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

05/08/2025

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:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59318 (Completion Date 05/08/2025) and 56434 (Completion Date 03/26/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/08/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10650 Medical devices.

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

(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

The Department staff who did the On Site verification:
Meazawork Tekie, Complaint Investigator

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 an unannounced on-site complaint investigation on 03/17/2025 of:

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

This document references the following complaint number(s): 170398

The following sample was selected for review during the unannounced on-site visit: 4 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, Complaint Investigator

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

Statement of Deficiencies	License #: 755133	Compliance Determination #:56434
Plan of Correction	We Care Adult Family Homes LLC	Completion Date
Page 2 of 3	Licensee: We Care Adult Family Homes LLC	03/26/2025

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

Aaron' Bourgua
Residential Care Services

04/03/2025
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 388-76-10550 Medical devices.

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

(a) 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 have a system in place to ensure that 1 of 5 residents (Resident 1) was assessed, had risk and benefits explained, and included medical device use in their Negotiated Care Plan (NCP) before using [redacted]. This failure placed Resident 1 at risk of harm from entrapment and injury if the [redacted] were not used properly or appropriate for individual resident use.

Findings included...

Observation, on 03/17/2025 at 08:37AM, showed Resident 1 sleeping on a [redacted] positioned against the left side of the wall with 1 half-sized [redacted] on right side of their [redacted].

Record review of Resident 1's NCP showed the AFH admitted Resident 1 on [redacted]/2025, with multiple diagnoses that included [redacted]. Resident 1's NCP showed AFH were to assist Resident 1 with

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

04/03/2025
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:

(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 have a system in place to ensure that 1 of 5 residents (Resident 1) was assessed, had risk and benefits explained, and included medical device use in their Negotiated Care Plan (NCP) before using [redacted]. This failure placed Resident 1 at risk of harm from entrapment and injury if the [redacted] were not used properly or appropriate for individual resident use.

Findings included... .

Observation, on 03/17/2025 at 09:37AM, showed Resident 1 sleeping on a [redacted] positioned against the left side of the wall with 1 half-sized [redacted] on right side of their [redacted].

Record review of Resident 1's NCP showed the AFH admitted Resident 1 on [redacted]/2025, with multiple diagnoses that included [redacted]. Resident 1's NCP showed AFH were to assist Resident 1 with

Statement of Deficiencies	License #: 765133	Compliance Determination #: 564734
Plan of Correction	We Care Adult Family Homes LLC	Completion Date
Page 3 of 3	Licensee: We Care Adult Family Homes LLC	03/26/2025

bed mobility. Review showed Resident 1's NCP had not included the use of a [redacted]

In an interview, on 03/17/2025 at 10:20 AM, Staff A (Provider) stated the hospital had supplied and instructed the AFH to use the [redacted] for Resident 1 for bed mobility. Staff A stated that they had not informed Resident 1's representative of the risks and benefits of the use of [redacted]. Staff A stated that they had not updated Resident 1's NCP to show the use of the [redacted].

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) 3/26/25 . 4/21/2025 - spoke with provider on 4/21 & he said it was okay to change POC date to 4/21 as issue has been corrected.

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

Solomon Abebe
Provider (or Representative)

04/11/25
Date

bed mobility. Review showed Resident 1's NCP had not included the use of a [redacted].

In an interview, on 03/17/2025 at 10:20 AM, Staff A (Provider) stated the hospital had supplied and instructed the AFH to use the [redacted] for Resident 1 for bed mobility. Staff A stated that they had not informed Resident 1's representative of the risks and benefits of the use of [redacted]. Staff A stated that they had not updated Resident 1's NCP to show the use of the [redacted].

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)_____ .

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

_____ _____

Provider (or Representative) Date