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

Sam Care Solution AFH LLC
Crystal Ridge 2
5218 151st St SW
Edmonds, WA 98026

RE: Crystal Ridge 2 License # 755327

Dear Provider:

This letter addresses Compliance Determination(s) 61613 (Completion Date 06/18/2025) and 60514 (Completion Date 06/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/18/2025 and found that you have corrected the violations listed in the Full report dated 06/05/2025. Your home is back in compliance as of 06/12/2025 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 388-76-10485-2

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 05/28/2025 of:

Crystal Ridge 2
5214 151st St SW
Edmonds , WA 98026

The following sample was selected for review during the unannounced on-site visit: 2 of 6 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

Statement of Deficiencies	License # 755327	Compliance Determination # 605514
Plan of Correction	Crystal Ridge 2	Completion Date
Page 2 of 3	Licensee: Sam Care Solution AFH LLC	06/05/2025

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.

Rena' Bourque
Residential Care Services

06/12/2025
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)

06/12/2025
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 and interview, the Adult Family Home (AFH) failed to ensure 1 of 18 prescribed medications for Resident 2 was labeled with Resident 2's name, prescribers' information, and the dosing information for the medication. This failure placed Resident 2 at risk for a medication administration error.

Findings included...

Observation of Resident 2's medication bin, on 05/26/2025 at 2:15 PM, showed approximately 10 single envelopes each containing one patch of Lidocaine 5% (a patch used to relieve local pain when applied) with the orders to use two patches every day to be left on for 12 hours and off for 12 hours which were on the Medication Log for Resident 2. None of the envelopes had a label present to indicate the Resident's name, prescribers' information or dosing information. The original box with the prescription label was not available.

In an interview, on 05/25/2025 at 3:35 PM, Staff B (Resident Manager) stated the original labelled box had been thrown out and a new label would be made.

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

06/12/2025
Date

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Provider (or Representative)

Date

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Statement of Deficiencies	License #: 755327	Compliance Determination #: 503514
Plan of Correction	Crystal Ridge 2	Completion Date
Page 3 of 3	Licensee: Sam Care Solution AFH LLC	06/05/2025

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, Crystal Ridge 2 is or will be in compliance with this law and / or regulation on (Date) 06/12/25.

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

Provider (or Representative) — Date: 06/12/2025

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, Crystal Ridge 2 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