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

Elroy Adult Family Home LLC

Elroy Adult Family Home LLC
9024 229th St SW
Edmonds, WA 98026

RE: Elroy Adult Family Home LLC License # 754618

Dear Provider:

This letter addresses Compliance Determination(s) 65929 (Completion Date 09/19/2025) and 64420 (Completion Date 09/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/19/2025 and found that you have corrected the violations listed in the Full report dated 09/04/2025. Your home is back in compliance as of 09/16/2025 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 388-76-10485-3, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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 08/22/2025 of:

Elroy Adult Family Home LLC
9024 229th St SW
Edmonds, WA 98026

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:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 754618	Compliance Determination # 64420
Plan of Correction	Elroy Adult Family Home LLC	Completion Date
Page 2 of 5	Licensee: Elroy Adult Family Home LLC	09/04/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee' Bourque
Residential Care Services

09/11/2025
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)

09/16/2025
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 ensure that 1 of 4 residents (Resident 4) had their medication requiring refrigeration kept in the refrigerator in secured storage. This failure placed Resident 4 at risk of medication administration errors.

Findings included...

Observation, on 08/22/2025 at 1:20 PM, of Resident 4's medications showed Latanoprost 0.005% eye drops (an eye medication used to decrease inner eye pressure) kept in the refrigerator on the door shelf with no secured storage.

In an interview, on 08/22/2025 at 1:25 PM, Staff A (Provider) stated that they were not aware that medications in the refrigerator needed to be in secured storage.

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

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 ensure that 1 of 4 residents (Resident 4) had their medication requiring refrigeration kept in the refrigerator in secured storage. This failure placed Resident 4 at risk of medication administration errors.

Findings included…

Observation, on 08/22/2025 at 1:20 PM, of Resident 4's medications showed Latanoprost 0.005% eye drops (an eye medication used to decrease inner eye pressure) kept in the refrigerator on the door shelf with no secured storage.

In an interview, on 08/22/2025 at 1:25 PM, Staff A (Provider) stated that they were not aware that medications in the refrigerator needed to be in secured storage.

Statement of Deficiencies	License #: 754618	Compliance Determination # 64420
Plan of Correction	Elroy Adult Family Home LLC	Completion Date
Page 3 of 5	Licensee: Elroy Adult Family Home LLC	09/04/2025

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, Elroy Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/16/2025.

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

Provider (or Representative) 09/16/2025 Date

WAC 388-76-10430 Medication system.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Resident 3 and Resident 4) had their medication log (ML) kept current or that they received medications as ordered. This failure placed Resident 3 and Resident 4 at risk of medication errors.

Findings included...

RESIDENT 3:
Record review showed Resident 3 was admitted to the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 3's ML and medication bin showed the following errors:
1.Resident 3's ML listed Vitamin D3 1000 IU (international units) tablets 1 tablet every morning. Available Vitamin D3 tablets in Resident 3's medication bin was labelled as Vitamin D3 2000 IU tablets. Resident 3's ML showed the Vitamin D3 2000 IU tablets had been given every morning.
2.Two medications were available in Resident 3's medication bin and were not present on the ML: Calcium 600 mg tablets and Vitamin B12 500 microgram tablets.
3.Resident 3's ML listed Coenzyme Q-10 (an antioxidant supplement) 100 milligram tablets take 1 tablet each morning. Available in Resident 3's medication bin was Coenzyme Q-10 50 milligram tablets. Resident 3's ML showed one 50 milligram tablet

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, Elroy 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.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 residents (Resident 3 and Resident 4) had their medication log (ML) kept current or that they received medications as ordered. This failure placed Resident 3 and Resident 4 at risk of medication errors.

Findings included…

RESIDENT 3:
Record review showed Resident 3 was admitted to the AFH on [redacted]/2022 with multiple diagnoses including [redacted]

Review of Resident 3's ML and medication bin showed the following errors:
1.Resident 3's ML listed Vitamin D3 1000 IU (international units) tablets 1 tablet every morning. Available Vitamin D3 tablets in Resident 3's medication bin was labelled as Vitamin D3 2000 IU tablets. Resident 3's ML showed the Vitamin D3 2000 IU tablets had been given every morning.
2.Two medications were available in Resident 3's medication bin and were not present on the ML: Calcium 600 mg tablets and Vitamin B12 500 microgram tablets.
3.Resident 3's ML listed Coenzyme Q-10 (an antioxidant supplement) 100 milligram tablets take 1 tablet each morning. Available in Resident 3's medication bin was Coenzyme Q-10 50 milligram tablets. Resident 3's ML showed one 50 milligram tablet

was taken daily.
4.Resident 3's ML listed Nitroglycerine Sublingual tablets (a potent medication to relax and widen heart vessels when chest pain occurs). In Resident 3's bin Nitroglycerine Sublingual tablets were available but had expired 07/31/2025.

In an interview, on 08/22/2025 at 2:30 PM, Resident 3 stated they shopped for their over-the-counter vitamins and supplements and gave them to Staff A (Provider) to administer daily. Resident 3 stated they bought what was on sale usually and it may not be the exact dosage that was ordered.

In an interview, on 08/22/2025 at 3:10 PM, Staff A stated they would develop a system to ensure the ML matched the medications in the bin and to ensure all medications were not expired.

RESIDENT 4:
Record review showed Resident 4 was admitted to the AFH on [redacted]/2022 with multiple diagnoses including [redacted]

Review of Resident 4's ML and medication bin showed the following errors:
1.Available in Resident 4's medication bin with no listing on the ML was Blink eye lubricant, an over-the-counter eye drop.
2.Listed on Resident 4's ML was Acetaminophen (a pain relief medication) 500 milligram tablet take 1 table as needed. Available in Resident 4's medication bin was Acetaminophen 650 milligram tablets.

In an interview on 08/22/2025 at 3:10 PM, Staff A stated they were not sure if Resident 4 had recently used the Blink eye drops and they would clarify the Acetaminophen dose order.

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, Elroy Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/16/2025.

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

Provider (or Representative) 09/16/2025 Date

was taken daily.
4.Resident 3's ML listed Nitroglycerine Sublingual tablets (a potent medication to relax and widen heart vessels when chest pain occurs). In Resident 3's bin Nitroglycerine Sublingual tablets were available but had expired 07/31/2025.

In an interview, on 08/22/2025 at 2:30 PM, Resident 3 stated they shopped for their over-the-counter vitamins and supplements and gave them to Staff A (Provider) to administer daily. Resident 3 stated they bought what was on sale usually and it may not be the exact dosage that was ordered.

In an interview, on 08/22/2025 at 3:10 PM, Staff A stated they would develop a system to ensure the ML matched the medications in the bin and to ensure all medications were not expired.

RESIDENT 4:
Record review showed Resident 4 was admitted to the AFH on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 4's ML and medication bin showed the following errors:
1.Available in Resident 4's medication bin with no listing on the ML was Blink eye lubricant, an over-the-counter eye drop.
2.Listed on Resident 4's ML was Acetaminophen (a pain relief medication) 500 milligram tablet take 1 table as needed. Available in Resident 4's medication bin was Acetaminophen 650 milligram tablets.

In an interview on 08/22/2025 at 3:10 PM, Staff A stated they were not sure if Resident 4 had recently used the Blink eye drops and they would clarify the Acetaminophen dose order.

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, Elroy 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

Statement of Deficiencies	License #: 754618	Compliance Determination # 64420
Plan of Correction	Elroy Adult Family Home LLC	Completion Date
Page 5 of 5	Licensee: Elroy Adult Family Home LLC	09/04/2025

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

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 4 residents (Resident 3) had the safety assessment and informed consent required with the use of a medical device. This failure placed Resident 3 at risk of injury.

Findings included...

Observation, on 08/22/2025 at 11:30 AM, of Residents 3's bed showed a [redacted] at the head of their bed about 4 inches from the mattress.

Review of Resident 3's record showed the [redacted] did not have the required safety assessment or the informed consent showing the risks and benefits of the [redacted] had been explained.

In an interview, on 08/22/2025 at 3:20 PM, Staff A (Provider) stated they were not aware of the requirements for medical devices.

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, Elroy Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/16/2025

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

Provider (or Representative) 09/16/2025 Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

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 4 residents (Resident 3) had the safety assessment and informed consent required with the use of a medical device. This failure placed Resident 3 at risk of injury.

Findings included…

Observation, on 08/22/2025 at 11:30 AM, of Residents 3's bed showed a [redacted] at the head of their bed about 4 inches from the mattress.

Review of Resident 3's record showed the [redacted] did not have the required safety assessment or the informed consent showing the risks and benefits of the [redacted] had been explained.

In an interview, on 08/22/2025 at 3:20 PM, Staff A (Provider) stated they were not aware of the requirements for medical devices.

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, Elroy 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

ELROY ADULT FAMILY HOME LLC
9024 229th St. SW Edmonds, WA 98026
Tel: (425) 678-1996
Fax: (425) 988-9843

Plan of Correction for a Cited Deficiency

cited deficiency:

Deficiency/Citation Number: WAC 388-76-10475

Deficient Practice: On 08/22/2025 it was discovered that

1. Resident 3 vitamin D3 dosage did not match the record. Resident 3 was taking 2000.00 instead of 1000 IU tablet.
   CORRECTIVE ACTION TAKEN:

- Immediate Action: On 08/22/2025, the resident has chosen to supply correct dose and has been corrected. resident 3 vitamin D3 1000 IU tablet supplied by the resident. The record of resident 3 has been audited to comply with the requirement. To prevent future error, the audit form has been developed and the medication on spot check will be completed weekly. Resident 3 has been given a copy of medications that supply to prevent error while shopping over counter meds. Furthermore, the licensee will audit each supply that resident 3 shops over counter supplies.

  Correction has been completed on 08/22/2025

2. Resident 3 calcium 600MG Tab, and vitamin B12 500MCG medication were in the bin but were not present on ML.
   CORRECTIVE ACTION TAKEN:

- Immediate Action: On 08/23/2025, the attending physician was contacted and made aware of the resident 3 Calcium 600MG Tab and vitamin B12 500MCG medications order are not obtained. After several attempt, the attending physician office has responded and the order has been issued via fax on 09/11/2025. Based on the attending physician order, the record has been corrected. Resident 3 record has been audited to comply with the requirement. To prevent future error, the audit form has been developed and the medication on spot check will be conducted weekly.
  Correction has been completed on 09/11/2025

3. Resident 3 medication log Coenzyme Q-10 100MG Tabs take 1 tab each morning. Available in resident 3's medication bin was Coenzyme Q-10 50MG tablets. Resident 3's ML showed one 50MG tablet was taken daily.

CORRECTIVE ACTION TAKEN:

- Immediate Action: On 08/22/2025, resident 3 was taking Coenzyme Q-10 50MG. The resident has supplied Coenzyme Q-10 100MG. The dose has been corrected with Coenzyme Q-10 100MG. Resident 3 record has been audited to comply with the requirement. To prevent future error, the audit form has been developed and the medication on spot check will be conducted weekly.
  Correction has been completed on 08/22/2025

4. Resident 3's ML listed Nitroglycerine sub lingual tablets in resident 3's Nitroglycerine sub lingual tablets available but had expired 7/31/2025.
   CORRECTIVE ACTION TAKEN:

- Immediate Action: On 08/22/2025, the pharmacy has been contacted and made aware of the resident 3 Nitroglycerine sublingual tablets has expired, and have requested for new RX, and the pharmacy has delivered. The expired med has been disposed. Resident 3 medications has been audited and all medications are in good standing. To prevent future error, the audit form has been developed and the medication on spot check will be conducted weekly to identify expired medications.
  Correction has been completed on 08/23/2025

Deficient Practice: On 08/22/2025 it was discovered that Resident 4

1. Available in resident 4th medication bin with no listing on ML was Blink eye lubricant an over the counter eye drop.
   CORRECTIVE ACTION TAKEN:

- Immediate Action: On 08/23/2025, the attending physician was contacted and made aware of the resident 4 Blink eye medication order is not obtained. After several attempt, the attending physician office has responded and the order has been issued via fax. on Based on the attending physician order, the record has been corrected. Resident 4 record has been audited to comply with the requirement. To prevent future error, the audit form has been developed and the medication on spot check will be conducted weekly.
  Correction has been completed on 09/01/2025

2. Listed on resident 4th ML was acetaminophen 500MG tablet take 1 as needed available in resident 4th medication bin was acetaminophen 650MG tablets.
   CORRECTIVE ACTION TAKEN:

- Immediate Action: On 08/22/2025, the acetaminophen 650MG has been removed from the bin and replaced with 500MG acetaminophen. The resident has been advised that she has correct dose of medication at home and consider not to buy acetaminophen from over counter. The resident has agreed to stay with the doctor's order and to take 500MG as needed per doctor's order. The record has been corrected. Resident 4 record has been audited to comply with the

requirement. To prevent future error, the audit form has been developed and the medication on spot check will be conducted weekly by licensee.
Correction has been completed on 08/22/2025

Deficiency/Citation Number: WAC 388-76-10485

3. Deficient Practice: On 08/22/2025 it was discovered that Resident 4 Latanoprost 0.005% eye drops medication in the refrigerator was unsecured since it was stationed without lockable storage. There was a failure to follow the protocol that has been identified.

CORRECTIVE ACTION TAKEN:

- Have Obtained a locking box specifically for refrigerated medication on 08/22/2025.
- Immediately moved the refrigerated medication to a locked container that cannot be accessed by unauthorized individuals.

How the Adult Family Home will prevent future unsecured medication storage of this type?

- The licensee of Elroy Adult Family Home Zimita Aychluhum will ensure that all prescribed or over counter medications are stored in locked box inside the refrigerator away from food, to maintain potency and prevent unauthorized access.
  Correction has been completed on 08/22/2025

Monitoring and review

- The provider Zimita Aychluhum will monitor the new system for at least 30 days.
- A provider will actively check that all corrective actions are being followed.
- After the monitoring period, Zimita Aychluhum the provider will review the new system with all staff members to confirm that unsecured storage issues have been fully resolved.
- The provider will create a schedule for regular reviews.
- The provider will conduct a brief review of the medication storage and reminder system every six months or whenever there is a change in the individual's prescription or daily routine.

How the Adult Family Home will prevent future medication errors of this type?

- Systemic Review: All medication logs for every resident will be monthly audited by the licensee to ensure there will not be no missed doses or errors.
- Licensee have developed audit forms and will also spot check

- Policy Revision: The home's medication administration policy and procedure manual was updated to include a double-check system. All staff are now required to verify the medication and dosage for any resident receiving assistance with medication administration.
- Staff Training: All staff members will continue taking 12 hours of continue education on proper medication administration procedures, medication documentation, and the importance of adhering to the "Five Rights" of medication administration.
- Enhanced Monitoring: The licensee will conduct weekly spot-checks of resident MARs for the next 90 days to verify that all medications are being administered and documented correctly.

3. Who will be responsible for monitoring the corrections so they do not recur?

- Direct Oversight: The Adult Family Home Licensee, Zimita Aychluhum is responsible for ensuring all corrective actions are implemented and that staff are complying with the revised medication policies.
- Monitoring: The Licensee will be responsible for conducting the weekly audits of the MARs and for observing staff medication passes to ensure compliance.
- Ongoing Training: The Licensee will schedule and conduct yearly refresher training for all staff to maintain compliance.

4. When lasting correction will be achieved.

- Date: [Date 09/16/2025 must be within 45 days of the citation, per DSHS guidance]. All immediate corrective actions have been implemented. The systemic changes, including staff training on policy updates, will be completed by 10/01/2025.

Deficiency/Citation Number: WAC 388-76-10650

Medical device use.

Before medical device with a known safety risks is used by resident, the home must

A. ensure an assessment has been completed that identifies the resident's need and ability to safety use the medical device:
B. Provide resident and his or her family or legal representative with information about the device's benefits and safety risk to enable them to make an informed decision about whether to use the device. Based on the observation, interview and record review, the adult family home failed to ensure 1 of 4 residents (Resident 3) had the safety assessment and informed consent required with the use of a medical device.

CORRECTIVE ACTION TAKEN:

- Immediate Action: On 08/23/2025, the attending physician was contacted and resident 3 needs referral has been requested. The attending physician has made the referral to Providence Home Health and the assessment has been completed on 09/03/2025 and on 09/10/2025 The

informed consent has been produced and resident 3 has been well informed whether to use the device or not. Resident has decided to continue to utilize the device and has signed the consent. The copy of assessment and the informed consent is obtained by Elroy Adult Family Home. Correction has been completed on 09/15/2025

How the Adult Family Home will prevent future medical device documentation deficiency?

- In order to comply with the requirement, Elroy Adult Family Home will make sure to obtain the consent that the clients who wish to utilize such resource must make informed choices and also have assessment completed by their medical team prior to move in date to Elroy AFH.

Print Name: Zimita Aychluhum
Title: Elroy Adult Family Home LLC Provider/Licensee

Signature: _____ Date: 09/16/2025