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

Johnston Residence LLC
Johnston Residence, LLC
4040 I St NE
Auburn, WA 98002

RE: Johnston Residence, LLC License # 755494

Dear Provider:

This letter addresses Compliance Determination(s) 63823 (Completion Date 08/07/2025) and 60901 (Completion Date 06/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/07/2025 and found that you have corrected the violations listed in the Full report dated 06/24/2025. Your home is back in compliance as of 08/01/2025 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Ashcampong, Community Field Manager
Region 2, Unit G
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 06/09/2025 of:

Johnston Residence, LLC
4040 I St NE
Auburn, WA 98002

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

6-30-2025
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.

Gwen Johnston
Provider (or Representative)

7-1-2025
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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) had two-step Tuberculosis ([TB] a communicable disease affecting lungs) skin testing completed, with the initial test done within three days of employment and a second test done one to three weeks after the first test. This failure placed all residents at risk of possible exposure to TB.

Findings included...

Observation on 06/09/2025 at 9:25 AM showed Staff A, Entity Representative, Staff B and Staff C, Caregiver, with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

In an interview on 06/09/2025 at 9:47 AM, Staff A stated Staff B worked full time at the AFH.

Review of Staff B's personnel records showed the AFH hired them on 08/29/2022. Staff B had a skin test completed on 08/22/2022 that was read on 08/24/2022 with zero millimeter result, negative for TB. Additional Staff B's TB skin test on was completed

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

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Provider (or Representative) | Date

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Findings included…

Observation on 06/09/2025 at 9:25 AM showed Staff A, Entity Representative, Staff B and Staff C, Caregiver, with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

In an interview on 06/09/2025 at 9:47 AM, Staff A stated Staff B worked full time at the AFH.

Review of Staff B's personnel records showed the AFH hired them on 08/29/2022. Staff B had a skin test completed on 08/22/2022 that was read on 08/24/2022 with zero millimeter result, negative for TB. Additional Staff B's TB skin test on was completed

seven days prior to hire date of 08/29/2022. Staff B had no other TB test in their AFH file.

In an interview on 06/09/2025 at 2:49 PM, Staff A stated that Staff B had only one TB test record in their AFH file. Staff A stated they would ask Staff B if they had other TB tests completed and would send them to department if available.

As of 06/10/2025, department staff had not received additional TB test records for Staff B's.

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, Johnston Residence, LLC is or will be in compliance with this law and / or regulation on (Date) 6-11-2025.

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

Provider (or Representative) Gwen Johnston Date 7-1-2025

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.

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 the medication laws and rules were followed, when they prepared medication to 1 of 4 residents (Resident 1). The failure placed Resident 1 at risk of medication error.

Findings included...

Observation on 06/09/2025 at 9:25 AM showed Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver, with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

seven days prior to hire date of 08/29/2022. Staff B had no other TB test in their AFH file.

In an interview on 06/09/2025 at 2:49 PM, Staff A stated that Staff B had only one TB test record in their AFH file. Staff A stated they would ask Staff B if they had other TB tests completed and would send them to department if available.

As of 06/10/2025, department staff had not received additional TB test records for Staff B's.

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_____ _____
Provider (or Representative) Date

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Findings included…

Observation on 06/09/2025 at 9:25 AM showed Staff A, Entity Representative, Staff B, Caregiver and Staff C, Caregiver, with four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

In an interview on 06/09/2025 at 9:47 AM, Staff A stated Staff B worked full time at the AFH.

Review of Staff B's personnel records showed the AFH hired them on 08/29/2022. Staff B completed their Nurse Delegation training on 09/09/2022.

Observation on 06/09/2025 at 12:58 PM, Staff B removed pharmacy dispensed bubble packs from the medication cabinet. Staff B held two clear plastic cups with medications. One cup with two capsule medications and one cup with one capsule medication. The two clear cups were not labelled with resident name. Department staff and Staff A were in the same room when Staff B performed the task.

In an interview on 06/09/2025 at 1:02 PM, Staff B stated the medications were for Resident 1. Staff B acknowledged they dispensed the medication by using the pharmacy dispensed bubble pack and did not use the AFH Synkwise (cloud-based web application of healthcare technology created for health care providers, caregivers and nurses) medication log that they had on their cellular phone. Staff B admitted that they did not follow the proper medication preparation of verifying the medication label against the medication log.

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, Johnston Residence, LLC is or will be in compliance with this law and / or regulation on (Date) 7-1-2025.

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

Gwen Johnston
Provider (or Representative)

7-1-2025
Date

In an interview on 06/09/2025 at 9:47 AM, Staff A stated Staff B worked full time at the AFH.

Review of Staff B's personnel records showed the AFH hired them on 08/29/2022. Staff B completed their Nurse Delegation training on 09/09/2022.

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_____ _____

Provider (or Representative) Date

Lydia Owusu-Acheampong, community Field Manager

Residential Care Services

Region 2, unit G

EFAX (2530395-5071

WAC 388-76-10285- deficiencies

[redacted] was the first caregiver that I hired. She came to me on August 22 while doing her clinicals. In an assisting living. She had them perform her 2 step TB. She came to work for me on August 24th. She brought me her results. I had noted that there were 2 dates. In my infancy, I noted that there were two dates and assumed they had tested her twice. She had stated that the assisted living facility told her she was "go to go" The language barrier I believe was an issue at this time. She worked for a week, and her first paycheck was on 8-29-24. The date I had entered on her records was NOT the date of hire. After calling the place where she tested the next day, since it was after 5 when the inspection ended, they informed me that her clinicals were complete before the second testing rendering the ability to test the second time. Unsure if they were going to "pay" since she was "no longer hired" The inspector gave me 24 hours to respond on this finding, and I did not find this out until it was 36 hours later. I should have had her retested when she first came to me. I have NOT made this mistake since. I am now the one making appointments and sending them in for their test to ensure that it is done correctly and on time. As soon as it was pointed out to me on this day, 3 years after her date of hire, my first hire, I made the appointment and sent her in. Attached are the results. This inspection was my first inspection since opening. I did not have a 6-month check-in after initial licensing.

WAC 388-76-10430- deficiency

I will have all caregivers take a continuing education class on Medication Administration and Management. It is a DSHS approved class through Washington Care Academy. I will collect their certificates and have them available by August 1st, 2025. When the caregivers are up for the 90-day delegations, we will have a class to review the Administration of medications with the Nurse delegator every time. I will check them periodically as well.

Gwen Johnston
JOHNSON Residence
7-1-2025
206-200-7765