A believed that this diclofenac sodium 1% prescription may have been received mistakenly from the pharmacy.

Observation, on 04/16/2025 at 1:37 PM, showed Staff A located the correct diclofenac sodium 1% prescription that matched Resident 1's April 2025 ML. Staff A removed the incorrect prescription from Resident 1's medication supply.

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, 1st Open Arms AFH 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

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a Tuberculosis (TB) two step skin testing within three days of hire for 1 of 5 staff (Staff B, Caregiver). This failure placed Residents 1, 2, 3, 4 and 5 at risk for potential exposure to a communicable disease.

Findings included...

Review of personnel records showed the AFH hired Staff B on 10/14/2024. Record review showed Staff B had a negative TB skin test result, dated 11/07/2024. Further

review showed Staff B had a chest x-ray with a negative result, dated 02/08/2014. Record review showed Staff B had no documentation of two step skin testing within 3 days of hire.

In an interview, on 04/16/2025 at 2:05 PM, Staff B said that they did not remember if they went for a second step skin test.

In a telephone interview, on 04/17/2025 at 11:10 AM, Staff A, Entity Representative, said that Staff B will complete a TB blood test.

Review of documents, received by the Department on 04/19/2025, showed Staff B completed a TB blood test on 04/19/2025. The result was negative.

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, 1st Open Arms AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/19/2025

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

Eden Seyoum
Provider (or Representative)

4/22/2025
Date

review showed Staff B had a chest x-ray with a negative result, dated 02/06/2014. Record review showed Staff B had no documentation of two step skin testing within 3 days of hire.

In an interview, on 04/16/2025 at 2:05 PM, Staff B said that they did not remember if they went for a second step skin test.

In a telephone interview, on 04/17/2025 at 11:10 AM, Staff A, Entity Representative, said that Staff B will complete a TB blood test.

Review of documents, received by the Department on 04/19/2025, showed Staff B completed a TB blood test on 04/19/2025. The result was negative.

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, 1st Open Arms AFH 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/22/2025

1st Open Arms AFH LLC
1st Open Arms AFH LLC
2315 N 194th St
Shoreline, WA 98133

RE: 1st Open Arms AFH LLC # 754380

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/22/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure all toxic substances were kept in locked storage. A can of WD-40 (lubricant) was observed underneath the sink in the bathroom attached to Bedroom E. This deficiency was corrected on-site at the time of visit by Staff A, Entity Representative, who immediately removed the WD-40 and placed it in a locked storage area.

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(a) Do not hinder emergency escape; and

The Adult Family Home (AFH) failed to ensure the window in 1 of 6 bedrooms opened without special knowledge. Staff A, Entity Representative, removed the device that hindered the window from opening. This deficiency was corrected on-site at the time of visit.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 IDR**s 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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225