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

A Rose Garden Adult Family Home LLC

A Rose Garden Adult Family Home LLC
15309 33RD DR SE
MILL CREEK, WA 98012

RE: A Rose Garden Adult Family Home LLC License # 755035

Dear Provider:

This letter addresses Compliance Determination(s) 57454 (Completion Date 04/03/2025) and 53653 (Completion Date 02/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2025 and found that you have corrected the violations listed in the Full report dated 02/04/2025. Your home is back in compliance as of 03/01/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10355-7-b, WAC 388-76-10485-2, WAC 388-76-10890-1, WAC 388-76-10890-2, WAC 388-76-10890

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

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 01/24/2025 of:

A Rose Garden Adult Family Home LLC
15309 33RD DR SE
MILL CREEK, WA 98012

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

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

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

02/11/2025
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)

2/20/2025
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 a required safety assessment, a consent form with the risks and benefits listed, or care planning with the expected use of [redacted] was completed prior to the use of the medical devise for 3 of 3 residents (Resident's 1, 2 and 3). This failure placed Residents 1, 2 and 3 at risk for injury while using the [redacted].

Findings included...

RESIDENT 1:
Resident 1 was admitted on [redacted]/2022 with multiple diagnoses including [redacted] ([redacted]).

Observation, on 01/24/2025 at 10:30 AM, of Resident 1's bed showed [redacted] ([redacted]) [redacted] of the bed in the down position.

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' Bourgue
Residential Care Services

02/11/2025
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)

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 a required safety assessment, a consent form with the risks and benefits listed, or care planning with the expected use of bed side rails was completed prior to the use of the medical devise for 3 of 3 residents (Resident's 1, 2 and 3). This failure placed Residents 1, 2 and 3 at risk for injury while using the bed side rails.

Findings included...

RESIDENT 1:
Resident 1 was admitted on [redacted] 2022 with multiple diagnoses including [redacted] ([redacted]).

Observation, on 01/24/2025 at 10:30 AM, of Resident 1's bed showed [redacted] ([redacted]) [redacted] of the bed in the down position.

Review of Resident 1's record showed there was not a safety assessment or an informed consent for the use of the [redacted] present in the record. Resident 1's care plan, dated 10/28/2024, did not mention the use of [redacted] or how the [redacted] were to be used safely by Resident 1.

RESIDENT 2:
Resident 2 was admitted on [redacted] 2024 with multiple diagnoses including [redacted] ([redacted]).

Observation, on 01/24/2025 at 10:45 AM, of Resident 2's bed showed [redacted] ([redacted]) [redacted] of the bed in the down position.

Review of Resident 2's record showed there was not a safety assessment or an informed consent for the use of the [redacted] present in the record. Resident 2's care plan, dated 04/12/2024, did not mention the use of [redacted] or how the [redacted] were to be used safely by Resident 2.

RESIDENT 3:
Resident 3 was admitted on [redacted]/2021 with multiple diagnoses including [redacted] ([redacted]).

Observation, on 01/24/2025 at 10:55 AM, of Resident 3's bed showed [redacted] ([redacted]) [redacted] of the bed in the down position.

Review of Resident 3's record showed there was not a safety assessment or an informed consent for the use of the [redacted] present in the record. Resident 3's care plan, dated 05/27/2024, did not mention the use of [redacted] or how the [redacted] were to be used safely by Resident 3.

In an interview, on 01/24/2025 at 11:50 AM, with Staff A, Entity Representative, stated the [redacted] for Resident's 1, 2 and 3 were placed in the up position whenever the residents were in bed. Staff A stated they were not aware of the requirements prior to the use of [redacted] and that they would begin gathering the required documents/assessments.

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, A Rose Garden Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 03/01/2025.

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

Provider (or Representative) — Date: 02/20/2025

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:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) that addressed identified problem behaviors for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk for unmet care needs.

Findings included...

RESIDENT 2:
Resident 2 was admitted on [redacted] 2024 with multiple diagnoses including [redacted].

Review of Resident 2's record showed the assessment, dated [redacted]/2024, identified wandering and mood swings as current behaviors for Resident 2. The NCP for Resident 2, dated [redacted]/2024, listed no behaviors or interventions for those behaviors.

In an interview, on 01/24/2025 at 12:35 PM, Staff A, Entity Representative, stated they would reevaluate the behaviors listed in the assessment and the NCP to address ongoing behaviors.

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, A Rose Garden Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

WAC 388-76-10355 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:

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) that addressed identified problem behaviors for 1 of 3 residents (Resident 2). This failure placed Resident 2 at risk for unmet care needs.

Findings included...

RESIDENT 2:
Resident 2 was admitted on [redacted]/2024 with multiple diagnoses including [redacted] ([redacted]).

Review of Resident 2's record showed the assessment, dated [redacted]2024, identified wandering and mood swings as current behaviors for Resident 2. The NCP for Resident 2, dated [redacted]/2024, listed no behaviors or interventions for those behaviors.

In an interview, on 01/24/2025 at 12:35 PM, Staff A, Entity Representative, stated they would reevaluate the behaviors listed in the assessment and the NCP to address ongoing behaviors.

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, A Rose Garden Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 03/01/2025 .

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

Provider (or Representative) — Date: 02/21/2025

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
Resident 1 was admitted on [redacted] 2022 with multiple diagnoses including [redacted].

Review of Resident 1's January 2025 Medication Administration Record (MAR) showed the following OTC medication entries: Zembright Mood (a supplement), Melatonin (a sleep aid) and Vitamin D (a vitamin supplement). All the OTC medications were in the original bottles. The bottles did not have labels with Resident 1's name, the dose, the timing of the administration and the route or the formula (tablets, liquid, capsules) for the medications.

RESIDENT 2
Resident 2 was admitted on [redacted] 2024 with multiple diagnoses including [redacted].

Review of Resident 2's January 2025 MAR showed the following OTC medication entries: Acetaminophen (a pain relief medication) and Artificial Tears (a eye drop for moisture)

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, A Rose Garden Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

WAC 388-76-10485 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
Resident 1 was admitted on [redacted]/2022 with multiple diagnoses including [redacted].

Review of Resident 1's January 2025 Medication Administration Record (MAR) showed the following OTC medication entries: Zembright Mood (a supplement), Melatonin (a sleep aid) and Vitamin D (a vitamin supplement). All the OTC medications were in the original bottles. The bottles did not have labels with Resident 1's name, the dose, the timing of the administration and the route or the formula (tablets, liquid, capsules) for the medications.

RESIDENT 2
Resident 2 was admitted on [redacted]/2024 with multiple diagnoses including [redacted].

Review of Resident 2's January 2025 MAR showed the following OTC medication entries: Acetaminophen (a pain relief medication) and Artificial Tears (a eye drop for moisture)

All the OTC medications were in the original bottles. The bottles did not have labels with Resident 2's name, the dose, the timing of administration, the route or the formula (tablets, liquid, capsules) for the medications.

In an interview, on 01/24/2025 at 1:00 PM, Staff A, Entity Representative, reported 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.

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, A Rose Garden Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02-21-2025.

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

Provider (or Representative) — Date: 02-21-2025

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure an evacuation map was posted on the upstairs floor of the AFH. This failure placed 3 of 3 Residents (Resident 1, 2 and 3) at risk of delayed emergency evacuation assistance.

Findings included...

Observation of the AFH, on 01/24/2025 at 10:30 AM, showed a private residence area on the second level of the AFH. No evacuation map was posted in the upstairs private area.

In an interview, on 01/24/2024 at 10:30 AM, Staff A, Entity Representative, reported

All the OTC medications were in the original bottles. The bottles did not have labels with Resident 2's name, the dose, the timing of administration, the route or the formula (tablets, liquid, capsules) for the medications.

In an interview, on 01/24/2025 at 1:00 PM, Staff A, Entity Representative, reported 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.

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, A Rose Garden Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure an evacuation map was posted on the upstairs floor of the AFH. This failure placed 3 of 3 Residents (Resident 1, 2 and 3) at risk of delayed emergency evacuation assistance.

Findings included...

Observation of the AFH, on 01/24/2025 at 10:30 AM, showed a private residence area on the second level of the AFH. No evacuation map was posted in the upstairs private area.

In an interview, on 01/24/2024 at 10:30 AM, Staff A, Entity Representative, reported

that they were unaware of the requirement to have an evacuation map posted on all floors of 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, A Rose Garden Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02.10.2025.

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

Provider (or Representative) — Date: 02/21/2025

that they were unaware of the requirement to have an evacuation map posted on all floors of 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, A Rose Garden Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date