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

Asmekeb Adult Family Home LLC

Asmekeb Adult Family Home LLC
24925 132nd Pl SE
Kent , WA 98042

RE: Asmekeb Adult Family Home LLC License # 754645

Dear Provider:

This letter addresses Compliance Determination(s) 60184 (Completion Date 05/27/2025) and 55283 (Completion Date 04/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/27/2025 and found that you have corrected the violations listed in the Full report dated 04/07/2025. Your home is back in compliance as of 05/22/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10745-1

The Department staff who did the on-site verification:
Marites Gatan, NCI

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 02/24/2025 of:

Asmekeb Adult Family Home LLC
24925 132nd Pl SE
Kent , WA 98042

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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 #: 754645	Compliance Determination # 55283
Plan of Correction	Asmekeb Adult Family Home LLC	Completion Date
Page 2 of 5	Licensee: Asmekeb Adult Family Home LLC	04/07/2025

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.

Residential Care Services

4-8-2025
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)

4/13/2025
Date

WAC 388-76-10430 Medication system.

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

(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 failed to have a medication system in place to ensure that the prescribed medication dose is the same as their medication supply for 1 of 2 sampled residents (Resident 3) and had their as needed (PRN) medications available. These failures placed Resident 3 at risk of unmet medication needs.

Findings included...

In an interview on 02/24/2025 9:35 AM, Staff A, Entity Representative stated that they oversaw the AFH with three residents (Residents 1, 2, and 3) who lived and received care from AFH staff.

In an interview on 02/24/2025 at 10:22 AM, Staff A stated that Resident 3 required medication assistance.

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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(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 failed to have a medication system in place to ensure that the prescribed medication dose is the same as their medication supply for 1 of 2 sampled residents (Resident 3) and had their as needed (PRN) medications available. These failures placed Resident 3 at risk of unmet medication needs.

Findings included…

In an interview on 02/24/2025 9:35 AM, Staff A, Entity Representative stated that they oversaw the AFH with three residents (Residents 1, 2, and 3) who lived and received care from AFH staff.

In an interview on 02/24/2025 at 10:22 AM, Staff A stated that Resident 3 required medication assistance.

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Record review of Resident 3's February 2025 pharmacy generated medication log showed they were prescribed of Melatonin (medication for sleep) 3 milligram (mg) tablet, take two tablets (6 mg) at bedtime as needed for sleep. The medication log indicated that 'family supply." Resident 3 was also prescribed of Acetaminophen (medication for pain relief and to reduce fever) 500 mg every 6 hours for pain.

Observation on 02/24/2025 at 2:12 PM, showed medication supply of bottle labeled Melatonin 5 mg, chewable gummies. Further observation showed that there was no Acetaminophen medication.

In an interview on 02/24/2025 at 4:03 PM, Staff A stated that Resident 3 had never asked for as needed pain medication, as they had routine Tylenol pain medication. Staff A stated that they had requested Resident 3's physician to discontinue the Acetaminophen as needed order, however their physician did not want to.

In an interview on 02/24/2025 at 4:05 PM, Staff A stated that Resident 3 did not want the Melatonin tablet and wanted the chewable form. Staff A stated that Resident 3's family member was not able to get the Melatonin chewable form in 3 mg or 6 mg . Staff A stated that they would call Resident 3's physician to change the 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, Asmekeb Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 4/8/2025.

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

Provider (or Representative) 4/13/2025 Date

WAC 388-76-10745 Local codes and ordinances. The adult family home must:

(1) Meet all applicable local licensing, zoning, building and housing codes as they pertain to a single family dwelling;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to apply for a building permit as required by the City of Kent when they constructed 1 of 1 additional bathroom and 1 of 1 dishwashing sink. In addition, the AFH had transferred

Record review of Resident 3's February 2025 pharmacy generated medication log showed they were prescribed of Melatonin (medication for sleep) 3 milligram (mg) tablet, take two tablets (6 mg) at bedtime as needed for sleep. The medication log indicated that 'family supply." Resident 3 was also prescribed of Acetaminophen (medication for pain relief and to reduce fever) 500 mg every 6 hours for pain.

Observation on 02/24/2025 at 2:12 PM, showed medication supply of bottle labeled Melatonin 5 mg, chewable gummies. Further observation showed that there was no Acetaminophen medication.

In an interview on 02/24/2025 at 4:03 PM, Staff A stated that Resident 3 had never asked for as needed pain medication, as they had routine Tylenol pain medication. Staff A stated that they had requested Resident 3's physician to discontinue the Acetaminophen as needed order, however their physician did not want to.

In an interview on 02/24/2025 at 4:05 PM, Staff A stated that Resident 3 did not want the Melatonin tablet and wanted the chewable form. Staff A stated that Resident 3's family member was not able to get the Melatonin chewable form in 3 mg or 6 mg . Staff A stated that they would call Resident 3's physician to change the 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, Asmekeb 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 388-76-10745 Local codes and ordinances. The adult family home must:

(1) Meet all applicable local licensing, zoning, building and housing codes as they pertain to a single family dwelling;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to apply for a building permit as required by the City of Kent when they constructed 1 of 1 additional bathroom and 1 of 1 dishwashing sink. In addition, the AFH had transferred

their laundry area inside the resident's bathroom. This failure placed all 3 residents (Residents 1, 2, and 3) at risk of harm from a bathroom, dishwashing sink and laundry area inside the residents' bathroom, that were not inspected to ensure the local plumbing and electrical standards of safety and code requirements were met.

Findings included…

Review of the City of Kent, Washington website under Building Permit showed that a permit was needed for most construction, alteration or repair work such as changing a building's structure or living space, adding or removing any electrical or plumbing system.

In an interview on 02/24/2025 9:35 AM, Staff A, Entity Representative stated that they oversaw the AFH with three residents (Residents 1, 2, and 3) who lived and received care from AFH staff.

Observation on 02/24/2025 at 11:05 AM showed Bedroom A had a room next to it, that had two sinks inside.

In an interview on 02/24/2025 at 11:05 AM, Staff A stated that the sinks were used for washing the resident dishes instead of bringing it upstairs in the kitchen.

Observation on 02/24/2025 at 11:06 AM showed washing machine and dryer inside the residents' bathroom, in front of the shower area.

In an interview on 02/24/2025 at 11:07 AM, Staff A stated that only Resident 3 used the shower once a week.

On 02/24/2025 at 11:59 AM, department staff showed Staff A, the AFH floor plan that was dated and signed on 08/19/2021. The floor plan showed a laundry room next to Bedroom A.

In an interview on 02/24/2025 at 12:00 PM, Staff A stated that they had a hard time going up and down the stairs when they brought the dishes for washing. Staff A stated that they divided the laundry room into two rooms, one room with toilet for caregivers and another room for the dishwashing.

Observation on 02/24/2025 at 12:02 PM showed room next to dishwashing room with a toilet and a sink. Outside the door was a sign marked for staff use only.

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In an interview on 02/24/2025 at 12:03 PM, Staff A stated that they did not have a permit for the construction of the two rooms. Staff A stated that it was not construction and called it "separation" of the laundry room. Staff A stated that the laundry room had plumbing and sink, and it was their family member who completed the work in 2021. In addition, Staff A stated the work they completed, included installation of a toilet and placement of the washing machine and dryer in the residents' bathroom.

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, Asmekeb Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 5/22/2025

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

Provider (or Representative)

4/13/2025
Date

In an interview on 02/24/2025 at 12:03 PM, Staff A stated that they did not have a permit for the construction of the two rooms. Staff A stated that it was not construction and called it “separation” of the laundry room. Staff A stated that the laundry room had plumbing and sink, and it was their family member who completed the work in 2021. In addition, Staff A stated the work they completed, included installation of a toilet and placement of the washing machine and dryer in the residents’ bathroom.

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, Asmekeb 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