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

Life Adult Family Home LLC

Life Adult Family Home LLC
8646 45th Ave S
Seattle, WA 98118

RE: Life Adult Family Home LLC License # 754493

Dear Provider:

This letter addresses Compliance Determination(s) 55667 (Completion Date 03/03/2025) and 52501 (Completion Date 01/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/03/2025 and found that you have corrected the violations listed in the Full report dated 01/09/2025. Your home is back in compliance as of 01/17/2025 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 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10380-4, WAC 388-76-10430-1, WAC 388-76-10485-1, WAC 388-76-10522-6, WAC 388-76-10530-2, WAC 388-76-10685-11, WAC 388-76-10750-7

The Department staff who did the on-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
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 01/02/2025 and 01/02/2025 of:
Life Adult Family Home LLC
8646 45th Ave S
Seattle, WA 98118

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:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
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.

Alfredo Brown
Residential Care Services

01/14/2025
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.

Afsede Lemaleh
Provider (or Representative)

1-19-2025
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident, and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 2) was signed and dated by the resident or resident representative and Staff A, Provider. This failure placed the resident at risk for unrecognized and unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted] 2024. Review of the NCP dated 10/09/2024 showed no signature from Resident 2 and no signature from the AFH Provider.

During an interview on 01/02/2025 at 2:42 PM, Staff A, stated that Resident 2 had difficulty signing paperwork since the day of admission. Staff A stated that they forgot to reapproach Resident 2 later to get the NCP signed. Staff A stated that they usually sign the NCP after the resident reviews it and signs it.

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, Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/02/2025.

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

Afsede Lemaleh
Provider (or Representative)

1-19-2025
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.

Provider (or Representative) _____ Date _____

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 2) was signed and dated by the resident or resident representative and Staff A, Provider. This failure placed the resident at risk for unrecognized and unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted] 2024. Review of the NCP dated [redacted]8/2024 showed no signature from Resident 2 and no signature from the AFH Provider.

During an interview on 01/02/2025 at 2:42 PM, Staff A, stated that Resident 2 had difficulty signing paperwork since the day of admission. Staff A stated that they forgot to reapproach Resident 2 later to get the NCP signed. Staff A stated that they usually sign the NCP after the resident reviews it and signs it.

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, Life Adult Family Home 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 388-76-10380 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 ensure that the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) was reviewed and revised at least every 12 months by the AFH. This failure placed the resident at risk for unrecognized and unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]2022. Review of Resident 1's NCP last reviewed 10/12/2023 showed Resident 1's NCP was fifteen months overdue for review and updates. Resident 1's NCP showed no documentation of signatures, initials, or dates related to reviewing and updating the NCP after 10/14/2023.

In an interview on 01/02/2025 at 1:22 PM, Staff A, Provider, stated that they reviewed the NCP with the Home and Community Services Case Manager but forgot to get any signatures.

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, Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/17/2025

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

Provider (or Representative) — Date: 1-19-2025

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, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 1) medications were available in the facility. This failure placed Resident 1 at risk for not receiving medications as prescribed.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that the negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) was reviewed and revised at least every 12 months by the AFH. This failure placed the resident at risk for unrecognized and unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's NCP last reviewed 10/12/2023 showed Resident 1's NCP was fifteen months overdue for review and updates. Resident 1's NCP showed no documentation of signatures, initials, or dates related to reviewing and updating the NCP after [redacted]14/2023.

In an interview on 01/02/2025 at 1:22 PM, Staff A, Provider, stated that they reviewed the NCP with the Home and Community Services Case Manager but forgot to get any signatures.

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, Life Adult Family Home 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 388-76-10430 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, interview and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled residents' (Resident 1) medications were available in the facility. This failure placed Resident 1 at risk for not receiving medications as prescribed.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted] 2022. Resident 1's assessment dated 10/03/2024, showed that assistance with medication management was needed.

Record review of Resident 1's January 2025 Medication Log (ML) showed physician orders for Polyethylene Glycol (medication used to treat constipation) 17 grams in 8 ounces of liquid and drink by mouth every 24 hours as needed.

A joint observation with Staff A, Provider, on 01/02/2026 at 1:52 PM, showed Resident 1's Polyethylene Glycol was not available in the AFH.

During an interview, on 01/02/2026 at 1:52 PM, Staff A stated the Polyethylene Glycol had expired, so they disposed of it last month. They didn't reorder it because they were going to obtain a doctor's order to discontinue it.

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, Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/03/2025

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

Provider (or Representative)

1-19-2025
Date

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

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that medications were stored in a locked storage for 5 of 5 residents (Resident 1, 2, 3, 4 and 5). This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk for access or improper use of their medications.

Findings included...

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]2022. Resident 1's assessment, dated [redacted]03/2024, showed that assistance with medication management was needed.

Record review of Resident 1's January 2025 Medication Log (ML) showed physician orders for Polyethylene Glycol (medication used to treat constipation) 17 grams in 8 ounces of liquid and drink by mouth every 24 hours as needed.

A joint observation with Staff A, Provider, on 01/02/2025 at 1:52 PM, showed Resident 1's Polyethylene Glycol was not available in the AFH.

During an interview, on 01/02/2025 at 1:52 PM, Staff A stated the Polyethylene Glycol had expired, so they disposed of it last month. They didn't reorder it because they were going to obtain a doctor's order to discontinue it.

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, Life Adult Family Home 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that medications were stored in a locked storage for 5 of 5 residents (Resident 1, 2, 3, 4 and 5). This failure placed 5 of 5 residents (Resident 1, 2, 3, 4 and 5) at risk for access or improper use of their medications.

Findings included...

Observation on 01/02/2025 at 9:25 AM showed a storage closet in the hallway with a key in the doorknob. The door was not locked and was unattended. The medications for all AFH residents were located inside the storage closet.

A joint observation with Staff A, Provider, on 01/02/2025 at 10:21 AM showed the medication storage closet door was unlocked and unattended.

In an interview on 01/02/2025 at 10:21 AM, Staff A stated that they normally keep the key in the door when they are going to use it, and they lock the door when they are done passing the medications .

Observation on 01/02/2025 at 12:55 PM showed medication storage closet door was unlocked and unattended.

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, Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/02/2025

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

Provider (or Representative) — Date: 1-19-2025

WAC 388-76-10922 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Medicaid Policy was signed and dated for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of not being aware of the AFH's policy and process for residents who become eligible for Medicaid after admission.

Findings included...

Review of the AFH records showed the AFH admitted Resident 2, on [redacted]2024, and

Observation on 01/02/2025 at 9:25 AM showed a storage closet in the hallway with a key in the doorknob. The door was not locked and was unattended. The medications for all AFH residents were located inside the storage closet.

A joint observation with Staff A, Provider, on 01/02/2025 at 10:21 AM showed the medication storage closet door was unlocked and unattended.

In an interview on 01/02/2025 at 10:21 AM, Staff A stated that they normally keep the key in the door when they are going to use it, and they lock the door when they are done passing the medications .

Observation on 01/02/2025 at 12:55 PM showed medication storage closet door was unlocked and unattended.

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, Life Adult Family Home 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Medicaid Policy was signed and dated for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of not being aware of the AFH's policy and process for residents who become eligible for Medicaid after admission.

Findings included...

Review of the AFH records showed the AFH admitted Resident 2, on [redacted]2024, and

was their own representative. Resident 2's record showed a Medicaid Policy signed by the Staff A, Provider on [redacted] 2024. The Medicaid Policy was not signed or dated by Resident 2.

During an interview, on 01/02/2025 at 2:27 PM, Staff A, Provider, stated they didn't realize that the resident needed to sign the Medicaid Policy because they were private pay.

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, Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01-02-2025

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

Afsede Lemateh — Provider (or Representative)

1-19-2025 — Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 1) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1 and their representative at risk of not being aware of the rules of the home, resident rights, the care, and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022 with multiple disabling diagnoses. Resident 1's Admission Agreement was signed and dated by their representative on 01/28/2022.

During an interview, on 01/02/2025 at 1:19 PM, Staff A, Provider, stated that they forgot to have the family re-sign the Admission Agreement at least every two years from

was their own representative. Resident 2's record showed a Medicaid Policy signed by the Staff A, Provider on [redacted]/2024. The Medicaid Policy was not signed or dated by Resident 2.

During an interview, on 01/02/2025 at 2:27 PM, Staff A, Provider, stated they didn't realize that the resident needed to sign the Medicaid Policy because they were private pay.

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, Life Adult Family Home 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 1) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1 and their representative at risk of not being aware of the rules of the home, resident rights, the care, and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022 with multiple disabling diagnoses. Resident 1's Admission Agreement was signed and dated by their representative on 01/28/2022.

During an interview, on 01/02/2025 at 1:19 PM, Staff A, Provider, stated that they forgot to have the family re-sign the Admission Agreement at least every two years from

resident admittance.

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, Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01-17-2025

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

Provider (or Representative) — Date: 1-19-2025

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

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to provide 3 of 5 residents (Resident 1, 4, and 5) a call bell or an alternative way to alert staff in the event of an emergency. This failure placed Residents 1, Resident 4 and Resident 5 at risk for a delay in response to their emergent care needs.

Findings included...

Record review of the AFH's floor plan showed all licensed bedrooms were located on the main floor. There were no bedrooms assigned or used by caregivers on the main floor.

A joint observation with Staff A, Provider, on 01/02/2026 at 10:35 AM, showed that Bedroom [redacted] (occupied by Resident 5), and Bedroom [redacted] (occupied by Resident 1 and 4) had no call bells, and no alternative way for the residents to notify and alert staff.

During an interview, on 01/02/2026 at 10:35 AM, Staff A stated that the AFH had no bedrooms designated for caregivers on the same floor as the residents. The caregivers' bedrooms were in the upper level of the AFH with access only by an entrance outside of the AFH. Staff A stated that Residents 1, Resident 4 and Resident 5 did not have a call bell because they won't use it.

resident admittance.

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, Life Adult Family Home 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 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to provide 3 of 5 residents (Resident 1, 4, and 5) a call bell or an alternative way to alert staff in the event of an emergency. This failure placed Residents 1, Resident 4 and Resident 5 at risk for a delay in response to their emergent care needs.

Findings included...

Record review of the AFH's floor plan showed all licensed bedrooms were located on the main floor. There were no bedrooms assigned or used by caregivers on the main floor.

A joint observation with Staff A, Provider, on 01/02/2025 at 10:35 AM, showed that Bedroom [redacted] (occupied by Resident 5), and Bedroom [redacted] (occupied by Resident 1 and 4) had no call bells, and no alternative way for the residents to notify and alert staff.

During an interview, on 01/02/2025 at 10:35 AM, Staff A stated that the AFH had no bedrooms designated for caregivers on the same floor as the residents. The caregivers' bedrooms were in the upper level of the AFH with access only by an entrance outside of the AFH. Staff A stated that Residents 1, Resident 4 and Resident 5 did not have a call bell because they won't use it.

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, Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01-02-2025

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

Afsede Jumaeh
Provider (or Representative)

1-19-2025
Date

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;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the cleaning supplies in a locked storage and in the original containers. This failure placed 5 of 6 residents (Resident 1, 2, 3, 4, and 5) at risk of harm from exposure to toxic and hazardous materials.

Finding included...

Observation on 01/02/2025 at 8:58 AM, showed a 50-milliliter plastic bottle half filled with green solution labeled Dawn dishwashing liquid, and a plastic spray bottle labeled Clorox on the kitchen sink, unattended. The cabinet underneath the kitchen sink had a child lock on one door handle but was not locked across both cabinet handles. The Dawn dishwashing liquid was observed on the kitchen sink throughout the day.

A joint observation with Staff A, Provider, on 01/02/2025 at 10:09 AM, showed the Clorox spray bottle and Dawn bottle on the kitchen sink. The child-lock on the cabinets underneath the sink was not locked. Several containers of cleaning solutions were in the kitchen sink.

Observation on 01/02/2025 at 11:45 AM showed Staff B, Caregiver, spraying the solution from the Clorox bottle on the dining room table, and wiping it off with a small towel. Staff B placed the Clorox spray bottle on the counter by the kitchen sink, then walked away.

During an interview, on 01/26/2024 at 10:08 AM, Staff A stated that they usually lock the kitchen cabinet when they walk away from the sink.

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, Life Adult Family Home 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 388-76-10750 Safety and maintenance. The adult family home must:

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the cleaning supplies in a locked storage and in the original containers. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of harm from exposure to toxic and hazardous materials.

Finding included...

Observation on 01/02/2025 at 8:56 AM, showed a 50-milliliter plastic bottle half filled with green solution labeled Dawn dishwashing liquid, and a plastic spray bottle labeled Clorox on the kitchen sink, unattended. The cabinet underneath the kitchen sink had a child lock on one door handle but was not locked across both cabinet handles. The Dawn dishwashing liquid was observed on the kitchen sink throughout the day.

A joint observation with Staff A, Provider, on 01/02/2025 at 10:08 AM, showed the Clorox spray bottle and Dawn bottle on the kitchen sink. The child-lock on the cabinets underneath the sink was not locked. Several containers of cleaning solutions were in the kitchen sink.

Observation on 01/02/2025 at 11:45 AM showed Staff B, Caregiver, spraying the solution from the Clorox bottle on the dining room table, and wiping it off with a small towel. Staff B placed the Clorox spray bottle on the counter by the kitchen sink, then walked away.

During an interview, on 01/26/2024 at 10:08 AM, Staff A stated that they usually lock the kitchen cabinet when they walk away from the sink.

Statement of Deficiencies	License #: 754493	Compliance Determination #: 52501
Plan of Correction	Life Adult Family Home LLC	Completion Date
Page 9 of 9	Licensee: Life Adult Family Home LLC	01/09/2025

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, Life Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01-02-2025

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

Provider (or Representative) 1-19-2025 Date

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, Life Adult Family Home 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