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

We Care Adult Family Homes LLC

We Care Adult Family Homes LLC
4628 182nd Pl SW
Lynnwood, WA 98037

RE: We Care Adult Family Homes LLC License # 755133

Dear Provider:

This letter addresses Compliance Determination(s) 59597 (Completion Date 05/15/2025) and 57104 (Completion Date 04/01/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/15/2025 and found that you have corrected the violations listed in the Full report dated 04/01/2025. Your home is back in compliance as of 05/10/2025 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 388-112A-0495-1, WAC 388-76-10146-2-b, WAC 388-76-10146-2-c, WAC 388-76-10146-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-10165, WAC 388-76-10355-7-b, WAC 388-76-10355-7-c, WAC 388-76-10485-1, WAC 388-76-10490-1

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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 03/28/2025 of:

We Care Adult Family Homes LLC
4628 182nd Pl SW
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:

Farrah Sirous, Long Term Care Surveyor

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

04/04/2025
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.

Solomon Abebe
Provider (or Representative)

4/11/25
Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

WAC 388-112A-0495 What are the specialty training and supervision requirements for long-term care workers in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(1) If an adult family home serves one or more residents with special needs, the adult family home must ensure that a long-term care worker employed by the home completes and demonstrates competency in specialty training as described in WAC 388-112A-0400 within one hundred twenty days of hire.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 3 staffs (Staffs B and C, Caregivers) completed the Developmental Disabilities (DD) specialty training as required. This failure placed Residents 1, 2, 3, 4 and 5 at risk for receiving care from staff who were not knowledgeable about their specialty needs and at risk of decreased quality of life.

Findings included...

Observation, on 03/28/2025 at 9:20 AM, showed Residents 1, 2, 3 (were out of home), 4 and 5 lived in and received care from the AFH staff. Observation further showed that Staffs B and C were working and providing care for Residents 1, 2, 3, 4 and 5.

Review of a Department database showed the AFH was licensed to provide specialty care for residents with dementia, mental health, and DD.

Review of Resident 3's records showed the AFH admitted Resident 3 on [redacted]/2021 with care needs related to DD.

Review of personnel records showed the AFH hired Staff B on 07/31/2023. Record review showed Staff B did not have documentation of DD specialty training in their files.

Review of personnel records showed the AFH hired Staff C on 04/24/2024. Record review showed Staff C did not have documentation of DD specialty training in their files.

In an interview, on 03/28/2025 at 3:00 PM, Staff A, Entity Representative, stated that they would send Staff B and C's DD training the next business day to the department (03/31/2025).

Review of an email received from Staff A noted that "they requested the DSHS support to register Staff B and C for the DD training."

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, We Care Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 5/10/25.

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

Provider (or Representative) — Date: 4/11/25

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 record review and interview, the Adult Family Home (AFH) failed to have a renewed Washington State Date of Birth Background Inquiry (WNOB BGI) for 2 of 3 current staff (Staff A, Entity Representative and Staff B, Caregiver) on file. This failure delayed verification of staff qualifications to work in the home and placed Residents 1, 2, 3, 4 and 5 at risk of exposure to persons with unknown backgrounds and or who were not fully qualified.

Findings included...

Review of Staff A's records showed the AFH hired Staff A on 08/17/2021. Record review showed Staff A's (WNOB BGI) was expired in June 2024. There was no record of renewed (WNOB BGI) for Staff A on file.

In an interview and observation, on 03/28/2025 at 2:40 PM, Staff A stated that they forgot to renew their (WNOB BGI). Observation showed Staff A renewed their (WNOB BGI) on 03/28/2025.

Review of Staff B's records showed the AFH hired Staff B on 07/31/2023. Record review showed Staff B's (WNOB BGI) was expired in January 2025.

In an interview, on 03/28/2025 at 2:50 PM, Staff A stated that they forgot to renew Staff B's (WNOB BGI). Staff A renewed Staff B's (WNOB BGI) during the visit on 03/28/2025.

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, We Care Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 5/10/25.

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

Provider (or Representative) — Date: 4/11/25

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;

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) included information regarding the resident's behaviors and how the home intervened. Additionally, the AFH failed to have a durable medical equipment (DME) for Resident 2 at the home to use. These failures placed Resident 2 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 03/28/2025 at 9:20 AM, showed Resident 2 lived in and received care from the AFH. Further observation showed Resident 2 ambulated independently with medical devices in the AFH.

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2023 with multiple medical diagnoses.

Review of Resident 2's state assessment, dated 01/09/2025, showed the following behaviors were identified: Easily irritable and agitated, extreme rapid mood swings,

intimidating/threatening (no physical contact), resistive to care with words/gestures (does not include informed choice), delusion, and resistant to help with personal hygiene. Review of Resident 2's NCP, dated 02/16/2025, under behavior documented "No identified behavioral problems" and for the intervention was checked "Supervision." The NCP did not address any of Resident 2's behaviors that were identified in the state Assessment, dated 01/09/2025. Further review of Resident 2's assessment showed under "bathing equipment type" listed "shower chair has, uses." Review of Resident 2's Negotiated Care Plan (NCP) showed no information about DME under bathing and medical equipment.

Observation, on 03/28/2025 at 1:05 PM showed the AFH did not have a shower chair at home for residents to use.

In an interview, on 03/28/2025 at 1:10 PM, Staff A stated that they would update Resident 2's NCP with identified behavioral problems and interventions. Staff A stated that Resident 2 did not use a shower chair, and they had no shower chair at home. Staff A stated they had a chair (bedside commode), and they would use it for residents if needed.

Review of an email received by the department on 03/30/2025 showed the AFH updated Resident 2's NCP with behavioral problems.

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, We Care Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 5/10/25 .

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

Solomon Abebe — Provider (or Representative)

4/11/25 — Date

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

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure

medications in 2 of 5 resident's bedroom (Residents 1 and 3) were kept in locked storage. This failure placed Residents 1, 2, 3, 4 and 5 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 03/28/2025 at 9:20 AM, showed Residents 1, 2, 4 and 5 lived in and received care from the AFH. Resident 3 was out of the home. Observation further showed Residents 1, 2 and 4 ambulated independently with assistive devices and Resident 5 ambulated with staff assistance in the AFH.

Observation, on 03/28/2025 at 11:50 AM, showed Resident 3 resided in bedroom [redacted] and had no roommate. Observation showed a container of Clearasil (used for acne) and a bottle of Ketoconazole Shampoo (used for fungal and yeast infection) in Resident 3's room.

In an interview, on 03/28/2025 at 11:55 AM, Staff A, Entity Representative, stated that they were unaware of the medications in Resident 3's room. Staff A moved unlocked medications from Resident 3's room to the locked storage.

Bedroom [redacted]
Observation, on 03/28/2025 at 12:10 PM, showed Resident 1 resided in bedroom [redacted] and had no roommate. Observation showed a tube of Hydrocortisone cream (used for itching) and a tube of diclofenac gel (used for pain) in Resident 1's room on the chair.

In an interview, on 03/28/2025 at 12:15 PM, Staff A, stated that Resident 1 might have received the medications from the hospital, and they were unaware of the medications in Resident 1's bedroom. Staff A removed the unlocked medications from Resident 1's room.

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, We Care Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 5/10/25 .

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

Solomon Ahene — Provider (or Representative)

4/11/25 — Date

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

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 1). Additionally, the AFH failed to dispose Resident 1's discontinued (D/C) medication. This failure placed Resident 1 at risk of negative outcomes and worsening conditions if they took or used expired and D/C medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to a local law enforcement and the local pharmacy."

Record review of Residents 1's assessment, dated 01/09/2025, indicated the AFH would provide medication management and some activities of daily living.

Observation, on 03/28/2025 at 1:45 PM, showed an expired Hydrocortisone cream (used for itching) in Resident 1's room (bedroom [redacted]) on the chair. Observation of the pharmacy generated label showed the expiration date was faded/unreadable. Observation of the Hydrocortisone cream tube showed the factory expiration date was 02/28/2025. Further observation showed in Resident 1's medication bin contained a vial of D/C Haloperidol 2 milligram (mg) tablets (used for agitation and anxiety). Observation of the doctor's order for Haloperidol 2 mg showed "start date 05/28/2024-06/28/2024.

In an interview, on 03/28/2025 at 1:55 PM, Staff A, Entity Representative, stated that they were unaware the Hydrocortisone cream had expired. Staff A stated that they might forgot to dispose the Haloperidol. Staff A moved expired and D/Ced medications to the medication's disposal bin.

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, We Care Adult Family Homes LLC is or will be in compliance with this law and / or regulation on (Date) 5/10/25 .

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

Solomon Abebe — Provider (or Representative)

4/11/25 — Date

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

04/04/2025

We Care Adult Family Homes LLC
We Care Adult Family Homes LLC
4628 182nd Pl SW
Lynnwood, WA 98037

RE: We Care Adult Family Homes LLC # 755133

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/01/2025 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:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(4) Directs all staff to:

(a) Dispose of razor blades, syringes, and other sharp items in a manner that will not risk the health and safety of residents, staff, other persons residing in the home or the public; and

The Adult Family Home (AFH) failed to keep disposed sharp items in a manner that will not risk the health and safety of residents and staff in the home. This deficiency was corrected by Staff A, Entity Representative, during the visit and they removed the sharp disposal bin from Resident 2's room.

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

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

The Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for Residents 2 and 4 with the nutritional supplement information. This deficiency was corrected by Staff A, Entity Representative, during the visit.

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

The Adult family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) had

their prescribed medication, Bisacodyl (used for constipation), available at home to use. This deficiency corrected during a visit by Staff A, Entity Representative.

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;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) failed to ensure the water temperature in resident's bathroom did not exceed 120 degrees Fahrenheit. Additionally, the AFH kept cleaning supplies, hazardous materials, and laundry detergents in the garage. The AFH failed to ensure staffs kept the garage locked after using cleaning supplies to prevent Resident risk of harm from exposure to toxic and hazardous materials. These deficiencies were corrected on-site at the time of visit by Staff A, Entity Representative.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

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

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Provider Process for Choosing a Panel or Traditional IDR:

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

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225