STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

The Adult Family Home Masters LLC
The Adult Family Home Masters, LLC
2748 Alpine Dr SE
Auburn, WA 98002

RE: The Adult Family Home Masters, LLC License # 754894

Dear Provider:

This letter addresses Compliance Determination(s) 74177 (Completion Date 03/18/2026) and 71254 (Completion Date 01/15/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2026 and found that you have corrected the violations listed in the Follow up report dated 01/15/2026. Your home is back in compliance as of 02/13/2026 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 388-76-10015-1, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, 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:
Michele Grumke, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, 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

Statement of Deficiencies	License #: 754894	Compliance Determination # 71254
Plan of Correction	The Adult Family Home Masters, LLC	Completion Date
Page 1 of 6	Licensee: The Adult Family Home Masters LLC	01/15/2026

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 an unannounced on-site follow-up on 01/13/2026 of:
The Adult Family Home Masters, LLC
2748 Alpine Dr SE
Auburn, WA 98002

This document references the following SOD dated: 01/15/2026

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:

Michele Grumke, AFH Licensor
Linda Dunn, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 1-23-2026 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) — 02-05-2026 Date

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure they had a Medical Test Site Waver license (MTSW) while they performed Blood Glucose (BS) testing for 1 of 1 resident (Resident 1). This failure led to the AFH performing the BS tests without a MTSW as required.

Findings included...

In an interview on 01/13/2026 at 1:59 PM, Staff A, Entity Representative, stated that they had checked Resident 1's BS.

In an interview on 01/13/2026 at 2:36 PM, Staff A stated that they had forgotten to apply for the MTSW.

A review on 01/13/2026 at 4:42 PM of the Department of Health website showed no result for an MTSW for the AFH.

This is an uncorrected deficiency previously cited on 11/12/2025.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) ~~02-13-26~~ 02-13-26

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

Provider (or Representative) Date 02-05-2026

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 4 staff (Staff C, Caregiver) completed an initial Tuberculosis (TB) skin test within 3 days of hire and failed to ensure 2 of 4 staff (Staff A, Entity Representative/Resident Manager, and Staff C) completed a second skin test one to three weeks after the first test. These failures placed all residents' (Residents 1, 2, 3, 4, and 5) at risk of potential exposure to TB, a communicable disease that affects the lungs.

Findings included...

During a follow up visit on 01/13/2026 at 1:05 PM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff C worked in the AFH with the residents.

Staff A

On 01/13/2026 at 1:37 PM observation showed Staff A arrived at the AFH.

A review of Staff A's personnel records showed the AFH was licensed under them on 02/25/2021. Further review showed a negative TB skin test dated 09/08/2022. In

addition, review showed a negative TB skin test dated 12/05/2025.

In an interview on 01/13/2026 at 2:14 PM, Staff A stated that they had an appointment scheduled for a second TB skin test. Department staff reminded Staff A that the second TB skin test was required one to three weeks after the first skin test, Staff A stated that they had forgotten.

Staff C

A review of Staff C's personnel records showed a date of hire of 01/10/2026. Further review showed a negative TB skin test dated 01/10/2025. In addition, Staff C had another negative TB skin test dated 03/01/2025.

In an interview on 01/13/2026 at 2:16 PM, Staff A stated that they received two TB skin tests from Staff C and assumed they were okay. Staff A further stated that Staff C did not have any other TB testing records.

This is an uncorrected deficiency previously cited on 11/12/2025.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 2-13-26 .

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

Provider (or Representative) Date 02-06-2026

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 interview and record review, the Adult Family Home (AFH) failed to ensure their medication system met all laws and rules for medication administration for 1 of 1 resident (Resident 1) and failed to keep the resident's medication log up to date. These failures placed Resident 1 at risk of medication errors.

Findings included...

A review of Resident 1's January 2026 pharmacy generated medication log showed Resident 1 was prescribed Lantus Insulin, an injectable medication used to treat high blood sugar (BS), inject 13 units subcutaneously (injected in fat under the skin), twice daily at 8:00 AM and 8:00 PM and Novolog Insulin, an injectable medication used to treat high BS, inject 4 units subcutaneously, three times daily before meals, breakfast, lunch, and dinner.

A review of Resident 1's BS Monitoring & Insulin Administration Record (DMR) for January 2026 showed Resident 1's BS was required to be checked before meals and at bedtime (8:00 AM-12:00 PM-5:00 PM-8:00 PM). Further review showed Resident 1 was prescribed Lantus insulin 13 units subcutaneously twice a day (8:00 AM-8:00 PM) and Novolog insulin 4 units subcutaneously 3 times a day before meals (8:00 AM-12:00 PM-5:00 PM).

A continual review of Resident 1's DMR showed the following columns; date, time, BS, Lantus Insulin units/site, Novolog Insulin units/site, comments, and done by [initials]. Additional review showed the following:

The documentation on DMR for 01/10/2026, 7:46 AM, showed Resident 1 received 4 units of Novolog insulin. There was no entry showing Resident 1's Lantus Insulin had been provided or refused.

In an interview on 01/13/2026 at 3:05 PM, Staff A, Entity Representative, stated that they provided Resident 1 with both insulins at the same time. Staff A further stated that they had forgotten to document the units given for Resident 1's Lantus insulin.

Documentation on Resident 1's DMR for 01/12/2026 showed an entry for 8:00 AM, 5:00 PM, and 8:00 PM. There was no documentation for Resident 1's 12:00 PM BS and Novolog insulin.

In an interview on 01/13/2026 at 3:06 PM, Staff A stated that they had forgotten to document Resident 1's 12:00 PM entry.

This is an uncorrected deficiency previously cited on 11/12/2025 for subsection (1)(2)(c).

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 2-13-26 .

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

Provider (or Representative) — Date: 02-05-2026

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

Statement of Deficiencies	License #: 754894	Compliance Determination # 67790
Plan of Correction	The Adult Family Home Masters, LLC	Completion Date
Page 1 of 32	Licensee: The Adult Family Home Masters LLC	11/12/2025

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 10/24/2025 of:
The Adult Family Home Masters, LLC
2748 Alpine Dr SE
Auburn, WA 98002

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 11-18-2025 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) — 11-18-2025 Date

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure they had a Medical Test Site Waver license (MTSW) while they performed Blood Glucose (BS) testing for 1 of 1 resident (Resident 1). This failure led to the AFH performing the BS tests without a MTSW as required.

Findings included...

In an interview on 10/24/2025 at 11:06 AM, Staff A, Entity Representative, stated that staff checked Resident 1's BS 4 times a day.

In an interview on 10/24/2025 at 11:20 AM, Staff A stated that they did not have an MTSW.

A review on 10/27/2025 at 12:29 PM of the Department of Health website showed no result for an MTSW for the AFH.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-5-2025.

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

Provider (or Representative) 11-25-2025 Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(a) Adult family home applicants, providers, entity representatives, and resident managers must have and maintain a valid CPR and first-aid card or certificate before they obtain a license.

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 staff (Staff A, Entity Representative) had a valid Cardiopulmonary Resuscitation (CPR) and first-aid card or certificate. This failure placed all residents at risk of receiving incorrect care in the case of medical emergencies requiring CPR and/or first-aid, occurred.

Findings included...

During a visit on 10/24/2025 at 8:53 AM, observation showed Residents 1, 2, 3, 5, and 6 lived in and received care from the AFH. Further observation showed Staff A worked alone with the residents.

A review of Staff A's personnel records showed the AFH was licensed under them on 02/25/2021. Further review showed Staff A's CPR/ first-aid card expired on 01/31/2025.

In an interview on 10/26/2025 at 11:43 AM, Staff A stated that they had completed CPR/first-aid training and would send the record to the department.

As of 10/28/2025 at 5:00 PM Staff A's CPR/first-aid card had not been received by the department.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 current staff (Staff B, Resident Manager and Staff C, Caregiver) and 1 of 1 former staff (Staff D, Former Caregiver) had a complete set of staff records readily available for review. These failures delayed the Department from determining if Staff B, Staff C, and Staff D were qualified to care for all residents while they worked in the AFH.

Findings included...

Staff B
A review of Staff B's personnel records showed a date of hire of 03/13/2025. Further review showed no national Fingerprint-based check (FBC).

A review of email received from the Background Check Central Unit (BCCU) on 10/28/2025 at 8:53 AM showed Staff B's FBC was completed on 04/08/2025.

Staff C
A review of Staff C's personnel records showed a date of hire of 10/18/2024. Further review showed no FBC.

A review of email received from the BCCU on 10/28/2025 at 8:53 AM showed Staff C's FBC was completed on 03/21/2025.

In an interview on 10/24/2025 at 5:50 PM, Staff A stated that they would send the records to the department.

Staff D
A review of Staff D's personnel records showed a date of hire of 10/15/2021. Further review showed no FBC.

In an interview on 10/24/2025 at 12:35 PM Staff A stated that Staff D's date of departure was February 2024.

In an interview on 10/28/2025 at 2:31 PM, Staff A stated that they could not locate Staff D's FBC.

As of 10/28/2025 at 5:00 PM Staff B, Staff C, and Staff D's FBC's had not been received by the department.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

WAC 388-76-10225 Reporting requirement.

(4) The adult family home must notify the department's case management office within 24 hours whenever a resident, whose stay is paid for by the department is discharged for more than 24 hours on medical leave to a nursing home or hospital.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to notify the Department Case Manager (CM) when 1 of 1 resident (Resident 5) was admitted to a Local Health Facility (LHF) for more than 24 hours. This failure placed Resident 5 at risk for post discharge care coordination problems and potential overpayment from the Department.

Findings included...

A review of Resident 5's After Visit Summary (AVS) dated [redacted]/2025 showed Resident 5 had been admitted to a LHF on [redacted]/2025 and had been discharged back to the AFH on [redacted]/2025.

In an interview on 11/03/2025 at 10:00 AM, Staff A, Entity Representative, stated that they had forgotten to inform Resident 5's CM that the resident had been admitted to an LHF.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11/25-2025 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 3 staff (Staff B, Resident Manager) completed an initial Tuberculosis (TB) skin test within 3 days of employment and failed to ensure 3 of 3 staff (Staff A, Entity Representative, Staff B, and Staff C, Caregiver) completed a second skin test one to

three weeks after the first test. These failures placed all residents' (Residents 1, 2, 3, 4, 5, and 6) at risk of potential exposure to TB, a communicable disease that affects the lungs.

Findings included...

During a visit on 10/24/2025 at 8:53 AM, observation showed Residents 1, 2, 3, 5, and 6 lived in and received care from the AFH. Further observation showed Staff A worked in the AFH.

On 10/24/2025 at 9:20 AM observation showed Staff C and Resident 4 returned to the AFH after a community outing.

A review of Staff A's personnel records showed the AFH was licensed under them on 02/25/2021. Further review showed a negative TB skin test dated 09/08/2022. Staff A had no additional TB testing records.

A review of Staff B's personnel file showed a date of hire of 03/13/2025. Further review showed no TB testing records.

A review of records received by the department on 10/26/2025 at 8:47 PM from Staff A showed a negative TB skin test dated 10/18/2024 for Staff B. Further review showed no additional TB testing records for Staff B.

A review of Staff C's personnel records showed a date of hire of 10/18/2024. Further review showed a negative TB skin test dated on 10/18/2024. In addition, Staff C had no additional TB testing records.

In an interview on 10/24/2025 at 11:15 AM, Staff A stated that they did not know TB skin tests were required within 3 days of hire, and two TB skin tests were required.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

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

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

(2) Identification of who will provide the care and services;

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

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

(a) Food;

(b) Daily routine;

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to include all required care needs and preferences in 2 of 2 sampled residents' (Resident 1 and Resident 3) Negotiated Care Plan (NCP). In addition, the AFH failed to include who, and how care needs would be provided. These failures placed Resident 1 and Resident 3 at risk of unmet care needs.

Findings included...

Resident 1
A review of Resident 1's Initial Assessment dated 07/30/2025 showed Resident 1 required nurse delegation (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed

medicines, normally performed only by licensed nurses) for Insulin, an injectable medication used to treat high blood sugar (BS) and BS checks, determines the amount of sugar in the blood.

A review of Resident 1's NCP dated 10/28/2025 showed Resident 1 was admitted to the AFH on [redacted]/2025. Further review showed Resident 1 required assistance with medications and did not identify the resident strengths or whether Resident 1 preferred or could complete any part of the task independently. In addition, Resident 1's NCP did not indicate the resident was nurse delegated for Insulin and BS checks and how Resident 1 would get their medication if not in the AFH.

Further review of Resident 1's NCP dated 10/28/2025 showed no food preferences or daily routine for the resident.

In an interview on 10/24/2025 at 2:35 PM, Staff A, Entity Representative, stated that they did not know food preferences or daily routine were required in resident NCP's.

Further review of Resident 1's assessment showed Resident 1 was diagnosed with [redacted]. Review showed Resident 1's toenails could be trimmed only by a health care professional unless trimming was only completed through filing.

Review of Resident 1's NCP further showed no documentation of how toenail care would be provided and by whom.

Resident 3
A review of Resident 3's NCP dated 10/28/2025 showed Resident 3 was admitted to the AFH on [redacted]/2024. Further review of Resident 3's NCP showed the resident required assistance with medication and did not identify the resident strengths or whether Resident 3 preferred or could complete any part of the task independently. In addition, Resident 3's NCP did not indicate the resident was nurse delegated and how Resident 3 would get their medication if not in the AFH.

A review of Resident 3's Nurse Delegation Nursing Visit dated 09/09/2025 showed Resident 3 was nurse delegated for an as needed (PRN) medication. Further review showed Resident 3 was not able to request the medication.

Further review of Resident 3's NCP dated 10/28/2025 showed no food preferences or daily routine for the resident.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 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:

(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 their medication system met all laws and rules for medication administration for 2 of 2 residents' (Resident 1 and Resident 5). In addition, the AFH failed to ensure 3 of 3 residents' (Residents 1, 3, and 5) medication logs were kept up to date. These failures placed Resident 1 and Resident 5 at risk of worsening of conditions from not receiving medication as prescribed and placed Residents 1, 3, and 5 at risk of medication errors.

Findings included...

Resident 3
Emailed records received by the department on 10/24/2025 at 12:03 PM from Staff A showed Resident 3's October 2025 pharmacy generated medication log. A review of Resident 3's October 2025 pharmacy generated medication log showed Resident 3 was prescribed Olanzapine (for the treatment of bipolar disorder, a condition marked by high and low mood swings) 5 milligram (mg), place 1 tablet on the tongue and allow to dissolve twice daily. Further review showed the 8:00 PM dose on 10/23/2025 had no initialed entry.

Resident 1
Emailed records received by the [redacted] medication log. A review of Resident 1's October 2025 pharmacy generated medication log showed Resident 1 was prescribed:

- Amlodipine Besylate (for the treatment of high Blood Pressure (BP), the amount of force the blood uses to get through the arteries)10 mg, take 1 tablet by mouth every morning, hold if Systolic Blood Pressure, (SBP) the pressure in the arteries when the heart beats, is less than 100 or pulse, heart rate, is less than 55. Further review showed on 10/23/2025 at 8:00 AM there was no entry for Resident 5's pulse.

-Polyethylene Glycol (for constipation), mix 1 capful (17 grams) in 8 ounces of liquid and drink by mouth every morning. Further review showed the 8:00 AM dose on 10/23/2025 had no initialed entry.

-Lantus Insulin (for high Blood Sugar (BS)), inject 13 units subcutaneously twice daily. Further review showed there was no documentation on Resident 1's medication log for the Lantus dosage.

-Check BS 4 times daily before meals and at bedtime.

Emailed records received by the department on 10/24/2025 at 11:44 AM from Staff A showed Resident 1's October 2025 Blood Sugar Monitoring and Insulin Administration Record (DMR). A review of Resident 1's October 2025 DMR showed instructions to check BS before meals and at bedtime (8:00 AM-12:00 PM-5:00 PM-8:00 PM). The DMR also showed that Resident 1 was prescribed Lantus Insulin (an injectable medication used to treat high BS), 13 units subcutaneously twice a day (8:00 AM-8:00 PM) and Novolog Insulin (an injectable medication used to treat high BS), 4 units subcutaneously three times a day before meals (8:00 AM-12:00 PM-5:00 PM). In addition, Resident 1's DMR showed instructions to call the resident's Primary Care Physician (PCP) if their BS was less than 80 or greater than 350.

A continual review of Resident 1's DMR showed the following columns; date, time, BS, Lantus Insulin units/site, Novolog Insulin units/site, comments, and done by [initials].

The documentation on DMR for 10/02/2025 showed at "13:13 PM" [1:13 PM] Resident 1's BS was 360. There was no documentation showing that Resident 1's PCP had been contacted due to the resident's BS being over 350.

In an interview on 10/27/2025 at 10:18 AM, when asked if they had contacted Resident 1's PCP to report the BS over 350, Staff A stated no. Staff A further stated that they

provided Resident 1 their insulin and rechecked their blood sugar which had gone down. Review of Resident 1's DMR showed no documentation of reporting to PCP.

Further documentation on DMR for 10/02/2025 showed at "16:29 PM" [4:29 PM] there was no entry for the units provided to Resident 1 for Novolog Insulin.

In an interview on 10/27/2025 at 10:19 AM, Staff A stated that they had forgotten to enter the Novolog dosage on Resident 1's DMR.

Documentation on DMR for 10/08/2025 showed 3 entries noted on the resident's DMR for administered doses. Further review showed there was no documentation that explained why Resident 1 had their BS checked and insulin provided only 3 times instead of the prescribed 4 times daily. In addition, review showed the 10:05 PM entry had no staff initials.

A review of Resident 1's October 2025 pharmacy generated medication log showed on 10/08/2025 all entries for Novolog and Lantus insulin had been documented as given and showed entries that the resident's BS had been checked 4 times.

Documentation on DMR for 10/14/2025 at 7:45 (no AM or PM noted) showed BS 85 Lantus 13 units and Novolog 4 units had been entered as given. Further review showed there were no other entries for 10/14/2025 that Resident 1's BS had been checked or that insulin had been given or refused.

In an interview on 10/27/2025 at 10:25 AM, Staff A stated that the 10/14/2025 7:45 entry was the AM dose. Staff A further stated that on 10/14/2025, Resident 1 had run out of test strips used to check BS. In addition, Staff A stated that they had contacted the pharmacy on 10/14/2025 for a refill of test strips.

Documentation on DMR for 10/15/2025 at 8:42 (no AM or PM noted) showed BS 118 Lantus 13 units and Novolog 4 units had been documented as given. Further review showed there were no other entries for 10/15/2025 that Resident 1's BS had been checked or that insulin had been given or refused.

Review of Resident 1's October 2025 pharmacy generated medication log showed on 10/14/2025 all entries for Novolog and Lantus insulin had been documented as given and all entries for BS contained initialed entries. In addition, review showed on 10/15/2025 Novolog for dinner time contained no documentation and Lantus had no documentation for the 8:00 PM dose. Review showed on 10/15/2025 the BS entries for dinnertime and bedtime contained no result or initialed entry.

In an interview on 10/27/2025 at 10:26 AM, Staff A stated that on 10/15/2025 at 8:42 AM they had located a test strip and tested Resident 1's BS. Staff A further stated that

on 10/15/2025 Resident 1 had slid out of their wheelchair and was taken to a Local Health Facility (LHF) and returned to the AFH later in the day.

In a follow up interview on 11/03/2025 at 10:00 AM, Staff A stated that they only administered insulin to Resident 1 after they checked the residents BS to know how much Insulin the resident required. Staff A stated that Resident 1 had not received their insulin on 10/14/2025 at 12:00 PM, 5:00 PM, and 8:00 PM and on 10/15/2025 at 12:00 PM, 5:00 PM, and 8:00 PM.

Further review of Resident 1's October 2025 pharmacy generated medication log showed Resident 1 was prescribed:

-Lovastatin (for the reduction of fat in the blood), 40 mg, take 2 tablets (80 mg) by mouth daily with dinner. Review showed Resident 1's Lovastatin 5:00 PM dose on 10/15/2025 had no initialed entry.

-"Metformin HCL" (for the treatment of Diabetes (a disease that affects BS) 500 mg, take 1 tablet by mouth twice daily with breakfast and dinner. Review showed Resident 1's "Metformin HCL" 5:00 PM dose on 10/15/2025 had no initialed entry.

-Oxybutynin (for overactive bladder) 5 mg, take 1 tablet by mouth daily at bedtime. Review showed Resident 1's Oxybutynin 8:00 PM dose on 10/15/2025 had no initialed entry.

-Amlodipine Besylate (for the treatment of High BP) 10 mg, take 1 tablet by mouth every morning, hold if Systolic BP (SBP), pressure in the arteries when the heart beats, is less than 100 or pulse, heart rate, is less than 55. Review showed Resident 1's Amlodipine Besylate 8:00 AM had no entry for the resident's pulse.

In a follow up interview on 11/03/2025 at 10:00 AM, Staff A stated that they had forgotten to document on Resident 1's medication log on 10/15/2025 when the resident was at the LHF.

Documentation on DMR for 10/17/2025 showed 4 entries, one for 12:50 (no PM noted) and another for 12:13 (no AM or PM noted).

In an interview on 10/27/2025 at 10:27 AM, Staff A stated that they had made a mistake when they entered 12:13.

Documentation on DMR for 10/19/2025 showed 2 entries, one for 8:54 (no AM or PM) and 12:54 (no AM or PM noted). Further review showed no other entries for 10/19/2025 that Resident 1's BS had been checked or that insulin had been provided or refused.

In an interview on 10/27/2025 at 10:28 AM, Staff A stated that they had forgotten to document the 5:00 PM and 8:00 PM entries.

Further review of Resident 1's October 2025 pharmacy generated medication log showed on 10/19/2025 all entries for Novolog and Lantus had been documented as given. Resident 1's BS results were documented for breakfast, lunch, and dinner. In addition, there was no entry for Resident 1's BS at bedtime.

Documentation on DMR for 10/21/2025 showed an entry for 8:15 AM. Review further showed no entries for 12:00 PM, 5:00 PM, and 8:00 PM that Resident 1's BS had been checked or that Lantus and Novolog had been given or refused.

Review of Resident 1's October 2025 pharmacy generated medication log showed on 10/21/2025 the 12:00 PM, 5:00 PM, and 8:00 PM entries for Novolog, Lantus, and Resident 1's BS contained initialed entries.

Documentation on DMR for 10/22/2025 showed an entry for 8:32 AM. Further review showed no entry for 12:00 PM, 5:00 PM, and 8:00 PM that Resident 1's BS was checked and if insulin was provided or refused.

Review of Resident 1's October 2025 pharmacy generated medication log showed on 10/22/2025 Novolog insulin for the lunch and dinner dose had no documentation and Lantus 8:00 AM and 8:00 PM had no initialed entries. Review further showed on 10/22/2025 the BS check for lunch, dinner, and bedtime had no documentation.

Documentation on DMR for 10/23/2025 showed no entry for 8:00 AM, 12:00 PM, 5:00 PM, and 8:00 PM that Resident 1's BS had been checked or insulin provided or refused.

In an interview on 10/27/2025 at 10:30 AM, Staff A stated that they had forgotten to document on Resident 1's DMR for 10/22/2025 and 10/23/2025.

Review of Resident 1's October 2025 pharmacy generated medication log showed on 10/23/2025 the BS check for breakfast, lunch, dinner, and bedtime had no initialed entries. Review further showed on 10/23/2025 there were no initialed entries that Novolog and Lantus insulin had been given or refused.

Documentation on DMR showed Novolog 4 units was entered as given for the 8:00 PM dose on 10/03/2025 through 10/07/2025, 10/09/2025 through 10/13/2025, and 10/16/2025-10/18/2025. Resident 1's DMR showed they were prescribed Novolog for 8:00 AM, 12:00 PM, and 5:00 PM.

In an interview on 11/03/2025 at 10:00 AM, Staff A stated that they administered Resident 1's Novolog at mealtimes. Staff A further stated that they had made a mistake when they entered Novolog 4 units at 8:00 PM. In addition, Staff A stated that they documented Resident 1's Insulin and BS results on Resident 1's pharmacy generated medication log.

Email received on 11/04/2025 at 3:47 PM from Collateral Contact 1 (CC1) showed Staff A had been delegated for Resident 1's insulin administration and BS checks. Further review showed CC1 had provided Staff A with the DMR for Resident 1 where insulin and BS was to be documented.

Resident 5
Emailed records received by the department on 10/24/2025 at 11:50 AM from Staff A showed Resident 5's October 2025 pharmacy generated medication log. Emailed records received by the department on 10/29/2025 at 2:09 AM from Staff A showed Resident 5's September 2025 pharmacy generated medication log. A review of Resident 5's September 2025 and October 2025 medication log showed Resident 5 was prescribed,

-Boswellia-Glucosamine-Vitamin D (for vitamin deficiency), take 1 tablet by mouth every morning. Review showed the entry for the 8:00 AM dose on 09/29/2025 and 09/30/2025 both contained an initialed entry with a line through the initials. In addition, review showed a set of initials above both entries. Review showed on 09/31/2025 [the month of September does not include a 31st day] the 8:00 AM dose contained an initialed entry. Further review showed the 8:00 AM dose on 10/01/2025 and 10/02/2025 had no initialed entries noted.

-Acetaminophen (for pain) 500 mg, take 2 tablets (1000 mg) by mouth three times daily. Further review showed the 8:00 AM, 2:00 PM, and 8:00 PM dose on 09/29/2025 and 09/30/2025 both contained initialed entries with a line through the initials. In addition, review showed a set of initials above and below the entries. Review showed on 09/31/2025 the 8:00 AM, 2:00 PM, and 8:00 PM dose contained initialed entries. Further review showed the 8:00 AM, 2:00 PM, and 8:00 PM dose on 10/01/2025 and the 8:00 AM dose on 10/02/2025 contained no initialed entries.

-Allopurinol (for Arthritis), 100 mg, take 1 tablet by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025 and 09/30/2025 both contained an initialed entry with a line through the initials. In addition, review showed a set of initials below both entries. Review showed on 09/31/2025 the 8:00 AM dose contained an initialed entry. Further review showed the 8:00 AM dose on 10/01/2025 and 10/02/2025 had no initialed entries noted.

-Check BP every morning 8:00 AM and a handwritten PM entry. Review showed the entry for 8:00 AM, the SBP, and Diastolic BP (DBP), the amount of force on blood vessels when the heart beats, on 09/29/2025 and 09/30/2025 the 8:00 AM and 8:00 PM entries

both contained BP results with a line through the entries and a set of initials above the entries. Review further showed the 8:00 AM, SBP, and DBP entries on 09/31/2025 contained initialed entries. In addition, review showed on 10/01/2025 the 8:00 AM and 8:00 PM, SBP, and DBP had no initialed entries noted and on 10/02/2025 at 8:00 AM the SBP and DPB had no entries.

-Aspirin (for prevention of heart attack or stroke) 81 mg, chew and swallow 1 tablet by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025 and 09/30/2025 both contained an initialed entry with a line through the initials. In addition, review showed a set of initials above both entries. Further review showed the 8:00 AM dose on 09/31/2025 contained an initialed entry. Review showed the 8:00 AM dose on 10/01/2025 and 10/02/2025 had no initialed entries noted.

-B Complex (for vitamin deficiency) take 1 tablet by mouth every morning. Review showed the entry for the 8:00 AM dose on 09/29/2025 and 09/30/2025 both contained an initialed entry with a line through the initials. In addition, review showed a set of initials above both entries. Further review showed the 8:00 AM dose on 09/31/2025 contained an initialed entry. Review showed the 8:00 AM dose on 10/01/2025 and 10/02/2025 had no initialed entries.

-Dok (for constipation) 100 mg, take ½ tablet (50 mg) by mouth every morning with Senna (for Constipation). Further review showed the entry for the 8:00 AM dose on 09/29/2025 and 09/30/2025 both contained an initialed entry with a line through the initials. In addition, review showed a set of initials above both entries. Further review showed the 8:00 AM dose on 09/31/2025 contained an initialed entry. Review showed the 8:00 AM dose on 10/01/2025 and 10/02/2025 had no initialed entries noted.

-"Fluoxetine HCL" (for Depression) 10 mg, take 3 capsules (30 mg) by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025 and 09/30/2025 both contained an initialed entry with a line through the initials. In addition, review showed a set of initials above both entries. Further review showed the 8:00 AM dose on 09/31/2025 contained an initialed entry. Review showed the 8:00 AM dose on 10/01/2025 and 10/02/2025 had no initialed entries.

-Gabapentin (for nerve pain) 600 mg, take 1 tablet by mouth twice daily. Further review showed the entry for the 8:00 AM and 8:00 PM dose on 09/29/2025 and 09/30/2025 contained an initialed entry with a line through the initials. Further review showed the 8:00 AM and 8:00 PM dose on 09/31/2025 contained an initialed entry. In addition, review showed the 8:00 AM and 8:00 PM dose on 10/01/2025 and the 8:00 AM dose on 10/02/2025 had no initialed entries noted.

-Ingrezza (for involuntary movements) 40 mg, take 1 capsule by mouth daily at bedtime. Further review showed the entry for the 8:00 PM dose on 09/29/2025 and 09/30/2025 both contained an initialed entry with a line through the initials. In addition, review showed a set of initials above both entries. Further review showed the 8:00 PM dose on 09/31/2025 contained an initialed entry. Review showed the 8:00 PM dose on

10/01/2025 had no initialed entry.

-Jardiance (for Diabetes) 25 mg, take 1 tablet by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025 and 09/30/2025 both contained an initialed entry with a line through the initials. In addition, review showed a set of initials below both entries. Further review showed the 8:00 AM dose on 09/31/2025 contained an initialed entry. Review showed the 8:00 AM dose on 10/01/2025 and 10/02/2025 had no initialed entries noted.

-Lactulose (for constipation) 10 gram/15 milliliter (ml), take 30 mls (20 grams) by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries.

-Levothyroxine (for the treatment of an underactive thyroid gland) 88 microgram (mcg), take 1 tablet by mouth every morning 30 minutes before breakfast. Further review showed the entry for the 7:30 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries noted.

-Losartan Potassium (for high PB) 25 mg, take 1 tablet by mouth every morning hold for SBP less than 100. Further review showed the 8:00 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries.

-"Oxybutynin CL ER" (for incontinence) 10 mg, take 1 tablet by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries noted.

-Polyethylene Glycol (for constipation), mix 1 capful (17 gram) in 8 ounces of liquid and drink by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries.

-"Potassium CL ER" (for low potassium, a mineral) 10 milliequivalent (meq), take 3 tablets (30 meq) by mouth every morning with breakfast. Further review showed the entry for the 8:00 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries noted.

-Quetiapine Fumarate (for Schizophrenia, serious mental health condition that effects thinking, feelings, and behavior) 200 mg, take 1 tablet by mouth daily at bedtime. Further review showed the entry for the 8:00 PM dose on 09/29/2025, 09/30/2025, and 10/01/2025 had no initialed entries.

-Senna (for constipation) 8.6 mg, take 1 tablet by mouth every morning with Dok tablet. Further review showed the entry for the 8:00 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries.

-Simvastatin (for the treatment of high levels of fat in the blood) 20 mg, take 1 tablet by mouth daily at bedtime. Further review showed the entry for the 8:00 PM dose on 09/29/2025, 09/30/2025, and 10/01/2025 had no initialed entry noted.

-Topiramate (for uncontrolled movements and unconsciousness) 50 mg, take 1 tablet by mouth twice daily. Further review showed the entry for the 8:00 AM and 8:00 PM dose on 09/29/2025, 09/30/2025, and 10/01/2025 and the 8:00 AM dose on 10/02/2025 had no initialed entries.

-Torsemide (for the treatment of swelling caused by fluid trapped in the tissue of the body) 20 mg, take 1 tablet by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries noted.

-Vitamin D3 (for vitamin deficiency) 25 mcg, take 1 tablet by mouth every morning. Further review showed the entry for the 8:00 AM dose on 09/29/2025, 09/30/2025, 10/01/2025, and 10/02/2025 had no initialed entries.

In an interview on 11/03/2025 at 10:00 AM, Staff A stated that they had forgotten to document on Resident 5's medication log between 09/29/2025 and 10/02/2025 when the resident was in the LHF.

A review of Resident 5 AVS dated 10/02/2025 showed Resident 5 was prescribed Zinc Oxide (for treatment of rash) 40 percent (%) paste, apply 1 application externally twice daily for 7 days.

A review of Resident 5's October 2025 pharmacy generated medication log showed a handwritten entry for Zinc Oxide 40%, apply 1 application externally twice daily for 7 days. Further review showed initialed entries for the 8:00 PM dose on 10/03/2025, the 8:00 AM and 8:00 PM dose on 10/04/2025, 10/05/2025, 10/06/2025, 10/07/2025, 10/08/2025, 10/09/2025, 10/10/2025, 10/11/2025, 10/12/2025, 10/13/2025, 10/14/2025, 10/15/2025, 10/16/2025, 10/17/2025, 10/18/2025, 10/19/2025, 10/20/2025, 10/21/2025, 10/22/2025, 10/23/2025, and the 8:00 AM dose on 10/24/2025..

In an interview on 10/29/2025 at 4:13 PM, CC1 stated that they had noticed initialed entries for Resident 5's Zinc Oxide 40 % beyond the prescribed 7 days. CC1 stated that they had spoken with Staff A and confirmed Zinc Oxide 40 % had been applied beyond what had been prescribed.

Further review of Resident 5's AVS dated 10/02/2025 showed Resident 5 was prescribed Cefdinir (for the treatment of bacterial infections) 300 mg, take 1 capsule by mouth twice daily for 4 days.

Further review of Resident 5's October 2025 pharmacy generated medication log showed a handwritten entry for Cefdinir 300 mg, take 2 capsules by mouth twice daily for 4 days. Further review showed initialed entries for the 8:00 PM dose on 10/03/2025, the 8:00 AM and 8:00 PM dose on 10/04/2025, 10/05/2025, 10/06/2025, and 10/07/2025.

In an interview on 10/31/2025 at 10:33 AM, Collateral Contact 2 (CC2) stated that Resident 5's Cefdinir 300 mg was filled and delivered to the AFH on 10/03/2025 with 8 capsules.

Additional review of Resident 5's October 2025 pharmacy generated medication log showed a handwritten entry for Cefdinir 300 mg, take 1 capsule by mouth twice daily for 7 days. Further review showed initialed entries for the 8:00 PM dose on 10/16/2025, the 8:00 AM and 8:00 PM dose on 10/17/2025 through 10/23/2025.

In an interview on 10/31/2025 at 10:34 AM, CC2 stated that Resident 5's order for Cefdinir 300 mg for 7 days was filled and delivered to the AFH on 10/16/2025 with 14 capsules.

Continued review of Resident 5's AVS dated 10/02/2025 showed Resident 5's "Potassium CL ER" 10 meg, take 3 tablets by mouth every morning with breakfast and Torsemide 20 mg, take 1 tablet by mouth once daily, showed both medications had been paused. Review further showed Resident 5 was to wait and take "Potassium CL ER" and Torsemide only when an order from the residents PCP was received to restart the medications. In addition, Resident 5's AVS dated 10/02/2025 showed Resident 5's Lactulose10 gram/15 ml, take 30 mls (20 grams) by mouth every morning had been discontinued.

Continued review of Resident 5's October 2025 pharmacy generated medication log showed Resident 5 was prescribed "Potassium CL E" 10 meq, take 3 tablets (30 meq) by mouth every morning with breakfast. Further review showed initialed entries for the 8:00 AM dose from 10/03/2025-10/14/2025. In addition, review showed Resident 5 was prescribed Torsemide 20 mg, take 1 tablet by mouth every morning. Further review showed initialed entries for the 8:00 AM dose from 10/03/2025-10/08/2025. Review showed Resident 5 was prescribed Lactulose 10 gram/15 ml, take 30 mls (20 grams) by mouth every morning. Further review showed initialed entries for the 8:00 AM dose from 10/03/2025-10/08/2025.

In an interview on 11/03/2025 at 10:00 AM, Staff A stated that they had disposed of Resident 5's "Potassium CL ER", Torsemide, and Lactulose on 10/02/2025 per Resident 5's AVS. Staff A further stated that they had made a mistake when they documented on Resident 5's medication log beyond 10/02/2025 for all three medications. In addition, Staff A stated that when preparing resident medication they reviewed the resident's medication log.

On 10/24/2025 at 12:15 PM observation showed Staff A punched Resident 5's medication into a medication cup and provided it to the resident. Observation further showed Staff A had not reviewed Resident 5's medication log prior to giving the medication.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 resident's (Resident 5) assessed need of requiring medication administration was followed and included staff being nurse delegated (a state program that allows nursing assistants working in certain settings, like AFH, to perform certain tasks, like administration of prescribed medicines, normally performed only by licensed nurses). This failure placed Resident 5 at risk of not receiving the full effect of medication from inadequate application.

Findings included...

In an interview on 10/24/2025 at 10:50 AM, Staff A, Entity Representative, stated that nurse delegation was in place for Resident 5's topical medication.

In an interview on 10/24/2025 at 5:50 PM, Staff A stated that they would send Resident 5's nurse delegation paperwork to the department.

Emailed records received by the department on 10/26/2025 at 8:47 PM from Staff A showed Resident 5's Nurse Delegation Nursing Visit dated 10/26/2025. Review further showed Staff A had been delegated on 10/26/2025 for Resident 5's topical powder.

A review of Resident 5's October 2025 pharmacy generated Medication log showed a handwritten entry for Miconazole, for diaper rash, 2 percent (%) powder, apply 1 application externally twice daily as needed. Further review of Resident 5's medication showed initialed entries from 10/03/2025 through the morning dose on 10/24/2025, except for the 8:00 PM dose on 10/15/2025 which was not initialed. In addition, Resident 5's medication log showed a handwritten entry for Zinc Oxide, for treatment of a rash), 40% paste, apply 1 application externally twice daily for 7 days. Further review showed initialed entries from the 8:00 PM dose on 10/03/2025 through the 8:00 AM dose on 10/24/2025.

In an interview on 10/29/2025 at 4:13 PM, Collateral Contact 1 (CC1) stated that they delegated Resident 5 on 10/26/2025 and they had not delegated prior to 10/26/2025. CC1 further stated that they were notified by Staff A on 10/26/2025, after the department's visit, that Resident 5 had received topical medication and required nurse delegation. CC1 stated that the AFH staff were to be notified immediately when a new medication was prescribed to a resident for the purpose of completing delegation.

In an interview on 11/03/2025 at 10:00 AM, Staff A stated that they had not contacted CC1 when Resident 5's Miconazole and Zinc Oxide were prescribed. Staff A further stated that they had begun using both topical medications without being nurse delegated.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to address the use of psychopharmacologic (medication that treats mental health conditions) medication in the Negotiated Care Plan (NCP) for 1 of 2 sampled resident's (Resident 3). This failure placed Resident 3 at risk of unmet care needs.

Findings included...

A review of Resident 3's October 2025 pharmacy generated Medication log showed Resident 3 was prescribed

- Olanzapine (for the treatment of Schizophrenia, a serious mental health condition marked by changes in thinking, feeling, and behavior) 5 milligram (mg), place 1 tablet on the tongue and allow to dissolve twice a day.

-Aripiprazole (for the treatment of Schizophrenia), 10 mg, take 1 tablet by mouth daily.

-Aripiprazole (for the treatment of Schizophrenia), 20 mg, take 1 tablet by mouth every evening.

Resident 3's NCP showed the resident took psychopharmacological medication and did not include Olanzapine and Aripiprazole or the symptoms the medication treated.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

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 implement their medication disposal policy for 1 of 2 sampled residents' (Resident 3) and 1 of 1 first-aid kit expired medication within 30 calendar days of expiration. In addition, the AFH's medication disposal policy did not show that medication disposal would occur within 30 calendar days of expiration. These failures placed Resident 3 and any resident requiring first-aid at risk of worsening condition or side effects from potentially receiving expired medication.

Findings included...

A review of the AFH's undated "Medication Disposal Policy" showed expired medication would be disposed in the Rx Destroyer, "a chemical destruction container that converts solid and liquid medications into a non-retrievable form." Further review showed the policy did not include that expired medication was required to be disposed within 30 calendar days of expiration.

On 10/24/2025 at 3:14 PM observation of the AFH's first-aid kit showed 4 packets with 2 pills each of Aspirin, for pain or fever, all with an expiration date of August 2022. Further observation showed 6 Antiseptic, for prevention of infection, Towelette's all with an expiration date of February 2025. In addition, observation showed Eyewash, for flushing the eye to remove dirt or dust, with an expiration date of November 2023.

In an interview on 10/24/2025 at 3:14 PM, Staff A, Entity Representative, stated that they were not aware medication in the first-aid kit had expired.

On 10/24/2025 at 4:00 PM of Resident 3's medication storage container showed Ventolin, for shortness of breath or wheezing, inhale 2 puffs by mouth every 4 hours as needed with an expiration date of 11/06/2024.

In an interview on 10/24/2025 at 4:13 PM, Staff A stated that they reviewed resident medication when medication was delivered to the AFH. Staff A further stated that they had missed Resident 3's Ventolin.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025.

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

Provider (or Representative) 11-25-2025 Date

WAC 388-76-10650 Medical devices.

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

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

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

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment that identified the need and ability to safely use [redacted] for 2 of 2 residents' (Resident 5 and Resident 6) with [redacted] was been completed and failed to ensure both resident's and/or their Representatives were informed of the benefits and safety risks associated with [redacted] use. In addition, the AFH failed to ensure Resident 5 and Resident 6's Negotiated Care Plan (NCP) included the resident's use of [redacted] and how they were used. These failures prevented Resident 5 and Resident 6 or their Representative from making an informed decision about whether or not to use [redacted] and placed the resident's at risk of harm.

Findings included...

Resident 5
On 10/24/2025 at 9:25 AM observation showed Resident 5 had [redacted] on both sides of their [redacted] in the up position.

A review of Resident 5's records showed they were admitted to the AFH on [redacted]/2025.

Further review showed Resident 5 did not have an assessment for [redacted] or benefits and safety risks for [redacted] with their records.

A review of Resident 5's NCP dated 07/15/2025 showed no information that Resident 5 had [redacted] or how they were used.

In an interview on 10/24/2025 at 5:17 PM, Staff A, Entity Representative, stated that Physical Therapy (PT) was recently at the AFH and assessed Resident 5 for [redacted]. Staff A further stated that they did not have a copy of Resident 5's assessment for [redacted]. In addition, Staff A stated that Resident 5 had the [redacted] on their [redacted] since they had been admitted to the AFH on [redacted]/2025 and Resident 5 used the [redacted] for repositioning. Staff A stated that they were not aware Resident 5's NCP should include the resident's use of [redacted] and how they were used. Staff A further stated that they were not aware they were required to provide the resident with benefits and safety risks of using [redacted] In addition, Staff A further stated that they would send Resident 5's PT assessment for [redacted] to the department.

As of 10/27/2025 at 5:00 PM Resident 5's PT assessment for [redacted] had not been received by the department.

Resident 6
On 10/24/2025 at 9:30 AM observation showed Resident 6 had [redacted] on both sides of their [redacted] in the up position.

A review of Resident 6's records showed they were admitted to the AFH on [redacted]/2024. Further review showed Resident 6 did not have an assessment for [redacted] or benefits and safety risks for [redacted] with their records.

A review of Resident 6's NCP dated 03/28/2025 showed Resident 6's NCP had no information that Resident 6 had [redacted] or how they were used.

In an interview on 10/24/2025 at 5:18 PM, Staff A stated that they did not have an assessment for Resident 6 for [redacted]. Staff A asked if the requirements for a completed assessment for [redacted] was different for private pay resident's. In addition, Staff A stated that Resident 6 used the [redacted] for repositioning.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure they had emergency drinking water for 6 of 6 residents' (Residents 1, 2, 3, 4, 5 and 6) and 2 of 2 live-in staff (Staff A, Entity Representative, and Staff C, Caregiver). This failure placed all eight people who lived in the AFH at risk of dehydration in the event of an emergency.

Findings included...

During a visit on 10/24/2025 at 8:53 AM, observation showed Residents 1, 2, 3, 5, and 6 lived in and received care from the AFH. Further observation showed Staff A worked in the AFH.

On 10/24/2025 at 9:20 AM observation showed Staff C and Resident 4 returned to the AFH after a community outing.

In an interview on 10/24/2025 at 11:29 AM, Staff A stated that they lived in the AFH and that Staff C lived in the AFH when they were working.

On 10/24/2025 at 3:43 PM observation showed the AFH had 8- one gallon containers of emergency water in a closet in the hallway. Observation showed the AFH was licensed

for 6 resident's and had 2 caregivers living in the AFH, which requires a total of 24 gallons of water.

In an interview on 10/24/2025 at 3:44 PM, Staff A stated that they thought they needed 1 gallon per person.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

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

(2) The adult family home must conduct:

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

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) 1 of 1 provider failed to ensure emergency evacuation drills were conducted during random staffing shifts. This failure placed all residents at risk of harm or injury in the event an emergency requiring evacuation from the AFH occurred.

Findings included...

During a visit on 10/24/2025 at 8:53 AM, observation showed Residents 1, 2, 3, 5, and 6 lived in and received care from the AFH. Further observation showed Resident 1 propelled their wheelchair very slowly, Resident 2 ambulated with the use of a walker, and Resident 3 ambulated independently.

On 10/24/2025 at 9:20 AM observation showed Resident 4 entered the AFH and ambulated independently.

In an interview on 10/24/2025 at 10:50 AM, Staff A, Entity Representative, stated that Resident 5 and Resident 6 were bed bound.

A review of the AFH's "Emergency Evacuation Drill" logs showed an evacuation drill was conducted on 10/01/2025 from 2:26-2:30 and did not indicate AM or PM. Further review showed an evacuation drill was conducted on 06/05/2025 from 11:06-11:10 that did not indicate AM or PM. In addition, review showed on 04/07/2025 an evacuation drill was conducted from 12:02-12:06 that did not indicate AM or PM. In addition, review showed on 12/08/2024 an evacuation drill was conducted from 10:16-10:20 and did not indicate AM or PM. Further review showed on 10/09/2024 an evacuation drill was conducted from 2:02-2:06 and did not indicate AM or PM. Review of the AFH's emergency evacuation drill logs dated 10/01/2025, 06/05/2025, 04/07/2025, 12/08/2024, and 10/09/2024 showed all evacuation drills were conducted between 10:16 AM-2:30 PM.

In an interview on 10/27/2025 at 10:18 AM, Staff A stated that they conducted most of the evacuation drills in the morning. Staff A further stated that they were not aware emergency evacuation drills were required to be conducted during random staffing shifts.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(1) Names of each resident and staff involved in the drill;

(2) Name of the person conducting the drill;

(3) Date and time of the drill;

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 provider documented in their emergency evacuation drill log the names of each resident and staff involved in the drill, the name of the person conducting the drill, and the length of time it took to complete the evacuation. This failure prevented the department from determining if all resident's had participated in a full evacuation drill and that all drills were completed in 5 minutes or less.

Findings included...

During a visit on 10/24/2025 at 8:53 AM, observation showed Residents 1, 2, 3, 5, and 6 lived in and received care from the AFH. Further observation showed Resident 1 propelled their wheelchair very slowly, Resident 2 ambulated with the use of a walker, and Resident 3 ambulated independently.

On 10/24/2025 at 9:20 AM observation showed Resident 4 entered the AFH and ambulated independently.

In an interview on 10/24/2025 at 10:50 AM, Staff A, Entity Representative, stated that Resident 5 and Resident 6 were bed bound.

A review of the AFH's "Emergency Evacuation Drill" logs showed a full evacuation drill was conducted on 10/01/2025 and the log did not include the name of the person who conducted the drill, the staff involved, or the names of each resident that participated in the drill. Further review showed a partial evacuation drill log dated 08/03/2025 that did not include the time of the drill and the length of time it took to complete the drill. In addition, review showed a partial evacuation drill log dated 02/06/2025 did not include the time of the drill and the length of time it took to complete the drill.

In an interview on 10/27/2025 at 10:18 AM, Staff A stated that they had forgotten to include the missing information on the evacuation drill logs.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-25-2025

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

Provider (or Representative) 11-25-2025 Date

WAC 388-76-10960 Remedies Department may impose remedies. The department may impose a remedy or remedies if the department finds any person listed in WAC 388-76-10950 :

(12) Permitted, aided, or abetted the commission of any illegal act on the adult family home premises;

(13) Willfully prevented, interfered with, or failed to cooperate with any inspection, investigation, or monitoring visit made by the department, including refusal to permit authorized department representatives to interview residents or have access to their records;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) 1 of 1 provider, Staff A, Entity Representative, willfully interfered with and failed to cooperate with an inspection of the AFH when they provided an altered Tuberculosis (TB) skin test result for 1 of 3 current staff (Staff B, Resident Manager) to the department. These failures placed all 6 residents' (Residents 1, 2, 3, 4, 5, and 6) at risk of potential exposure to TB, a communicable disease that affects the lungs.

Findings included...

During a visit on 10/24/2025 at 8:53 AM, observation showed Residents 1, 2, 3, 5, and 6 lived in and received care from the AFH.

On 10/24/2025 at 9:20 AM Staff C and Resident 4 returned to the AFH after a community outing.

A review of Staff B's personnel file showed a date of hire of 03/13/2025. Further review showed no TB testing records.

Emailed records received by the department on 10/26/2025 at 8:47 PM from Staff A showed Staff B received a TB injection on 10/15/2025 at 12:00 AM, the record also showed a checked box indicating PM. In addition, review showed Staff B returned to the clinic on 10/18/2025 at 11:48 AM and received a negative TB result.

A review of Staff C's personnel records showed a date of hire of 10/18/2024. Further review showed Staff C received a TB injection on 10/15/2025 at 12:00 PM. Further review showed Staff C returned to the clinic on 10/18/2025 at 11:48 AM and received a negative TB result.

A review of Staff B and Staff C's 10/18/2025 TB test results showed the injection for both Staff B and Staff C had been completed by the same staff, potentially at the same time, and on the same day. Further review showed Staff B and Staff C had both returned to the clinic on 10/18/2025 at 11:48 AM and received negative TB results from the same staff. In addition, Staff C's TB test had lines below each documented entry for administered by, date, time, injection site, the Purified Protein Derivative (PPD), substance used to determine if someone has TB, lot # of the PPD, the expiration date, name of staff who read the test, date, and time. Review showed Staff B's TB record had no lines below the entered documentation. Staff B's TB test showed no page number at the bottom of the page and no service date at the top right hand corner as were both found on Staff C's TB test result. In addition, the spacing on Staff B's TB test record was different than Staff C's.

In an interview on 10/30/2025 at 9:53 AM, Collateral Contact 3 (CC3) stated that Staff B was not in the clinic's database as ever visiting the clinic. CC3 further stated that Staff C had the TB injection on 10/15/2025 and received a negative result on 10/18/2025.

In an interview on 11/03/2025 at 10:00 AM, Staff A stated that after staff complete TB testing they provided the TB result to Staff A. Staff A stated that they had not noticed that Staff B's TB test was the same as Staff C's. In addition, Staff A stated that they did not know anything about how Staff B and Staff C's TB test results were the same.

Department staff (DS) called Staff B on 10/31/2025 and 11/03/2025 and left a voicemail. As of 11/05/2025 at 4:24 PM, DS had not received a return call from Staff B.

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, The Adult Family Home Masters, LLC is or will be in compliance with this law and / or regulation on (Date) 12-05-2025

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

Provider (or Representative) 11-25-2025 Date

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

11/18/2025

CERTIFIED MAIL

9489 0090n0027 6347 0507 59

The Adult Family Home Masters LLC
The Adult Family Home Masters, LLC
2748 Alpine Dr SE
Auburn, WA 98002

RE: The Adult Family Home Masters, LLC # 754894

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/12/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Lydia Owusu-Acheampong, Community Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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

The adult family home hired Staff C's on 10/18/2024. Department's background check central unit records showed, Staff C's FBC was completed on 03/21/2025, 44 days beyond the requirement of 120 days.

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)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G

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:
Lydia Owusu-Acheampong, Community Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 make an IDR request and find directions on the IDR 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 IDR**s 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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225