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

ACaring Adult Home LLC

ACaring Adult Home LLC
2401 S 359th St
Federal Way, WA 98003

RE: ACaring Adult Home LLC License # 754593

Dear Provider:

This letter addresses Compliance Determination(s) 61368 (Completion Date 06/25/2025) and 58412 (Completion Date 05/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/25/2025 and found that you have corrected the violations listed in the Full report dated 05/06/2025. Your home is back in compliance as of 06/20/2025 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 388-76-10129-1-b, WAC 388-76-10129-1-c, WAC 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-a-iv, WAC 388-112A-0610-2, WAC 388-76-10146-3, WAC 388-112A-0105-1, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2, WAC 388-76-10198-2-a, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10355-1, WAC 388-76-10355-6-a, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10355-7-b, WAC 388-76-10430-2-d, WAC 388-76-10485-3, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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

Sincerely,

Lydia Owusu-Acheampong, Community 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 04/22/2025 of:

ACaring Adult Home LLC
2401 S 359th St
Federal Way, WA 98003

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH 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 #: 754593	Compliance Determination # 58412
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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

5-7-2025
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.

JOSEPHINE MBURU
Provider (or Representative)

5/12/2025
Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(b) Entity representative;

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 | 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

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(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

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(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

(2) A long-term care worker who does not complete continuing education as required under this chapter must not provide care until the required continuing education is completed.

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(b) Entity representative;

(c) Resident manager;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 staff (Staff A, Entity Representative/Resident Manager) completed

twelve hours of continuing education by their birthday each calendar year and did not provide care to residents until the required continuing education was completed. These failures placed all residents at risk of their needs not being met according to current caregiving standards.

Findings included..

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff A worked and lived in the AFH.

In an interview on 04/22/2025 at 8:54 AM, Staff A stated that Staff B, Caregiver, worked in the mornings and left the AFH around 8:00 AM. Staff A further stated that they worked alone after Staff B left the AFH.

A review of Staff A's personnel records showed the AFH was licensed under them on 07/06/2020. Further review showed Staff A had completed only 6.5 hours of continuing education since their birthday November 15.

In an interview on 04/22/2025 at 10:28 AM, Staff A stated that they went to in-person trainings for continuing education. Staff A further stated that they were unaware of how to find online trainings for continuing education. In addition, Staff A stated that they were not aware they could not provide care to the residents until continuing education requirements were completed.

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, ACaring Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/20/25

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

Josephine Mburu — Provider (or Representative)

5/12/25 — Date

twelve hours of continuing education by their birthday each calendar year and did not provide care to residents until the required continuing education was completed. These failures placed all residents at risk of their needs not being met according to current caregiving standards.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff A worked and lived in the AFH.

In an interview on 04/22/2025 at 8:54 AM, Staff A stated that Staff B, Caregiver, worked in the mornings and left the AFH around 8:00 AM. Staff A further stated that they worked alone after Staff B left the AFH.

A review of Staff A's personnel records showed the AFH was licensed under them on 07/08/2020. Further review showed Staff A had completed only 6.5 hours of continuing education since their birthday November 15.

In an interview on 04/22/2025 at 10:28 AM, Staff A stated that they went to in-person trainings for continuing education. Staff A further stated that they were unaware of how to find online trainings for continuing education. In addition, Staff A stated that they were not aware they could not provide care to the residents until continuing education requirements were completed.

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, ACaring Adult 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 388-112A-0105 Who is required to obtain home care aide certification and by when?

(1) All long-term care workers must obtain home care aide certification as provided in

chapter 246-980 WAC.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 current staff (Staff C, Caregiver) obtained their Home Care Aide (HCA) certification within 200 days of hire. This failure placed all 4 residents' (Residents 1, 2, 3, and 4) at risk of harm and unmet care needs from an unqualified caregiver.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

Observation on 04/22/2025 at 10:00 AM showed Staff C arrived at the AFH to make repairs within the home.

In an interview on 04/22/2025 at 8:51 AM, Staff A, Entity Representative/Resident Manager, stated that Staff C worked in the AFH with residents on an as needed basis.

A review of Staff C's personnel records showed a hire date of 07/01/2020 and had worked in the AFH for 1,572 days from their date of hire to the visit on 04/22/2025. Further review showed Staff C was a Nursing Assistant Registered (NA-R).

In an interview on 04/22/2025 at 11:31 AM, Staff A stated that they were not aware staff were required to obtain an HCA or Nursing Assistant Certified (NA-C) within 200 days of hire.

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, ACaring Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/20/2025.

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

JOSEPHINE MBURU 5/12/25

Provider (or Representative) Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 current staff (Staff A, Entity Representative/Resident Manager, and Staff C, Caregiver) and 1 of 1 non-caregiver (Staff G, Non-Caregiver) had a valid Washington state name and date of birth Background Inquiry (BGI) completed every 2 years. These failures placed all residents' (Residents 1, 2, 3, and 4) at risk of harm from staff having an unknown current criminal background.

Findings included:

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff A worked in and lived in the AFH.

Observation on 04/22/2025 at 10:00 AM showed Staff C arrived at the AFH to perform maintenance

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, ACaring Adult 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

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(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 current staff (Staff A, Entity Representative/Resident Manager, and Staff C, Caregiver) and 1 of 1 non-caregiver (Staff G, Non-Caregiver) had a valid Washington state name and date of birth Background Inquiry (BGI) completed every 2 years. These failures placed all residents' (Residents 1, 2, 3, and 4) at risk of harm from staff having an unknown current criminal background.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff A worked in and lived in the AFH.

Observation on 04/22/2025 at 10:00 AM showed Staff C arrived at the AFH to perform maintenance tasks.

A review of Staff A's personnel records showed the AFH was licensed under them on

07/08/2020. Further review showed Staff A had a BGI that expired on 01/30/2022.

A review of Staff C's personnel records showed a hire date of 07/01/2020. Further review showed Staff C's BGI expired on 01/28/2022.

A review of Staff G's BGI showed it expired on 10/17/2022.

In an interview on 04/22/2025 at 10:27 AM, Staff A stated that they were unaware that BGI's were required to be completed every 2 years.

In an interview on 04/22/2025 at 1:30 PM, Staff A stated that Staff G handled administrative tasks for the AFH.

In an interview on 04/22/2025 at 1:32 PM, Staff B, Caregiver, stated that sometimes Staff G was in the AFH for several hours and other times very briefly.

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, ACaring Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/20/25

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

JOSEPHINE MBURU — Provider (or Representative)

5/12/25 — Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of

07/08/2020. Further review showed Staff A had a BGI that expired on 01/30/2022.

A review of Staff C's personnel records showed a hire date of 07/01/2020. Further review showed Staff C's BGI expired on 01/28/2022.

A review of Staff G's BGI showed it expired on 10/17/2022.

In an interview on 04/22/2025 at 10:27 AM, Staff A stated that they were unaware that BGI's were required to be completed every 2 years.

In an interview on 04/22/2025 at 1:30 PM, Staff A stated that Staff G handled administrative tasks for the AFH.

In an interview on 04/22/2025 at 1:32 PM, Staff B, Caregiver, stated that sometimes Staff G was in the AFH for several hours and other times very briefly.

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, ACaring Adult 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 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home, (AFH) failed to ensure 1 of 3 former staff (Staff E, Caregiver) hired after 01/07/2012, had the required national fingerprint-based background check (FBBC). This failure placed all residents' at risk of harm from staff with unknown fingerprint-based criminal history.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

A review of Staff E's personnel records showed a hire date of 02/28/2022. Further review showed Staff E left employment on 12/10/2023. In addition, Staff E did not have a fingerprint background check with their records.

A review of the departments "Covid-19 Waivers" dated 11/09/2022 showed staff hired between 11/01/2019 and 04/30/2022, were required to have a fingerprint background check completed by 08/28/2022.

In an interview on 04/22/2025 at 4:09 PM, Staff A, Entity Representative/Resident Manager, stated that Staff E's fingerprint background check would be sent to the department.

As of 04/25/2025 at 8:00 AM, Staff E's fingerprint background check had not been received by the department.

A review of records received from the Background Check Central Unit (BCCU) on 05/01/2025 at 11:36 AM showed Staff E had not had a fingerprint background check completed.

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, ACaring Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/20/25

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

JOSEPHINE MBURU — Provider (or Representative)

5/12/25 — Date

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 current staff (Staff B, Caregiver) and 1 of 3 former staff (Staff D, Caregiver) had a complete set of staff records readily available for review. These failures delayed the Department from determining if Staff B was qualified to care for 4 of 4 residents' (Residents 1, 2, 3, and 4) and that Staff D was qualified when they worked with vulnerable adults.

Findings included

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff B worked in the AFH.

A review of Staff B's personnel records showed no orientation paperwork or hire date.

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, ACaring Adult 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 388-76-10198 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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 current staff (Staff B, Caregiver) and 1 of 3 former staff (Staff D, Caregiver) had a complete set of staff records readily available for review. These failures delayed the Department from determining if Staff B was qualified to care for 4 of 4 residents' (Residents 1, 2, 3, and 4) and that Staff D was qualified when they worked with vulnerable adults.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff B worked in the AFH.

A review of Staff B's personnel records showed no orientation paperwork or hire date.

In an interview on 04/22/2025 at 10:15 AM, Staff B stated that their hire date was 03/01/2025.

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A review of Staff D's personnel records showed no orientation paperwork or hire date.

In an interview on 04/22/2025 at 10:18 AM, Staff A, Entity Representative/Resident Manager, stated that they did not always complete orientation paperwork for staff.

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, ACaring Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/20/25

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

JOSEPHINE MBURU — Provider (or Representative)

5/12/25 — 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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 current staff (Staff B, Caregiver, and Staff C, Caregiver) completed an initial Tuberculosis (TB) skin test within 3 days of hire and a second test one to three weeks after the first. This failure placed all residents' (Residents 1, 2, 3, and 4) and 1 of 1 staff (Staff A, Entity Representative/Resident Manager) that worked in the AFH at risk of possible exposure to TB, a communicable disease that affects the lungs.

Findings included

A review of Staff D's personnel records showed no orientation paperwork or hire date.

In an interview on 04/22/2025 at 10:18 AM, Staff A, Entity Representative/Resident Manager, stated that they did not always complete orientation paperwork for staff.

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, ACaring Adult 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 388-76-10285 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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 current staff (Staff B, Caregiver, and Staff C, Caregiver) completed an initial Tuberculosis (TB) skin test within 3 days of hire and a second test one to three weeks after the first. This failure placed all residents' (Residents 1, 2, 3, and 4) and 1 of 1 staff (Staff A, Entity Representative/Resident Manager) that worked in the AFH at risk of possible exposure to TB, a communicable disease that affects the lungs.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Staff A and Staff B worked in the AFH and provided care to the residents.

Observation on 04/22/2025 at 10:00 AM showed Staff C arrived at the AFH to make repairs.

A review of Staff B's personnel records showed no hire date. Further review showed a negative TB skin test dated 04/21/2025.

In an interview on 04/22/2025 at 10:15 AM, Staff B stated that their hire date was 03/01/2025.

In an interview on 04/22/2025 at 11:35 AM, Staff B stated that they had never completed a second TB skin test.

A review of Staff C's personnel records showed a hire date of 07/01/2020. Further review showed no TB testing records.

In an interview on 04/22/2025 at 11:45 AM, Staff A stated that they were unaware that a TB test was required within 3 days of hire and that a second test was required 1-3 weeks after the first.

In an interview on 04/22/2025 at 4:09 PM, Staff A stated that Staff C's TB testing records would be sent to the department.

As of 04/25/2025 at 8:00 AM, Staff B's TB testing records had not been received by the department.

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, ACaring Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/20/25.

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

[illegible] Manon 5/12/25

Observation on 04/22/2025 at 10:00 AM showed Staff C arrived at the AFH to make repairs.

A review of Staff B's personnel records showed no hire date. Further review showed a negative TB skin test dated 04/21/2025.

In an interview on 04/22/2025 at 10:15 AM, Staff B stated that their hire date was 03/01/2025.

In an interview on 04/22/2025 at 11:35 AM, Staff B stated that they had never completed a second TB skin test.

A review of Staff C's personnel records showed a hire date of 07/01/2020. Further review showed no TB testing records.

In an interview on 04/22/2025 at 11:45 AM, Staff A stated that they were unaware that a TB test was required within 3 days of hire and that a second test was required 1-3 weeks after the first.

In an interview on 04/22/2025 at 4:09 PM, Staff A stated that Staff C's TB testing records would be sent to the department.

As of 04/25/2025 at 8:00 AM, Staff B's TB testing records had not been received by the department.

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, ACaring Adult 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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in the development of 1 of 2 sampled residents' (Resident 1) Negotiated Care Plan (NCP) a list of the care and services to be provided that included Resident 1's strengths and abilities. In addition, the AFH failed to include the resident's behaviors, psychopharmacological medications used to treat mental health disorders, and the resident's food and grooming preferences in their NCP. These failures placed Resident 1 at risk of unmet care needs.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Resident 1 lived in and received care from the AFH.

Care and Services

A review of Resident 1's NCP dated 07/31/2024 showed Resident 1 was admitted to the AFH on [redacted]/2021. Further review showed no information of Resident 1's strengths and abilities for medication administration, ambulation/mobility, bed mobility/transfer, toileting/continence issues, personal hygiene, bathing, foot care, and skin care. In addition, Resident 1's NCP indicated the resident had a Gastronomy Tube (g-tube), a feeding tube used to provide nutrition, and that the resident was nurse delegated. Resident 1's NCP did not indicate how staff were to provide medication via the residents g-tube.

Preferences

On 04/22/2025 at 8:40 AM observation showed Resident 1 was seated at the kitchen table eating sliced fruit.

A review of Resident 1's NCP dated 07/31/2024 showed no indication that Resident 1 ate by mouth. Further review of Resident 1's NCP showed no documentation of the residents preferences for food or grooming.

In an interview on 04/22/2025 at 12:59 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 received a g-tube feeding at mealtime. Staff A further stated that Resident 1 also ate by mouth.

In an interview on 04/22/2025 at 1:34 PM, Staff B, Caregiver, stated that Resident 1 liked to eat chicken, fruit, corn dogs, french fries, hot dogs, chicken nuggets, chicken patties, and meatballs. Staff B further stated that Resident 1 did not like rice or vegetables.

Behaviors

Further review of Resident 1's NCP showed the resident had the following behaviors disruptive behavior, resistive to care, anxiety, irritability, wandering in the home/pacing, physically agitated/aggressive, inappropriate or unsafe behavior, difficulty in new or unfamiliar situations, weeping/crying, unaware of consequences, and unrealistic fears and suspicions. A review of Resident 1's NCP showed it did not indicate a description for each behavior that was required in the column located next to the list of behaviors.

In an interview on 04/22/2025 at 9:44 AM, Staff A stated that when Resident 1 was upset, they became combative and would pinch and grab at staff. Staff A further stated that Resident 1 wandered in the AFH.

Psychopharmacological Medications

A review of Resident 1's April 2025 electronically generated MAR showed Resident 1 was prescribed,

-Guanfacine 1 milligram, give 1 tablet (1mg) per g-tube, for Attention-Deficit/Hyperactivity Disorder (ADHD), a mental health disorder that includes difficulty paying attention, hyperactivity, and impulsive behavior.

-Guanfacine 2 mg, give 1 tablet via g-tube every evening for ADHD.

-Hydroxyzine 25 mg, take 1 capsule via g-tube three times daily for anxiety/agitation.

-Hydroxyzine 25 mg, take 1 capsule via g-tube once daily as needed for anxiety/agitation.

-Trazodone 50 mg, take 1 and ½ tablets (75 mg) by mouth at bedtime for insomnia, inability to sleep.

Resident 1's NCP dated 07/31/2024 indicated that Resident 1 took psychopharmacological medication and there was an area in the NCP to describe symptoms that each medication treated. Further review showed a note, "see current [Medication Administration Record] (MAR). In addition, Resident 1's NCP showed the resident had sleep disturbance and Resident 1 had medication for insomnia that was not documented in their NCP as an intervention.

In an interview on 04/22/2025 at 1:37 PM, Staff A stated that they were not aware that every [psychopharmacological] medication needed to be listed in resident NCP's.

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, ACaring Adult Home LLC is or will be in compliance with this law and / or regulation on (Date) 6|20|25.

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

JOSEPHINE MBURU — 5|12|25
Provider (or Representative) — Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

-Hydroxyzine 25 mg, take 1 capsule via g-tube three times daily for anxiety/agitation.

-Hydroxyzine 25 mg, take 1 capsule via g-tube once daily as needed for anxiety/agitation.

-Trazodone 50 mg, take 1 and ½ tablets (75 mg) by mouth at bedtime for insomnia, inability to sleep.

Resident 1's NCP dated 07/31/2024 indicated that Resident 1 took psychopharmacological medication and there was an area in the NCP to describe symptoms that each medication treated. Further review showed a note, "see current [Medication Administration Record] (MAR). In addition, Resident 1's NCP showed the resident had sleep disturbance and Resident 1 had medication for insomnia that was not documented in their NCP as an intervention.

In an interview on 04/22/2025 at 1:37 PM, Staff A stated that they were not aware that every [psychopharmacological] medication needed to be listed in resident NCP's.

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_____ _____
Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Resident 1 and Resident 3) received prescribed medications as ordered. This failure placed Resident 1 and Resident 3 at risk of

worsening conditions.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Resident 1 and Resident 3 lived in and received medication administration and medication assistance from the AFH.

Resident 3

A review of Resident 3's April 2025 electronically generated Medication Administration Record (MAR) showed Resident 3 was prescribed Polyethylene Glycol 3350, take 1 scoop dissolved in 8 ounces of liquid and drink by mouth every 3 days for constipation.

In an interview on 04/22/2025 at 3:15 PM, Staff A, Entity Representative/Resident Manager, stated that they had contacted Resident 3's Guardian several times and requested they bring Resident 3's Polyethylene Glycol 3350 to the AFH. Staff A further stated that Resident 3's Guardian handled all of the residents medications. Additionally, Staff A stated that they did not know what to do, that they had asked the Guardian over and over for the medication and didn't know what else to do.

Resident 1

A review of Resident 1's April 2025 electronically generated MAR showed Resident 1 was prescribed, Hydroxyzine 25 milligram (mg), take 1 capsule via Gastronomy Tube (g-tube), a feeding tube used to provide nutrition, three times daily for anxiety/agitation and Hydroxyzine 25 mg, take 1 capsule via g-tube once daily as needed (PRN for anxiety).

On 04/22/2025 at 3:27 PM observation of Resident 1's medication storage container showed no Hydroxyzine 25 mg, take 1 capsule via g-tube once daily PRN.

In an interview on 04/22/2025 at 3:28 PM, Staff B, Caregiver, stated that they had Resident 3's Hydroxyzine 25 mg, take 1 capsule via g-tube three times daily but did not have Resident 3's Hydroxyzine 25 mg, take 1 capsule via g-tube once daily PRN.

In an interview on 04/22/2025 at 3:29 PM, Staff A stated that they had contacted Resident 1's Guardian several times and requested they bring Resident 1's Hydroxyzine 25 mg, take 1 capsule via g-tube once daily PRN.

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JOSEPHINE MBURU 5/12/25

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:

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep 1 of 1 staff's (Staff B, Caregiver) medication in locked storage. This failure placed all 4 ambulatory residents' (Residents 1, 2, 3, and 4) at risk of harm or injury if they accessed and used medication not prescribed for their use.

Findings included...

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Residents 1, 2, 3, and 4 all ambulated independently.

Observation on 04/22/2025 at 9:47 AM showed, the door of a refrigerator located in the AFH kitchen, had a package of Victoza insulin (used for high blood sugar) belonging to Staff B. The label showed, inject 1.2 mg subcutaneously daily for Diabetes (occurs when your blood glucose, also called blood sugar, is too high) and Lantus 100 units/milliliter (ml), inject 26 units subcutaneously every morning and night for control of Diabetes.

In an interview on 04/22/2025 at 9:48 AM, Staff A, Entity Representative/Resident Manager, stated

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_____ _____
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:

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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep 1 of 1 staff's (Staff B, Caregiver) medication in locked storage. This failure placed all 4 ambulatory residents' (Residents 1, 2, 3, and 4) at risk of harm or injury if they accessed and used medication not prescribed for their use.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH. Further observation showed Residents 1, 2, 3, and 4 all ambulated independently.

Observation on 04/22/2025 at 9:47 AM showed, the door of a refrigerator located in the AFH kitchen, had a package of Victoza insulin (used for high blood sugar) belonging to Staff B. The label showed, inject 1.2 mg subcutaneously daily for Diabetes (occurs when your blood glucose, also called blood sugar, is too high) and Lantus 100 units/milliliter (ml), inject 26 units subcutaneously every morning and night for control of Diabetes.

In an interview on 04/22/2025 at 9:48 AM, Staff A, Entity Representative/Resident Manager, stated that the insulin belonged to Staff B. Staff A further stated that they had told Staff B to lock it in the medication storage container found in the refrigerator.

Statement of Deficiencies	License #: 754593	Compliance Determination # 58412
Plan of Correction	ACaring Adult Home LLC	Completion Date
Page 16 of 17	Licensee: ACaring Adult Home LLC	05/06/2025

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JOSEPHINE MBURU 5/12/25

Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to complete partial emergency evacuation drills at least every 60 days. This failure placed all residents' (Residents 1, 2, 3, 4, and 5) at risk of serious injury or harm if an emergency requiring evacuation of the AFH occurred.

Findings included...

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

A review of the AFH's "Emergency Evacuation Drill Log" showed the AFH had conducted an emergency evacuation drill on 02/16/2025, 12/01/2024, 08/06/2024, 06/01/2024, 03/02/2024, and 12/11/2023.

In an interview on 04/22/2025 at 12:03 PM, Staff A, Entity Representative/Resident Manager stated that the AFH completed emergency evacuation drills every two months. Staff A further stated that

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Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to complete partial emergency evacuation drills at least every 60 days. This failure placed all residents' (Residents 1, 2, 3, 4, and 5) at risk of serious injury or harm if an emergency requiring evacuation of the AFH occurred.

Findings included…

During a visit on 04/22/2025 at 8:38 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH.

A review of the AFH's "Emergency Evacuation Drill Log" showed the AFH had conducted an emergency evacuation drill on 02/16/2025, 12/01/2024, 08/06/2024, 06/01/2024, 03/02/2024, and 12/11/2023.

In an interview on 04/22/2025 at 12:03 PM, Staff A, Entity Representative/Resident Manager stated that the AFH completed emergency evacuation drills every two months. Staff A further stated that they were surprised the emergency evacuation drills had not been completed every 60 days.

Statement of Deficiencies	License #: 754593	Compliance Determination # 58412
Plan of Correction	ACaring Adult Home LLC	Completion Date
Page 17 of 17	Licensee: ACaring Adult Home LLC	05/06/2025

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JOSEPHINE MBURU 5/12/25

Provider (or Representative) Date

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