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

Humming Birds AFH LLC
Humming Birds II AFH
8608 Golden Given Rd E
Tacoma, WA 98445

RE: Humming Birds II AFH License # 754868

Dear Provider:

This letter addresses Compliance Determination(s) 62993 (Completion Date 07/24/2025) and 59102 (Completion Date 05/30/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/24/2025 and found that you have corrected the violations listed in the Full report dated 05/30/2025. Your home is back in compliance as of 06/12/2025 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10290-1, WAC 388-76-10320-10-a, WAC 388-76-10420-4, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10490-2-b-i, WAC 388-76-10750-6-c, WAC 388-76-10895-2-b

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

If you have any questions, please contact me at (253)234-6097.

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 05/05/2025 of:

Humming Birds II AFH
31205 8TH AVE S
FEDERAL WAY, WA 98003

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 #: 754868	Compliance Determination # 59102
Plan of Correction	Humming Birds II AFH	Completion Date
Page 2 of 15	Licensee: Humming Birds AFH LLC	05/30/2025

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 — 5-30-2025 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) — 06/07/2025 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 1 of 2 sampled staff (Staff C, Caregiver) had two-step Tuberculosis ([TB] a communicable disease affecting lungs) skin testing, with the initial test done within three days of employment and a second test done one to three weeks after the first test. This failure placed all residents at risk of possible exposure to TB.

Findings included...

Observation on 05/05/2025 at 10:12 AM showed Staff C with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

In an interview on 05/05/2025 at 10:53 AM, Staff C stated they worked full time and lived at the home.

Review of Staff C records showed the AFH hired them on 01/13/2025. Staff C had a TB skin test administered on 01/24/2025 that was read on 01/27/2025 with a negative result. The TB skin test was administered 11 days after Staff C's hired date. Staff C had

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) 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 1 of 2 sampled staff (Staff C, Caregiver) had two-step Tuberculosis ([TB] a communicable disease affecting lungs) skin testing, with the initial test done within three days of employment and a second test done one to three weeks after the first test. This failure placed all residents at risk of possible exposure to TB.

Findings included…

Observation on 05/05/2025 at 10:12 AM showed Staff C with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

In an interview on 05/05/2025 at 10:53 AM, Staff C stated they worked full time and lived at the home.

Review of Staff C records showed the AFH hired them on 01/13/2025. Staff C had a TB skin test administered on 01/24/2025 that was read on 01/27/2025 with a negative result. The TB skin test was administered 11 days after Staff C's hired date. Staff C had

no other TB test.

In an interview on 05/05/2025 at 4:58 PM, Staff A, Entity Representative, acknowledged that Staff C had no other TB skin test.

In a telephone conversation on 05/14/2025 at 5:43 PM, Staff A stated that they were not aware of the TB skin test regulation.

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date) 05/06/2025

Chest x-ray on 5/16 - Negative. Also BCG at Birth

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

Provider (or Representative) — Date: 06/07/2025

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

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 2 sampled staff (Staff A, Entity Representative) who tested positive for Tuberculosis (TB) a communicable disease affecting lungs) had a chest-x-ray completed within seven days. This placed all residents at the AFH at risk of exposure to TB.

Findings included...

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Review of WAC 388-76-10275 stated positive skin test result is ten or more millimeters

no other TB test.

In an interview on 05/05/2025 at 4:58 PM, Staff A, Entity Representative, acknowledged that Staff C had no other TB skin test.

In a telephone conversation on 05/14/2025 at 5:43 PM, Staff A stated that they were not aware of the TB skin test regulation.

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, Humming Birds II AFH 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 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

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 2 sampled staff (Staff A, Entity Representative) who tested positive for Tuberculosis ([TB] a communicable disease affecting lungs) had a chest-x-ray completed within seven days. This placed all residents at the AFH at risk of exposure to TB.

Findings included…

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Review of WAC 388-76-10275 stated positive skin test result is ten or more millimeters

induration.

The AFH faxed to the department on 05/07/2025, Staff A's TB skin test administered on 08/11/2024 that was read on 08/13/2024 with 15 millimeters induration and TB screen positive. Staff A had a chest x-ray that was completed on 09/06/2024 with negative result for TB. The chest x-ray was completed 23 days after the TB skin test positive result.

In a telephone conversation on 05/14/2025 at 5:44 PM, Staff A stated that they were informed to complete the chest x-ray however they did not remember if they were told when to complete the chest x-ray.

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date) 6/12/2025
Initiated Blood Draw Awaiting result in 1-3 days. I have BCG vaccine at Birth too.
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 6/07/2025

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the personal belonging inventory was completed for 1 of 2 sampled residents (Resident 2) and was signed and dated by Resident 2's guardian. This placed Resident 2 at risk of losing their personal belongings and being unable to identify or recover them.

Findings included...

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents

induration.

The AFH faxed to the department on 05/07/2025, Staff A's TB skin test administered on 08/11/2024 that was read on 08/13/2024 with 15 millimeters induration and TB screen positive. Staff A had a chest x-ray that was completed on 09/06/2024 with negative result for TB. The chest x-ray was completed 23 days after the TB skin test positive result.

In a telephone conversation on 05/14/2025 at 5:44 PM, Staff A stated that they were informed to complete the chest x-ray however they did not remember if they were told when to complete the chest x-ray.

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, Humming Birds II AFH 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.

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Provider (or Representative) Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the personal belonging inventory was completed for 1 of 2 sampled residents (Resident 2) and was signed and dated by Resident 2's guardian. This placed Resident 2 at risk of losing their personal belongings and being unable to identify or recover them.

Findings included…

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents

(Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Observation on 05/05/2024 during bedroom tour at 1:24 PM showed Resident 2 was laid in their [redacted] bed. There was a closet filled with clothes and personal items. There was a bookcase filled with food items and drinks. There was a chest with six drawers. The wall was decorated with [redacted] items.

Review of Resident 2's record showed they were under Guardianship. Resident 2 had an inventory list that had no markings of the items and signed by the AFH provider on 01/20/2025. There was no signature of the resident's representative.

In an interview on 05/05/2025 at 1:44 PM, Staff A, Entity Representative had no response when department staff asked about Resident 2's uncompleted and unsigned belonging list.

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date) 5/8/2025

was an oversight during signing

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

Provider (or Representative) — Date: 06/07/2025

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician,

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) provider failed to have written approval from 1 of 2 sampled resident's (Resident 2) Primary Care Physician (PCP) to serve them Boost (nutritional supplement to increase nutrition and calories). This failure placed Resident 2 at risk for dietary problems.

Findings included...

(Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Observation on 05/05/2024 during bedroom tour at 1:24 PM showed Resident 2 was laid in their [redacted] bed. There was a closet filled with clothes and personal items. There was a bookcase filled with food items and drinks. There was a chest with six drawers. The wall was decorated with [redacted] items.

Review of Resident 2's record showed they were under Guardianship. Resident 2 had an inventory list that had no markings of the items and signed by the AFH provider on 01/20/2025. There was no signature of the resident's representative.

In an interview on 05/05/2025 at 1:44 PM, Staff A, Entity Representative had no response when department staff asked about Resident 2's uncompleted and unsigned belonging list.

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, Humming Birds II AFH 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 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) provider failed to have written approval from 1 of 2 sampled resident's (Resident 2) Primary Care Physician (PCP) to serve them Boost (nutritional supplement to increase nutrition and calories). This failure placed Resident 2 at risk for dietary problems.

Findings included…

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Observation on 05/05/2025 at 10:26 AM, showed Staff C gave Resident 2 a drink from a sippy bottle filled with cream colored liquid. Staff C stated the liquid inside the sippy bottle was the Boost supplement

Observation on 05/05/2025 at 10:41 AM, showed Staff C assisted Resident 2 drank from the same sippy bottle that was used earlier. Staff C pointed out to department staff the Boost supply that was in the bookcase inside the bedroom.

In an interview on 05/05/2025 at 10:42 AM, Staff C stated there was no order for Boost. Staff C stated Resident 2 liked the drink

Review of Resident 2's May 2025 pharmacy generated log showed no order for the Boost. Review of Resident 2's 00/02/2025 Negotiated Care Plan showed no documentation that Boost was used as a supplement.

In an interview on 05/14/2025 at 5:15 PM, Staff A, Entity Representative stated that Resident 2's sister brought in the Boost supply to the AFH. Staff A stated they did not realized that the Boost was considered a supplement and required an order from Resident 2's primary physician for Resident 2 to take it.

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date) 5/10/2025

All gone, was a gift - no more supplies in future.

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

Provider (or Representative) — Date: 6/07/2025

WAC 388-76-10430 Medication system.

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

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

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Observation on 05/05/2025 at 10:41 AM, showed Staff C assisted Resident 2 drank from the same sippy bottle that was used earlier. Staff C pointed out to department staff the Boost supply that was in the bookcase inside the bedroom.

In an interview on 05/05/2025 at 10:42 AM, Staff C stated there was no order for Boost. Staff C stated Resident 2 liked the drink.

Review of Resident 2's May 2025 pharmacy generated log showed no order for the Boost. Review of Resident 2's 00/02/2025 Negotiated Care Plan showed no documentation that Boost was used as a supplement.

In an interview on 05/14/2025 at 5:15 PM, Staff A, Entity Representative stated that Resident 2's sister brought in the Boost supply to the AFH. Staff A stated they did not realized that the Boost was considered a supplement and required an order from Resident 2's primary physician for Resident 2 to take it.

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, Humming Birds II AFH 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:

(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 have a system in place to ensure the medication laws and rules were followed, when they gave medications to 1 of 2 sampled residents (Resident 3). In addition, the AFH failed to have prescribed medication available for 2 of 2 sampled residents (Resident 2 and Resident 3). These failures placed Residents 2 and Resident 3 at risk of medication errors and at risk of worsening conditions from missing prescribed medication.

Findings included...

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care, services and medication assistance from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Observation on 05/05/2025 at 12:12 PM showed Staff C delivered a meal tray that had a cheese sandwich, chips and watermelon slices to Resident 3. Staff C removed a small clear plastic cup with one capsule medication from the meal tray and handed it to Resident 3.

In an interview on 05/05/2025 at 12:13 PM, the department staff requested Staff C to show the process on how they prepared the medication for Resident 3.

Observation on 05/05/2025 at 12:14 showed Staff C unlocked the medication cabinet, took out a pharmacy dispensed bubble pack labelled Gabapentin and obtained Resident 3's May 2025 pharmacy generated medication log. Staff C pointed out to department staff the order for Gabapentin (medication to treat epilepsy and for nerve pain) 300 milligram (mg) one capsule three times daily with a marked time of 8:00 AM, 2:00 PM and 8:00 PM.

In an interview on 05/05/2025 at 12:15 PM, Staff C acknowledged that they did not follow the listed administration time of 2:00 PM as ordered and gave the medication earlier at 12:12 PM. Staff C had no response when asked the reason it was given earlier than the ordered time of administration.

Record review of Resident 3's May 2025 pharmacy generated medication log showed an order for Antifungal (treat fungal infections caused by yeast of mold) 2 percent (%)

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 (AFH) failed to have a system in place to ensure the medication laws and rules were followed, when they gave medications to 1 of 2 sampled residents (Resident 3). In addition, the AFH failed to have prescribed medication available for 2 of 2 sampled residents (Resident 2 and Resident 3). These failures placed Residents 2 and Resident 3 at risk of medication errors and at risk of worsening conditions from missing prescribed medication.

Findings included…

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care, services and medication assistance from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Observation on 05/05/2025 at 12:12 PM showed Staff C delivered a meal tray that had a cheese sandwich, chips and watermelon slices to Resident 3. Staff C removed a small clear plastic cup with one capsule medication from the meal tray and handed it to Resident 3.

In an interview on 05/05/2025 at 12:13 PM, the department staff requested Staff C to show the process on how they prepared the medication for Resident 3.

Observation on 05/05/2025 at 12:14 showed Staff C unlocked the medication cabinet, took out a pharmacy dispensed bubble pack labelled Gabapentin and obtained Resident 3's May 2025 pharmacy generated medication log. Staff C pointed out to department staff the order for Gabapentin (medication to treat epilepsy and for nerve pain) 300 milligram (mg) one capsule three times daily with a marked time of 8:00 AM, 2:00 PM and 8:00 PM.

In an interview on 05/05/2025 at 12:15 PM, Staff C acknowledged that they did not follow the listed administration time of 2:00 PM as ordered and gave the medication earlier at 12:12 PM. Staff C had no response when asked the reason it was given earlier than the ordered time of administration.

Record review of Resident 3's May 2025 pharmacy generated medication log showed an order for Antifungal (treat fungal infections caused by yeast of mold) 2 percent (%)

powder apply topically to groin rash twice daily.

Observation on 05/05/2025 at 2:40 PM showed that Resident 3 did not have the supply of Antifungal 2% powder.

In an interview on 05/05/2025 at 2:49 PM, Staff D, Caregiver stated that Resident 3's family provided the Antifungal 2% powder. Staff D acknowledged Resident 3 did not have the medication.

Resident 2

Review of Resident 2's May 2025 pharmacy generated medication log showed an order of Lidocaine (relieves minor pain conditions such as insect bites, minor burns and back pain) 5% patch, apply one patch to painful site, leave on for 12 hours, take off for 12 hours. There were no staff initials showing that it was given for the month of May 2025. Further review showed Resident 2's February 2025 pharmacy generated medication log, March 2025 pharmacy generated medication log, and April 2025 pharmacy medication log had no staff initial that it was given.

In an interview on 05/05/2025 at 2:00 PM, Staff C acknowledged the Lidocaine patch was not administered to Resident 2.

In an interview on 05/05/2025 at 3:56 PM, Staff D stated they were informed by their pharmacy that Resident 2 had an allergy to the medication and cannot use it. Staff D added that there was an order from Resident 2's primary physician indicating the allergy to the medication.

The AFH faxed to department on 05/07/2025, Ready Meds pharmacy document with Resident 2's name, order of Lidocaine 5% patch with a note "prior authorization required" date written 12/21/2024. On this document was a discontinued order request signed "yes" and dated by ARNP on 05/06/2025. The order was signed after the inspection of the home. The department did not receive document indicating Resident 3's allergy to the Lidocaine patch.

powder apply topically to groin rash twice daily.

Observation on 05/05/2025 at 2:40 PM showed that Resident 3 did not have the supply of Antifungal 2% powder.

In an interview on 05/05/2025 at 2:49 PM, Staff D, Caregiver stated that Resident 3's family provided the Antifungal 2% powder. Staff D acknowledged Resident 3 did not have the medication.

Resident 2

Review of Resident 2's May 2025 pharmacy generated medication log showed an order of Lidocaine (relieves minor pain conditions such as insect bites, minor burns and back pain) 5% patch, apply one patch to painful site, leave on for 12 hours, take off for 12 hours. There were no staff initials showing that it was given for the month of May 2025. Further review showed Resident 2's February 2025 pharmacy generated medication log, March 2025 pharmacy generated medication log, and April 2025 pharmacy medication log had no staff initial that it was given.

In an interview on 05/05/2025 at 2:00 PM, Staff C acknowledged the Lidocaine patch was not administered to Resident 2.

In an interview on 05/05/2025 at 3:56 PM, Staff D stated they were informed by their pharmacy that Resident 2 had an allergy to the medication and cannot use it. Staff D added that there was an order from Resident 2's primary physician indicating the allergy to the medication.

The AFH faxed to department on 05/07/2025, Ready Meds pharmacy document with Resident 2's name, order of Lidocaine 5% patch with a note "prior authorization required" date written 12/21/2024. On this document was a discontinued order request signed "yes" and dated by ARNP on 05/06/2026. The order was signed after the inspection of the home. The department did not receive document indicating Resident 3's allergy to the Lidocaine patch.

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date) 5/6/2025

Initiated training on maintaining Medication and administration standards

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

Provider (or Representative) — Date: 6/07/2025

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to dispose expired medications for 1 of 2 sampled residents (Resident 3). In addition, the AFH did not dispose of the discontinued medication for 1 of 2 sampled residents (Resident 2) in accordance with their medication disposal policy. These failures placed Resident 2 and Resident 3 at risk of accidentally taking expired or discontinued medications.

Findings included...

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care, services and medication assistance from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Review of the AFH undated Medication Disposal Policy included options for proper disposal for unused or unwanted and expired medications. The policy stated never to pour the medications in the sink or toilet. The policy stated to check with local pharmacy for drug disposal program, mix liquid medicine with substances such as coffee grinds, sand, cat litter or dirt. Place the medication bottles in a clear container,

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, Humming Birds II AFH 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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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to dispose expired medications for 1 of 2 sampled residents (Resident 3). In addition, the AFH did not dispose of the discontinued medication for I of 2 sampled residents (Resident 2) in accordance with their medication disposal policy. These failures placed Resident 2 and Resident 3 at risk of accidentally taking expired or discontinued medications.

Findings included…

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care, services and medication assistance from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

Review of the AFH undated Medication Disposal Policy included options for proper disposal for unused or unwanted and expired medications. The policy stated never to pour the medications in the sink or toilet. The policy stated to check with local pharmacy for drug disposal program, mix liquid medicine with substances such as coffee grinds, sand, cat litter or dirt. Place the medication bottles in a clear container,

wrap them in a dark colored plastic bag and hide the container in the trash. Take the medication to the local enforcement station and placed it on their medication disposal box.

Expired Medications

Review of Resident 3's May 2025 pharmacy generated medication log showed an order of Ketonazole (treat infections caused by fungus that is yeast or mold) 2 percent (%) shampoo, apply topically to scalp twice weekly with showers;, Acetaminophen (for pain relief and to reduce fever) take 1000 milligram (mg) every six hours as needed (PRN) for pain;, Ibuprofen (used to reduce fever and treat pain or inflammation) 600 mg every eight hours PRN and Senna (treat constipation) 17.2 mg at bedtime as needed for constipation.

Observation of Resident 3's medication supply on 05/05/2025 at 2:45 PM showed two bottles of Ketonazole 2% shampoo. One of the bottles had an expiration date of January 2025 and the other bottle had an expiration date of March 2026. There were two pharmacy dispensed bubble packs (medications are placed within small, clear plastic bubbles secured by a strong, paper-backed foil) labelled with Acetaminophen. One of the bubble packs marked 1 of 2, had all the 30 tablets intact inside the bubbles, had an expiration date of 06/06/2024. The second bubble pack marked 2 of 2, had missing tablets on the bubble marked number 30, with an expiration date of 12/05/2024. A pharmacy dispensed bubble pack labelled Ibuprofen, missing medications on bubbles numbered 15 to 30, with an expiration date of 11/05/2024. Pharmacy dispensed bubble pack labelled Senna with missing medications on bubbles numbered 15 to 30, had a red sticker labelled "Do not use after 02/05/25."

In an interview on 05/05/2025 at 3:12 PM, Staff A, Entity Representative acknowledged that the Ketonazole 2% shampoo, Acetaminophen, Ibuprofen and Senna medication supplies were expired.

In an interview on 05/05/2025 at 3:15 PM, Staff D, Caregiver stated they failed to check the expired medications as Resident 3 did not use the PRN medications.

Discontinued medication

Observation of Resident 2's medication supplies on 05/05/2025 at 2:18 PM showed box of Mupirocin (treat skin infections caused by bacterial) 2% ointment dated 02/12/2025, with an instruction to apply topically to affected area three times daily for seven days.

Record review of Resident 2's May 2025 pharmacy generated medication log showed that there was no order for the Mupirocin 2% ointment.

wrap them in a dark colored plastic bag and hide the container in the trash. Take the medication to the local enforcement station and placed it on their medication disposal box.

Expired Medications

Review of Resident 3's May 2025 pharmacy generated medication log showed an order of Ketonazole (treat infections caused by fungus that is yeast or mold) 2 percent (%) shampoo, apply topically to scalp twice weekly with showers;, Acetaminophen (for pain relief and to reduce fever) take 1000 milligram (mg) every six hours as needed (PRN) for pain;, Ibuprofen (used to reduce fever and treat pain or inflammation) 600 mg every eight hours PRN and Senna (treat constipation) 17.2 mg at bedtime as needed for constipation.

Observation of Resident 3's medication supply on 05/05/2025 at 2:45 PM showed two bottles of Ketonazole 2% shampoo. One of the bottles had an expiration date of January 2025 and the other bottle had an expiration date of March 2025. There were two pharmacy dispensed bubble packs (medications are placed within small, clear plastic bubbles secured by a strong, paper-backed foil) labelled with Acetaminophen. One of the bubble packs marked 1 of 2, had all the 30 tablets intact inside the bubbles, had an expiration date of 06/06/2024. The second bubble pack marked 2 of 2, had missing tablets on the bubble marked number 30, with an expiration date of 12/05/2024. A pharmacy dispensed bubble pack labelled Ibuprofen, missing medications on bubbles numbered 15 to 30, with an expiration date of 11/05/2024. Pharmacy dispensed bubble pack labelled Senna with missing medications on bubbles numbered 15 to 30, had a red sticker labelled "Do not use after 02/05/25."

In an interview on 05/05/2025 at 3:12 PM, Staff A, Entity Representative acknowledged that the Ketonazole 2% shampoo, Acetaminophen, Ibuprofen and Senna medication supplies were expired.

In an interview on 05/05/2025 at 3:15 PM, Staff D, Caregiver stated they failed to check the expired medications as Resident 3 did not use the PRN medications.

Discontinued medication

Observation of Resident 2's medication supplies on 05/05/2025 at 2:10 PM showed box of Mupirocin (treat skin infections caused by bacterial) 2% ointment dated 02/12/2025, with an instruction to apply topically to affected area three times daily for seven days.

Record review of Resident 2's May 2025 pharmacy generated medication log showed that there was no order for the Mupirocin 2% ointment.

In an interview on 05/05/2025 at 2:30 PM, Staff C stated that Resident 2 had completed the treatment for seven days as indicated in the pharmacy label instructions.

In an interview on 05/05/2025 at 2:32 PM, Staff A acknowledged that Resident 2 completed the treatment, and that Resident 2 no longer used the Mupirocin ointment.

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date) 5|06|2025

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

Provider (or Representative) — Date: 6|7|2025

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observations and interview, the Adult Family Home (AFH) failed to ensure the water temperature was maintained between 105-120 degrees Fahrenheit (F) for 3 of 3 bathroom sinks (Bathroom 1, Bathroom 2, and Bathroom 3). This failure placed all residents at risk for scalding burns to their skin.

Findings included...

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

In an interview on 05/05/2025 at 11:10 AM, Staff C stated that Staff A, Entity

In an interview on 05/05/2025 at 2:30 PM, Staff C stated that Resident 2 had completed the treatment for seven days as indicated in the pharmacy label instructions.

In an interview on 05/05/2025 at 2:32 PM, Staff A acknowledged that Resident 2 completed the treatment, and that Resident 2 no longer used the Mupirocin ointment.

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

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

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observations and interview, the Adult Family Home (AFH) failed to ensure the water temperature was maintained between 105-120 degrees Fahrenheit (F) for 3 of 3 bathroom sinks (Bathroom 1, Bathroom 2, and Bathroom 3). This failure placed all residents at risk for scalding burns to their skin.

Findings included…

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

In an interview on 05/05/2025 at 11:10 AM, Staff C stated that Staff A, Entity

Representative, checked the AFH sink water temperature. Staff C stated that Resident 3 used Bathroom [redacted] Staff C acknowledged that they did not know the correct water temperature.

During environmental tour on 05/05/2025 at 11:11 AM, Bathroom [redacted] located next to Bedroom [redacted]'s, sink water temperature was 138.6 F.

In an interview on 05/05/2025 at 11:14 AM, Staff C stated that Resident 1 used Bathroom [redacted] that was located next to Bedroom [redacted].

During the environmental tour on 05/05/2025 at 11:17 AM, Bathroom [redacted]'s sink water temperature was 133.5 F.

In an interview on 05/05/2025 at 1:32 PM, Staff A stated that Bathroom 3, located inside Bedroom E, was not used by residents and was currently occupied by caregivers.

During the bedroom tour on 05/05/2025 at 1:33 PM, Bedroom E's Bathroom 3 had two sinks. The first sink showed water temperature of 136 F, and the second sink showed water temperature of 135 F.

In an interview on 05/05/2025 at 1:34 PM, Staff A stated they would fix and have the water temperature down right away.

Observation on 05/05/2025 at 3:19 PM showed Bathroom 1's sink water temperature was down 124 F.

Observation on 05/05/2025 at 3:24 PM showed Bathroom 2's sink water temperature was 98.4 F.

Observation on 05/05/2025 at 3:27 PM showed Bathroom 3' sink 1's water temperature was 88.7 F, and the sink 2 water temperature was 86.2 F.

In an interview on 05/05/2025 at 5:40 PM, Staff A acknowledged department staff requested a written safety plan regarding Bathroom 1, Bathroom 2 and Bathroom 3's water sink temperature that were not within the temperature of 105-120 F. Staff A stated that they continued to regulate the water temperature and requested department staff to recheck the sink water temperature.

Observation on 05/05/2025 at 5:55 PM showed Bathroom 3's first sink water temperature was 101.8 F, and the second sink water temperature was 101.8 F.

Representative, checked the AFH sink water temperature. Staff C stated that Resident 3 used Bathroom [redacted]. Staff C acknowledged that they did not know the correct water temperature.

During environmental tour on 05/05/2025 at 11:11 AM, Bathroom [redacted] located next to Bedroom [redacted]'s, sink water temperature was 136.5 F.

In an interview on 05/05/2025 at 11:14 AM, Staff C stated that Resident 1 used Bathroom [redacted] that was located next to Bedroom [redacted].

During the environmental tour on 05/05/2025 at 11:17 AM, Bathroom [redacted]'s sink water temperature was 133.5 F.

In an interview on 05/05/2025 at 1:32 PM, Staff A stated that Bathroom 3, located inside Bedroom E, was not used by residents and was currently occupied by caregivers.

During the bedroom tour on 05/05/2025 at 1:33 PM, Bedroom E's Bathroom 3 had two sinks. The first sink showed water temperature of 136 F, and the second sink showed water temperature of 135 F.

In an interview on 05/05/2025 at 1:34 PM, Staff A stated they would fix and have the water temperature down right away.

Observation on 05/05/2025 at 3:18 PM showed Bathroom 1's sink water temperature was down 124 F.

Observation on 05/05/2025 at 3:24 PM showed Bathroom 2's sink water temperature was 98.4 F.

Observation on 05/05/2025 at 3:27 PM showed Bathroom 3' sink 1's water temperature was 88.7 F, and the sink 2 water temperature was 86.2 F.

In an interview on 05/05/2025 at 5:40 PM, Staff A acknowledged department staff requested a written safety plan regarding Bathroom 1, Bathroom 2 and Bathroom 3's water sink temperature that were not within the temperature of 105-120 F. Staff A stated that they continued to regulate the water temperature and requested department staff to recheck the sink water temperature.

Observation on 05/05/2025 at 5:55 PM showed Bathroom 3's first sink water temperature was 101.8 F, and the second sink water temperature was 101.8 F.

Observation on 05/05/2025 at 5:58 PM showed Bathroom 2's sink water temperature was 101.8 F.

Observation on 05/05/2025 at 6:00 PM showed Bathroom 1's sink water temperature was 100.9 F.

In an interview on 05/05/2025 at 6:13 PM, Staff C, Caregiver stated they had adjusted the water temperature and requested department staff to recheck the sink water temperature.

Observation on 05/05/2025 at 6:24 PM showed Bathroom 3's first sink water temperature was 111 F, and the second sink water temperature was 111 F.

Observation at 6:25 PM showed Bathroom 2's sink water temperature was 109.8 F.

Observation on 05/05/2025 at 6:26 PM showed Bathroom 1's sink water temperature was 107.4 F.

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date) 5/5/2025

Checked x3 daily for 3 days and Water temp being maintained as recomended!

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

[signature]
Provider (or Representative)

6/7/2025
Date

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

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time, and

This requirement was not met as evidenced by:

Observation on 05/05/2025 at 5:58 PM showed Bathroom 2's sink water temperature was 101.8 F.

Observation on 05/05/2025 at 6:00 PM showed Bathroom 1's sink water temperature was 100.9 F.

In an interview on 05/05/2025 at 6:13 PM, Staff C, Caregiver stated they had adjusted the water temperature and requested department staff to recheck the sink water temperature.

Observation on 05/05/2025 at 6:24 PM showed Bathroom 3's first sink water temperature was 111 F, and the second sink water temperature was 111 F.

Observation at 6:25 PM showed Bathroom 2's sink water temperature was 109.8 F.

Observation on 05/05/2025 at 6:26 PM showed Bathroom 1's sink water temperature was 107.4 F.

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, Humming Birds II AFH 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 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct a full emergency drill at least once each calendar year. This failure placed all three residents (Residents 1, 2, and 3) at risk of harm and injury if an emergency requiring evaluation of the AFH occurred.

Findings included...

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

In an interview on 05/05/2025 at 10:22 Am, Staff C stated that all three residents (Residents 1, 2, and 3) required assistance with evacuation.

Record review of the AFH fire drills for 2024 showed six drills were completed. A fire drill on 01/02/2024 labelled as every two months, participated by two staff and one resident that took two minutes. A fire drill on 03/01/2024 labelled as every two months, participated by one staff and one resident that took one minute. A fire drill on 05/03/2024 labelled as every two months, participated by one staff and two residents that took three minutes. A fire drill on 07/03/2024 labelled as every two months, participated by one staff and two residents that took two minutes. A fire drill on 09/04/2024 labelled as every two months, participated by one staff and three residents that took two minutes. A fire drill on 11/03/2024 labelled as every two months, participated by one staff and two residents that took three minutes. There was no full evacuation completed for the year 2024.

In an interview on 05/05/2025 at 5:32 PM, Staff A, Entity Representative, had no response when department staff pointed out that there was no full evacuation drill performed for year 2024.

Based on observation, interview and record review, the Adult Family Home (AFH) failed to conduct a full emergency drill at least once each calendar year. This failure placed all three residents (Residents 1, 2, and 3) at risk of harm and injury if an emergency requiring evaluation of the AFH occurred.

Findings included…

Observation on 05/05/2025 at 10:12 AM showed Staff C, Caregiver with two residents (Residents 2, and 3) who received care and services from the AFH staff. Staff C stated that one resident (Resident 1) was out of the home.

In an interview on 05/05/2025 at 10:22 Am, Staff C stated that all three residents (Residents 1, 2, and 3) required assistance with evacuation.

Record review of the AFH fire drills for 2024 showed six drills were completed. A fire drill on 01/02/2024 labelled as every two months, participated by two staff and one resident that took two minutes. A fire drill on 03/01/2024 labelled as every two months, participated by one staff and one resident that took one minute. A fire drill on 05/03/2024 labelled as every two months, participated by one staff and two residents that took three minutes. A fire drill on 07/03/2024 labelled as every two months, participated by one staff and two residents that took two minutes. A fire drill on 09/04/2024 labelled as every two months, participated by one staff and three residents that took two minutes. A fire drill on 11/03/2024 labelled as every two months, participated by one staff and two residents that took three minutes. There was no full evacuation completed for the year 2024.

In an interview on 05/05/2025 at 5:32 PM, Staff A, Entity Representative, had no response when department staff pointed out that there was no full evacuation drill performed for year 2024.

Statement of Deficiencies	License #: 754868	Compliance Determination # 59102
Plan of Correction	Humming Birds II AFH	Completion Date
Page 15 of 15	Licensee: Humming Birds AFH LLC	05/30/2025

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, Humming Birds II AFH is or will be in compliance with this law and / or regulation on (Date) 5/8/2025

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

Provider (or Representative) — Date: 6/7/2025

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, Humming Birds II AFH 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