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

Ambition Adult Family Home LLC

Ambition Adult Family Home LLC
18324 58th Pl W
Lynnwood, WA 98037

RE: Ambition Adult Family Home LLC License # 754959

Dear Provider:

This letter addresses Compliance Determination(s) 51699 (Completion Date 12/10/2024) and 50234 (Completion Date 11/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/10/2024 and found that you have corrected the violations listed in the Full report dated 11/26/2024. Your home is back in compliance as of 11/14/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10705-2-c, WAC 388-76-10750-6-c, WAC 388-76-10485-2, WAC 388-76-10165-1-a, WAC 388-76-10165-1, WAC 388-76-10165-1-b, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10015-1, WAC 388-76-10220, WAC 388-76-10220-1, WAC 388-76-10220-2, WAC 388-76-10220-3, WAC 388-76-10532-2-c, WAC 388-76-10201-1, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b

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

If you have any questions, please contact me at (206)914-5042.

Sincerely,
Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 11/13/2024 and 11/13/2024 of:
Ambition Adult Family Home LLC
18324 58th Pl W
Lynnwood, WA 98037

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:

Katherine Randall, Nursing Care Consultant, NCC
Hang Lu, Licensor

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

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

Renee' Bourque
Residential Care Services

11/26/2024
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

ZAIBC, ASTER GETNET — Provider (or Representative)

11/28/2024 — Date

WAC 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the resident common area was not used for a sleeping area by staff at night. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for a decreased homelike private environment and quality of life.

Findings included...

Observation of the AFH, on 11/13/2024 at 9:00 AM, showed Resident 1 and Resident 2 sitting on a couch in the common area watching TV.

In an interview, on 11/13/2024 at 9:50 AM, Staff A, Entity Representative, reported that they usually stayed in the resident common area during the night while Staff B, Resident Manager, was in the private living area on the upper level of the house. Staff A reported that Staff B would also sleep on the resident's couch during the night when on duty. Staff A reported that they slept on the couch in the common resident area during the night to be available to address any care needs.

In an interview, on 11/13/2024 at 4:51 PM, Staff A reported that they did not know staff should not sleep in the resident's common areas. Staff A reported that they would stay awake or listen for the call bells from upstairs in the future. Staff A reported that they would come downstairs to frequently check on the residents.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/13/2024.

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

[illegible] ASTER GETNET	11/28/2024
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 observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature at 1 of 2-bathroom sinks (Sink 1) did not exceed 120 degrees Fahrenheit (F). This failure placed Residents 1, 2, 3, 4 and 5 at risk for injury when using the hot water from the full bathroom sink.

Findings included...

Observation, on 11/13/2024 at 3:50 PM, showed the water temperature at Sink 1 (in the full resident bathroom) was 120.5 degrees F.

In an interview, on 11/13/2024 at 3:50 PM, Staff A, Entity Representative, reported that they did not know how to adjust the temperature. Staff A stated that they would ask Staff B, Resident Manager, to adjust the water heater temperature. Staff A reported that the resident bathroom sink water temperature had not been tested before.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/13/2024 .

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

[illegible] ASTER GETNE	11/28/2024
Provider (or Representative)	Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Residents 1 and 2) had labeled over the counter (OTC) medications. This failure placed sampled Residents 1 and 2 at risk for medication errors.

Findings included...

RESIDENT 1
Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review of Resident 1's record showed Resident 1 was on multiple medications.

Review of Resident 1's November 2024 Medication Administration Record (MAR) showed Resident 1 had the following medication entries: Multivitamin with Minerals (supplement): Take one tablet by mouth every AM, Vitamin B-12 (supplement): Take 1,000 micrograms: One tablet by mouth every AM, and Melatonin (sleep aid) 5 milligrams: One tablet by mouth every PM. All three OTC medications were in the original bottles. The bottles did not have labels with Resident 1's name, the dose, the time of administration, the route or the formula (tablets, liquid, capsules) for the medications.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on [redacted]/2023. Review of Resident 2's record showed they were on multiple medications.

Review of Resident 2's November 2024 MAR showed the following entry for Multivitamin (supplement): One tablet by mouth every AM. This OTC medication was in the original bottle. The bottle did not have a label with Resident 2's name, the dose, the time of administration, the route or the formula (tablets, liquid, capsules) for the medication.

In an interview, on 11/13/2024 at 2:45 PM, Staff A, Entity Representative, reported that they were not aware the OTC medications, brought by Resident 1 and Resident 2's representatives, had to be labelled with Resident's name, dose, time, route and formula.

Observation, on 11/13/2024 at 2:50 PM, showed Staff A labelling the OTC medication bottles for Resident 1 and Resident 2.

This deficiency was corrected on site at the time of the visit.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/13/2024 .

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

XXTC, ASTER GETNET — Provider (or Representative)

11/28/2024 — Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff A, Entity Representative) had a current Washington State name and date of birth (WNDOB) background inquiry (BGI). This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of having a caregiver with an unknown criminal background.

Findings included...

Review of Staff A's record showed Staff A's WNDOB BGI was expired on 08/26/2024.

In an interview, on 11/13/2024 at 11:30 AM, Staff A reported that they were not aware the BGI expired every two years. Staff A reported that they would submit another form to the background check central unit.

Review of an email correspondence, dated 11/15/2024, showed Staff A reported that they had renewed their BGI on 11/14/2024.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/13/2024.

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

ASTER GETNET, [redacted] — 11/26/2024
Provider (or Representative) — 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, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 1 of 1 resident (Resident 1) to use a medical device ([redacted]). This failure placed Resident 1 at risk for injury from improper use of the [redacted].

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024 with multiple diagnoses.

Observation, on 11/13/2024 at 9:35 AM, showed Resident 1 had two full-length [redacted] on each side of the bed in a lowered position. Resident 1 was not in the bed.

In an interview, on 11/13/2024 at 9:35 AM, Staff B, Resident Manager, reported that Resident 1 came to the AFH with the [redacted] on the bed but had not used them.

Review of Resident 1's record showed there were no documents to indicate Staff B had

provided the Resident Representative (RR) with information regarding the safety risks to enable to them to make an informed decision about whether to use the [redacted]. There was no evidence Staff B had obtained a safety assessment from a qualified assessor and there was no indication in Resident 1's NCP the [redacted] on the bed had been addressed.

Observation, on 11/13/2024 at 11:34 AM, showed Staff B had removed Resident 1's [redacted] from the bed and the room.

This deficiency was corrected on site at the time of visit.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/13/2024 .

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

[signature], ASTER GETNET — Provider (or Representative)

11/20/2024 — 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 record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 caregivers (Staff A, Entity Representative, and Staff B, Resident Manager) had documentation of annual respirator training, as required. This failure placed Residents 1, 2, 3, 4 and 5 at risk for illness and infection.

Findings included...

Review of the Washington State Department of Health's "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005) and annually.

Record review showed the AFH did not have any documentation of site-specific

respirator training for Staff A and Staff B on file.

In an interview, on 11/13/2024 at 3:45 PM, Staff A stated that they were not aware of the yearly respirator training requirement.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/14/2024 .

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

[redacted], ASTER GETNET — 11/28/2024

Provider (or Representative) — Date

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

(2) Accidents or incidents affecting a resident's welfare; and

(3) Any injury to a resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to keep a log of incidents for 5 of 5 residents (Residents 1, 2, 3, 4 and 5). This failure placed 5 of 5 Residents at risk of unrecognized patterns of abuse, neglect, exploitation, abandonment, injury or elopement and unmet care and safety needs.

Findings included...

Record review showed there was not a log of incidents available to review.

In an interview, on 11/13/2024 at 2:20 PM, Staff A reported that they did not have a log of incidents occurring in the home. Staff A reported that they would document certain incidents in Resident records when the incident occurred.

Review of Resident 1's record indicated no documentation present for a recent elopement on 11/05/2024.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/13/2024 .

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

[redacted], ASTER GETNET — Provider (or Representative)

11/26/2024 — Date

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to complete the Disclosure of Charges (DOC) form and keep a signed and dated copy on file for 2 of 5 residents (Resident 3 and Resident 4). This failure placed Residents 3 and 4 at risk for not being aware of all the services and fees for their care.

Findings included...

RESIDENT 3:
Record review of Resident 3's record showed the AFH admitted Resident 3 on [redacted]/2023 and there was no DOC located in the record.

In an interview, on 11/13/2024 at 5:05 PM, Staff A (Entity Representative) reported that they would look for the DOC for Resident 3.

Review of a document, received by the Department on 11/14/2024, showed Staff A sent a signed copy of the DOC for Resident 3, dated 11/13/2024.

RESIDENT 4:
Record review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]/2021 and there was a DOC present in the record which had not been signed by Resident 4 or their representative.

In an interview on 11/13/2024 at 5:05 PM, Staff A (Entity Representative) reported that they would have the DOC signed by Resident 4.

Review of a document, received by the Department on 11/14/2024, showed Staff A sent the signed copy of the DOC for Resident 4, dated 11/13/2024.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/13/2024 .

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

[redacted], ASTER GETNET — Provider (or Representative)

11/28/2024 — Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of not knowing what would happen in the event Staff A, Entity Representative, was unable to fulfill their duties in the home.

Findings included...

Record review showed the AFH did not have a written Succession Plan when requested.

During an interview and observation, on 11/13/2024 at 2:45 PM, Staff A (Entity Representative) presented the Washington Administrative Code guidance about the Succession Plan requirements and stated that they had not developed the specific plan for the AFH.

Review of document, received by the Department on 11/14/2024, showed Staff A sent a copy of their specific Succession Plan, dated 08/07/2024.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/14/2024 .

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

[redacted], ASTER GETNET — 11/28/2024

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

(b) The adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have current and signed personal belonging lists for 2 of 5 residents (Residents 1 and 4) available in the resident records. This failure placed Resident 1 and Resident 4 at risk for the unrecognized loss of personal belongings.

Findings include...

RESIDENT 1:
Record review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024. Review of Resident 1's record showed there was a blank copy of the required Personal Belongings Inventory (PBI) list in the record.

In an interview, on 11/13/2024 at 10:24 AM, Staff A (Entity Representative) reported that they would look for the copy of the PBI for Resident 1. At 3:15 PM on 11/13/2024, Staff A presented a signed and completed PBI for Resident 1, dated 02/04/2024.

RESIDENT 4:
Record review of Resident 4's record showed the AFH admitted Resident 4 on [redacted]/2021. Review of Resident 4's record indicated there was a completed copy of the PBI in the record without the required signatures from Resident 4 or the AFH representative.

In an interview, on 11/13/2024 at 3:15 PM, Staff A (Entity Representative) reported that they would have Resident 4 sign the PBI and forward a copy to the Department. Staff A reported the PBI for Resident 4 had not been updated with any current changes for belongings since [redacted]/2021. Review of a document, received by the Department on 11/14/2024, showed Staff A sent a copy of the signed PBI for Resident 4, dated 11/13/2024.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Ambition Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/13/2024 .

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

[redacted], ASTER GETNET — 11/28/2024

Provider (or Representative) — Date