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

Love Care Adult Family Home LLC
Love Care Adult Family Home LLC

Lake Stevens, WA 98258

RE: Love Care Adult Family Home LLC License # 754757

Dear Provider:

This letter addresses Compliance Determination(s) 52249 (Completion Date 01/06/2025) and 49477 (Completion Date 11/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/06/2025 and found that you have corrected the violations listed in the Full report dated 11/07/2024. Your home is back in compliance as of 12/18/2024 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 388-76-10265-1-d, WAC 388-76-10750-1, WAC 388-76-10750-3, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Rivi Stella Perez

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

Sincerely,

Alfredo Brown

Alfredo Brown, 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

Statement of Deficiencies	License #: 754757	Compliance Determination # 49477
Plan of Correction	Love Care Adult Family Home LLC	Completion Date
Page 1 of 9	Licensee: Love Care Adult Family Home LLC	11/07/2024

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 10/29/2024 and 10/29/2024 of:
Love Care Adult Family Home LLC
20414 80TH AVE NE
KENMORE, WA 98028

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:

Rivi Stella Perez

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

11/12/2024
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.

Statement of Deficiencies	License #: 754757	Compliance Determination # 43477
Plan of Correction	Love Care Adult Family Home LLC	Completion Date
Page 2 of 9	Licensee: Love Care Adult Family Home LLC	11/07/2024

Provider (or Representative)

11-19-2024
Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver,

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a TB (Tuberculosis) screening was completed within three days of employment for 1 of 2 sampled staff (Staff B, Caregiver). This failure placed all residents at risk for exposure to TB, an infectious illness.

Findings included...

Review of Staff B's personnel file showed a hire date of 10/11/2024. The file showed a copy of Staff B's TB blood test report dated 12/08/2023, which was done prior to date of hire. There were no other TB related records in Staff B's personnel file.

During an interview on 10/28/2024 at 5:01 PM, Staff A, Provider/Entity Representative/Resident Manager, stated that they thought Staff B's TB blood test report was good enough. Staff A stated they did not know that they still had to do the TB screening within three days of employment.

During an interview on 10/28/2024 at 5:15 PM, following a joint record of the regulation for TB screening and types of screening needed, Staff A stated that Staff B should have been screened for TB within three days of employment.

During an interview on 10/28/2024 at 5:18 PM, Staff B stated that they had been told by an occupational clinic that the TB blood test was just done in less than a year and should be enough.

Attestation Statement

Provider (or Representative) _____ Date _____

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a TB (Tuberculosis) screening was completed within three days of employment for 1 of 2 sampled staff (Staff B, Caregiver). This failure placed all residents at risk for exposure to TB, an infectious illness.

Findings included...

Review of Staff B's personnel file showed a hire date of 10/11/2024. The file showed a copy of Staff B's TB blood test report dated 12/03/2023, which was done prior to date of hire. There were no other TB related records in Staff B's personnel file.

During an interview on 10/29/2024 at 5:01 PA, Staff A, Provider/Entity Representative/Resident Manager, stated that they thought Staff B's TB blood test report was good enough. Staff A stated they did not know that they still had to do the TB screening within three days of employment.

During an interview on 10/29/2024 at 5:15 PM, following a joint record of the regulation for TB screening and types of screening needed, Staff A stated that Staff B should have been screened for TB within three days of employment.

During an interview on 10/29/2024 at 5;16 PM, Staff B stated that they had been told by an occupational clinic that the TB blood test was just done in less than a year and should be enough.

Attestation Statement

Statement of Deficiencies	License #: 754757	Compliance Determination # 49477
Plan of Correction	Love Care Adult Family Home LLC	Completion Date
Page 3 of 9	Licensee: Love Care Adult Family Home LLC	11/07/2024

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, Love Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12-18-2024.

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

~~[redacted]~~ Addisalem B — Provider (or Representative)

11-19-2024 — Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to ensure the handlebars for the toilet handrails and toilet paper holder for 1 of 2 bathrooms (Bathroom 1) were clean, in good repair and condition and was free of hazards. The AFH failed to ensure the toothbrush holder/container for 1 of 2 bathrooms (Bathroom 1) was clean and sanitary. These failures placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of using a toilet handrail with broken parts that could not easily cleaned and at risk for diminished quality of life related to bathroom items not properly functioning and cleaned.

Findings included...

Observation noted during the tour of Bathroom 1 conducted with Staff A, Provider/Entity Representative/Resident Manager, on 10/29/2024 at 10:48 AM, showed a handrail on the bilateral side (on both sides) of the toilet seat. The plastic on the front-end area of the right handlebar for the toilet handrails was cracked and had a missing section exposing the end tip of a screw inside. The plastic on the front-end area of the left handlebar of the toilet handrails had cracks and had caved in with a light brown discoloration towards the end of the caved in area.

During an interview on 10/29/2024 at 10:48 AM, Staff A stated that they had not seen the plastic on the handlebars were broken. Staff A stated they would get a new toilet seat handrail. Staff A stated that it was unsafe for the residents to use.

Observation noted on 10/29/2024 at 2:24 PM, showed the toilet paper holder for Bathroom 1 was broken. The toilet paper was placed on the countertop next to the sink

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, Love Care 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

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(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

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This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to ensure the handlebars for the toilet handrails and toilet paper holder for 1 of 2 bathrooms (Bathroom 1) were clean, in good repair and condition and was free of hazards. The AFH failed to ensure the toothbrush holder/container for 1 of 2 bathrooms (Bathroom 1) was clean and sanitary. These failures placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of using a toilet handrail with broken parts that could not easily cleaned and at risk for diminished quality of life related to bathroom items not properly functioning and cleaned.

Findings included...

Observation noted during the tour of Bathroom 1 conducted with Staff A, Provider/Entity Representative/Resident Manager, on 10/29/2024 at 10:48 AM, showed a handrail on the bilateral side (on both sides) of the toilet seat. The plastic on the front-end area of the right handlebar for the toilet handrails was cracked and had a missing section exposing the end tip of a screw inside. The plastic on the front-end area of the left handlebar of the toilet handrails had cracks and had caved in with a light brown discoloration towards the end of the caved in area.

During an interview on 10/29/2024 at 10:48 AM, Staff A stated that they had not seen the plastic on the handlebars were broken. Staff A stated they would get a new toilet seat handrail. Staff A stated that it was unsafe for the residents to use.

Observation noted on 10/29/2024 at 2:24 PM, showed the toilet paper holder for Bathroom 1 was broken. The toilet paper was placed on the countertop next to the sink

where there was a wall in between to reach over. There was a clear plastic container with a gold base observed on top of the sink countertop with a toothbrush placed on it. There were cream-colored smears all over the clear plastic toothbrush container.

During an observation and interview with Staff A on 10/29/2024 at 2:26 PM, after they were shown the toilet paper holder and toothbrush holder, Staff A stated the toothbrush holder should be thrown away. Staff A was observed throwing the toothbrush holder in the garbage can. Staff A stated they would fix the toilet paper holder.

During a follow-up interview on 11/01/2024 at 4:08 PM, Staff A stated that they did not see the broken parts. Staff A stated the caregivers did now know when the handlebars got broken. Staff A stated they understood it was a safety issue and had ordered a replacement. Staff A stated the caregivers told them the toilet paper holder was broken "last week" but had now been fixed. Staff A stated the caregivers did not properly clean the toothbrush holder. Staff A stated as provider they had the responsibility to ensure the bathroom items were clean.

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, Love Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12-18-2024.

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

[redacted] Addisalem B — Provider (or Representative)

11-19-2024 — 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:

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

(d) Receives medications as required.

where there was a wall in between to reach over. There was a clear plastic container with a gold base observed on top of the sink countertop with a toothbrush placed on it. There were cream-colored smears all over the clear plastic toothbrush container.

During an observation and interview with Staff A on 10/29/2024 at 2:26 PM, after they were shown the toilet paper holder and toothbrush holder, Staff A stated the toothbrush holder should be thrown away. Staff A was observed throwing the toothbrush holder in the garbage can. Staff A stated they would fix the toilet paper holder.

During a follow-up interview on 11/01/2024 at 4:08 PM, Staff A stated that they did not see the broken parts. Staff A stated the caregivers did now know when the handlebars got broken. Staff A stated they understood it was a safety issue and had ordered a replacement. Staff A stated the caregivers told them the toilet paper holder was broken "last week" but had now been fixed. Staff A stated the caregivers did not properly clean the toothbrush holder. Staff A stated as provider they had the responsibility to ensure the bathroom items were clean.

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, Love Care 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.

(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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Residents 1 and 2) received all medications as prescribed, had an up-to-date Medication Log (ML), had all prescribed medications available on site and had notified the Medical Provider if the medication was refused or not available. These failures placed Residents 1 and 2 at risk for not getting all the medications prescribed for them and for medication errors.

Findings included...

RESIDENT 1
Review of AFH records for Resident 1 showed an admission date of [redacted] 2023. Review of the latest Negotiated Care Plan (NCP) for Resident 1, dated 02/28/2024, showed Resident 1 needed assistance with medication administration.

Review of Resident 1's October 2024 ML showed a medication entry on 04/05/2024 that read, "Dok [stool softener] 100 mg [milligram] tablet. Take ½ tablet (50 mg) every morning", with a scheduled time of "8AM'. The ML was signed from 10/1/2024 through 10/16/2024. There was a line across for the dates of 10/17/2024 through 10/20/2024. There were no initials from 10/21/2024 to 10/29/2024.

Observation during the medication review on 10/29/2024 at 11:12 AM showed no supply for the Dok medication.

During an interview on 10/29/2024 at 11:12 AM, Staff A, Provider/Entity Representative/Resident Manager, stated that there was no stock for the Dok medication. Staff A stated that the Medical Provider who ordered the medication was no longer the medical provider for Resident 1. Staff A stated the new Medical Provider had not ordered for the Dok medication.

During an interview on 10/29/2024 at 11:25 AM, Staff A explained their medication system for a medication that was ordered but not available. Staff A stated that if the resident has a power-of-attorney (POA), the AFH would ask the POA if they could supply the medication. Staff A stated that if the POA could not supply the medication or there was no POA, the AFH would call the Medical Provider to change it into a medication the insurance would cover. Staff A stated that if the medication could not be changed, they would ask the Medical Provider if the medication could be discontinued. Staff A stated the discontinued the medication would be removed from the resident's ML.

During an interview on 10/29/2024 at 11:36 AM, Staff A stated they would cross off the ML any medication order that had been discontinued. If the medication was not delivered, they would call the pharmacy. Staff A stated that if the medication was not available, the resident was out of the AFH or had refused the medication, they would put their initial on the ML. Staff A stated that the AFH would place a circle around the

initial and note in the back of the ML why the medication was not given.

During an interview on 10/29/2024 at 11:38 AM, following review of the order for the Dok in the October 2024 ML, Staff A stated the ML should have been signed and circled.

Review of Resident 1's October 2024 ML showed a medication entry on 04/05/2024 that read, "Cerave Moisturizing Cream. Apply topically [apply to outside of the body such as skin] to bilateral [both] hips, coccyx [tailbone] and all dry skin every morning." The cream was scheduled for "8AM" and was signed daily from 10/1/2024 to 10/29/2024.

Observation during medication review on 10/29/2024 at 11:11 AM showed no supply for the Cerave Moisturizing Cream.

During an interview on 10/29/2024 at 11:17 AM, Staff A stated the Cerave Cream was not covered by the insurance.

During an interview on 10/29/2024 at 11:29 AM, Staff A stated they did not receive the Cerave Cream from the pharmacy. Staff A stated they were doing the "mistake we are doing". When asked what the "mistake" was, Staff A stated they were signing the ML when there was no supply.

Review of Resident 1's October 2024 ML showed a medication entry on 5/13/2024 that read, "Melatonin [sleep aide medication] 5 mg tablet. Take 2 tablets (10 mg) by mouth every evening. (Not covered by insurance)." The medication was scheduled for "5PM" and was signed daily from 10/1/2024 to 10/28/2024.

Observation during medication review on 10/29/2024 at 11:20 AM showed no supply for the Melatonin.

During an interview on 10/29/2024 at 11:21 AM, Staff A stated the family covers for the Melatonin. Staff A stated that the AFH had not received the Melatonin. Staff A stated they would ask the Medical Provider to discontinue the Melatonin.

RESIDENT 2
Review of AFH records for Resident 2 showed an admission date of [redacted]/2024 with multiple diagnoses including [redacted]

During an interview on 10/29/2024 at 10:19 AM, Staff A stated that Resident 2 needed

assistance with medication administration. Staff A stated that Resident 2 can inject their own insulin. Staff A stated the AFH staff keeps the insulin medication.

Review of Resident 2's October 2024 ML showed a medication entry on 06/10/2024 that read, "Multivitamin tablet, take 1 tablet by mouth every morning. (Not covered by insurance)." The medication was scheduled for "8AM" and was signed daily from 10/1/2024 to 10/29/2024.

Observation during medication review on 10/29/204 at 11:50 AM showed no supply for the Multivitamin.

During an interview on 10/29/2024 at 11:50 AM, Staff A stated that they did not think Resident 2 was taking the medication. Staff A stated the medication was not covered by the insurance.

During an interview on 10/29/2024 at 11:52 AM, Staff A stated that they had the "same problem". Staff A added that they were signing for the medication in the ML as given, even if there was no stock, for they were assuming the Multivitamin was part of the bubble pack.

Review of Resident 2's October 2024 ML showed a medication entry on 06/20/2024 that read, "Glucose [a medication that helps elevate blood sugar] 2-gram chewable tablet. Chew and swallow 1 tablet every 15 minutes as needed for hypoglycemia [low blood sugar level] **Family supply**". The medication was ordered as needed.

Observation during medication review on 10/29/2024 at 11:54 AM showed no supply or stock for the Glucose chewable tablet.

During an interview on 10/29/2024 at 11:54 AM, Staff A stated that the pharmacy did not deliver the medicine. Staff A stated that they have sugar stuff in the home to use if the resident would have hypoglycemia (a condition that occurs when a person's blood sugar level drops).

During an interview on 10/29/2024 at 11:55 AM, Staff A stated they have "sugar stuff" in the house such as cookies if needed for hypoglycemia. Staff A stated that Resident 2 had a continuous glucose monitoring (CGM) device that would alert Resident 2 if their blood sugar is low. Staff A stated Resident 2 was alert and able to inform them about their blood sugar level reading in the CGM device.

During an interview on 10/29/2024 at 11:56 AM, Staff A stated that Resident 2 had no incident of hypoglycemia. Staff A stated they would ask Resident 2 for a supply of the Glucose chewable tablet.

Review of Resident 2's October 2024 ML showed a medication entry on 09/17/2024 that read, "Munjaro 2.5 mg/0.5 ml [milliliter]. Inject 2.5 mg subcutaneously [under the skin] every 7days. (not covered)." The medication was scheduled to be given every "8AM" once a week on Tuesdays. The medication had been given weekly on 10/01/2024, 10/08/2024 and 10/15/2024. The medication was due for 10/22/2024 and 10/29/2024 but the ML was left blank (no initials).

Observation during medication review on 10/29/2024 at 11:59 AM showed no stock of the Munjaro medication.

During an interview on 10/29/2024 at 11:59 AM, Staff A stated they were running low on supply and should get delivery the next day. Staff A stated that Resident 2 had received the medication on 10/22/2024.

During a follow-up interview on 10/29/2024 at 12:00 PM, Staff A stated the last time Resident 2 had received the medication was on 10/15/2024.

Observation and interview on 10/29/2024 at 12:01 PM, showed Staff A marked the October 2024 ML for 10/22/2024 as not given. Staff A stated that they have not received the Munjaro medication from the pharmacy, and they had been calling the pharmacy. Staff A stated that Resident 2 had not received the Munjaro medication for 2 weeks [10/22/2024 and 10/29/2024].

During an interview on 10/29/2024 at 12:02 PM, Staff A stated that they had notified the Medical Provider that Resident 2 had not received the medication and the Medical Provider did not order anything.

During an interview on 10/29/2024 at 12:05 PM, Resident 2 stated that they did not receive the Munjaro injection on 10/22/2024. Resident 2 stated that they had notified the Medical Provider that managed their IDDM.

Record review of Resident 2's messages showed on the following dates:
• On 09/23/2024, the Medical Provider was notified regarding lack of delivery supply related to insurance coverage.
• On 10/22/2024, the Medical Provider was notified regarding the missed dose and Resident 2 did not have any reaction resulting from the missed dose.
• On 10/25/2024, the Medical Provider responded that an authorization until 09/2025 was sent to the pharmacy for refill and delivery.

Review of Resident 2's October 2024 ML showed a medication entry on 08/13/2024 that read, "Humulin R [type of insulin injection] 500 unit/ml Kwikpen [pen with insulin medication]. Inject 30 units Sub-Q [subcutaneously] every evening before dinner." The medication was scheduled every "5PM". The ML showed the initials were encircled [not

given) on 10/13/2024 through 10/15/2024 and 10/18/2024 through 10/28/2024.

During an interview on 11/07/2024 at 5:00 PM, Resident 2 stated that they would not take the Humulin R if their blood sugar level for the evening was 150 or below to prevent their blood sugar from going low in the morning. Resident 2 stated that most nights they would not take the insulin injection. Resident 2 stated that they had informed their Medical Provider about not taking the Humulin R for "5PM".

Review of Resident 2's October 2024 ML for the "6PM" dose of Humulin R showed no order not to give if the blood sugar is below 150. Review of the medication order list for 10/01/2024 to 10/31/2024 showed no order not to give the Humulin R for "5PM" if the blood sugar level is below 150.

During an interview on 11/07/2024 at 5:14 PM, Staff A stated that Resident 2 would refuse the Humulin R injection at times for Resident 2 did not want their blood sugar level to go low. Staff A stated Resident 2 had communicated this to their Medical Provider. Staff A stated that there was no order to hold the Humulin R if the blood sugar level was below 150.

During an interview on 11/07/2024 at 5:20 PM, Staff A stated that the AFH staff had not notified the Medical Provider that Resident 2 had been refusing to have the Humulin R injection for "5PM". Staff A stated that they would notify the Medical Provider after the interview.

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, Love Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12-18-2024.

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

~~AAAAA~~ Addisalem B — Provider (or Representative)

11-19-2024 — Date

given] on 10/13/2024 through 10/15/2024 and 10/18/2024 through 10/28/2024.

During an interview on 11/07/2024 at 5:00 PM, Resident 2 stated that they would not take the Humulin R if their blood sugar level for the evening was 150 or below to prevent their blood sugar from going low in the morning. Resident 2 stated that most nights they would not take the insulin injection. Resident 2 stated that they had informed their Medical Provider about not taking the Humulin R for "5PM".

Review of Resident 2's October 2024 ML for the "5PM" dose of Humulin R showed no order not to give if the blood sugar is below 150. Review of the medication order list for 10/01/2024 to 10/31/2024 showed no order not to give the Humulin R for "5PM" if the blood sugar level is below 150.

During an interview on 11/07/2024 at 5:14 PM, Staff A stated that Resident 2 would refuse the Humulin R injection at times for Resident 2 did not want their blood sugar level to go low. Staff A stated Resident 2 had communicated this to their Medical Provider. Staff A stated that there was no order to hold the Humulin R if the blood sugar level was below 150.

During an interview on 11/07/2024 at 5:20 PM, Staff A stated that the AFH staff had not notified the Medical Provider that Resident 2 had been refusing to have the Humulin R injection for "5PM". Staff A stated that they would notify the Medical Provider after the interview.

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, Love Care 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

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

Love Care Adult Family Home LLC
Love Care Adult Family Home LLC

Lake Stevens, WA 98258

RE: Love Care Adult Family Home LLC # 754757

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/07/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Alfredo Brown, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

The Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens, and interpreted results when they conducted home testing. The AFH had applied for the MTSW license on 11/05/2024.

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

The Adult Family Home (AFH) failed to provide a copy of a valid or current Continuing Education (CE) certificate for 1 of 2 sampled caregiving staff (Staff A, Provider/Entity Representative/Resident Manager). This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk of receiving care which may not be within the current standards of care. The AFH provided a valid copy of the CE certificate for Staff A, dated 10/30/2024.

WAC 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

The Adult Family Home (AFH) failed to provide a copy of a valid or current food handler's permit or a copy of a valid or current Continuing Education (CE) certificate for food safety for 1 of 2 sampled caregiving staff (Staff A, Provider/Entity Representative/Resident Manager). This failure placed 4 of 4 residents (Residents 1, 2,

3, and 4) at risk of consuming food which was improperly prepared and there at risk for food-borne illness. The AFH provided a valid copy of Staff A's food handler's permit dated 10/30/2024 with expiration date of 10/30/2026. The AFH provided a copy of a CE training certificate for "Nutrition and food handling", dated 10/30/2024.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Alfredo Brown, Field Manager
Residential Care Services
Region 2, Unit K

20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600