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

Birdsong Adult Family Homes, LLC
EAST HILL AFH
24316 100th Place SE
Kent, WA 98030

RE: EAST HILL AFH License # 755188

Dear Provider:

This letter addresses Compliance Determination(s) 67059 (Completion Date 10/10/2025) and 62805 (Completion Date 08/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/10/2025 and found that you have corrected the violations listed in the Full report dated 08/11/2025. Your home is back in compliance as of 08/21/2025 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10532-2-a, WAC 388-76-10532-2-c, WAC 388-76-10165-1-a, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

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

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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***



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 07/18/2025 of:

EAST HILL AFH
23022 100TH AVE SE
KENT, WA 98031

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

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 | 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 388-76-10430 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 the home had a safe system of medication assistance that did not include pre-poured medications (preparing medications well in advance of administration and storing them until they are administered) for 2 of 2 residents (Resident 1 and Resident 2). This placed the residents at risk of medication errors.

Findings included…

On 07/18/2025 at 11:40 AM, observation in the home's medication cabinet in the kitchen showed two clear plastic cups with pre-poured medications inside it. Each cup had a handwritten label of Resident 1 and Resident 2's name.

On 07/18/2025 at 12:37 PM interview, Staff A, Entity Representative, said that Resident 1 and Resident 2 required medication assistance.

Resident 1
Review of admission agreement dated [redacted]/2021, showed the AFH admitted Resident 1 on the same date. Review of their assessment dated 03/19/2025 and Negotiated Care Plan (NCP) dated 03/20/2025, showed the resident required medication assistance.

On 07/18/2025 at 2:15 PM, in the medication cabinet in the kitchen, observation showed Resident 1's medication cup had 10 medications inside it (five white round shape, two white oval shape, and two brown round shape tablets, and one capsule.

Record review of their July 2025 medication log or medication administration record (MAR) and medication reconciliation showed the pre-poured medications were as follows:
-Senna 8.6 milligrams (mg) tablets (medication to prevent constipation). "Take 2 tablets (17.2 mg) by mouth daily at bedtime"
-Lyrica 150 mg capsule (medication to relieve nerve pain and prevent seizure). "Take 1 capsule by mouth twice daily"
-Luvox 100 mg tablet (medication to treat mental health disorder, including depression). "Take 3 tablets (300 mg) by mouth daily at bedtime"
-Depakote ER (extended release) 500 mg tablet (medication to treat seizure and mood affective disorder. Take 2 tablets (1000 mg) by mouth at bedtime"
-Baclofen 20 mg tablet (medication to relieve muscle spasm and pain). "Take 1 tablet by mouth twice daily"
-Atorvastatin 10 mg (medication to lower cholesterol and fats in the blood). "Take 1 tablet by moth daily at bedtime"

Resident 2
Review of admission agreement dated [redacted]/2025, showed the AFH admitted Resident 2 on the same date. Review of their assessment dated 07/19/2024 and NCP dated 07/09/2025, showed the resident required medication assistance.

On 07/18/2025 at 2:20 PM, in the medication cabinet in the kitchen, observation showed Resident 2's medication cup had 11 medications inside it (six white round shape, and three light yellow round shape tablets, and two capsules).

Record review of their July 2025 MAR and medication reconciliation showed the pre-poured medications were as follows:
-Tylenol 325 mg (medication to relieve pain). "Take 2 tablets (650 mg) by mouth twice daily"
-Atorvastatin 40 mg. "Take 1 tablet by mouth daily at bedtime"
-Aricept 60 mg (medication to help improve attention, memory, judgment, and behavior). "Take 1 tablet by mouth daily at bedtime"
-Cymbalta 60 mg (medication to treat mood disorder). "Take 1 capsule by mouth daily at bedtime"
-Melatonin 5 mg (medication for sleep disorder). "Take 2 tablets (10 mg) by mouth at bedtime"

-Seroquel 25 mg (medication to treat various mental health condition, including restlessness and agitation). “Take 2 tablets (50 mg) by mouth daily at bedtime”
-Trazodone 50 mg (medication for mood, anxiety, and sleep disorder). “Take 1 tablet by mouth daily at bedtime”
-Nitrofurantoin 100 mg (an antibiotic to treat urinary tract infections). “Take 1 tablet by mouth every 12 hours for 7 days”

Further review of Resident 1 and Resident 2’s 07/18/ 2025 MAR at 2:20 PM, showed the 8:00 PM boxes were signed off by Staff C, Caregiver.

On 07/18/2025 at 2:30 PM interview, Staff C said that they accidentally signed off the MAR by mistake that morning.

On 07/18/2025 at 5:20 PM interview, Staff A said that they were not aware Staff C pre-poured Resident 1 and 2’s evening medications. Staff A said that they would have their nurse delegator retrained Staff C with medication administration as soon as possible.

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, EAST HILL AFH 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 388-76-10532 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:

(a) Provide a copy to each resident prior to or upon admission to the home;

(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, interview, and record review the Adult Family Home (AFH) failed to ensure 1 of 2 residents (Resident 2) signed a written acknowledgement of receiving the completed department disclosure of fees and charges forms. This placed the residents at risk for resident rights violation and unmet care needs.

Findings included…

On 07/18/2025 at 11:35 AM, observation showed Staff C, Caregiver served lunch to Residents 2 in their bedroom.

Record review of Resident 2's admission agreement dated [redacted]/2020, showed the AFH admitted them on the same day. Review of Resident 2's files, no department disclosure of charges form was found.

On 07/18/2025 at 5:20 PM interview, Staff A said that they were not aware Resident 2 was missing the department's disclosure of fees and charges form. Staff A said that they remembered completing the form but did not remember what happened to them. Staff A said that they would send them to the department as soon as possible.

As of 08/08/2025, the AFH has not sent Resident 2's completed department disclosure of fees and charges form signed and dated by the resident or their representative.

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, EAST HILL AFH 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 388-76-10165 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 ;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a Washington state name and date of birth (WNDOB) background check was completed every two years for 1 of 1 staff (Staff E, Caregiver). This placed all residents at risk of harm from a caregiver with an unknown criminal background.

Findings included…

On 07/18/2025 at 12:20 PM interview, Staff A, Entity Representative, said that Staff E was an as needed caregiver. Staff A also said that Staff E oversaw the home's maintenance since the AFH started operating.

Record review of the department's AFH summary report retrieved on 04/25/2025, showed the home's license was effective on 09/21/2021 and Staff E was part owner.

Review of Staff E's orientation to the home record dated 12/06/2024, showed they were hired as caregiver on 12/06/2024. Review of Staff E's WNDOB background check dated 04/20/2025, 06/16/2022, and 05/24/2021 showed a "No Record" result. There was no other WNDOB background check result found for Staff E.

On 07/22/2025 at 12:28 AM email communication, Staff A stated that not submitting Staff E's background authorization and inquiry to the background check unit every two years was an oversight.

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, EAST HILL AFH 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 388-76-10285 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 interview and record review, the Adult family Home (AFH) failed to ensure 1 of 3 staff (Staff B, Resident Manager) had Tuberculosis (TB) testing as required. This placed all residents at risk of possible exposure to communicable disease.

Findings included…

On 07/18/2025 at 12:00 PM interview, Staff A said that Staff B, Registered Nurse, managed the home's day-to-day activities and safe medication system.

Review of Staff B's orientation to the home record dated 07/17/2019, showed the AFH hired them on 08/12/2019. Review of Staff B's TB skin test record dated 08/13/2019, was read on 08/16/2019 that showed a negative result. Another TB skin test record dated 10/23/2015 and 01/23/2016 showed negative results. There was no record Staff B had TB skin test done within one to three weeks after 08/13/2019. There was no other two-step TB skin test record found for Staff B.

On 07/18/2025 at 5:20 PM interview, Staff A said that they were not aware Staff B's two-step TB test record was not in their file. Staff A said that they would ask Staff B for the record and would send them to the department when the record was found.

On 08/08 2025 at 10:59 PM email correspondence from Staff A, showed Staff B was unable to acquire their two-step TB skin test record from their previous employment. Staff A stated that Staff B will redo their two-step TB skin testing starting 08/11/2025.

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, EAST HILL AFH 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

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

08/12/2025

Birdsong Adult Family Homes, LLC
EAST HILL AFH
24316 100th Place SE
Kent, WA 98030

RE: EAST HILL AFH # 755188

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/11/2025 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
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 388-76-10463 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;

The Adult Family Home failed to include in Resident 1 and Resident 2's Negotiated Care Plan (NCP) the psychotropic medications and the symptoms for which the medications were prescribed. Staff A, Entity Representative, made changes and updated Resident 1 and Resident 2's NCP to include strategies, environment modification, and staff behavior to address the symptoms of the psychotropic medications before the end of the department's visit.

**WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:**

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

The Adult Family Home failed to ensure Staff C's, Caregiver, first aid/cardiopulmonary resuscitation (CPR) certificate was available for review during the department visit. Staff A, Entity Representative, sent Staff C's first aid/CPR certificate to the department dated 07/01/2024 with expiration date of 07/01/2026) two days after the department visit.

**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)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
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 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 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 request and supporting documents to:

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