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

Federal Way Senior Care LLC

Federal Way Senior Care LLC
4127 SW 327th Pl
Federal Way, WA 98023

RE: Federal Way Senior Care LLC License # 755507

Dear Provider:

This letter addresses Compliance Determination(s) 64227 (Completion Date 08/15/2025) and 59686 (Completion Date 06/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/15/2025 and found that you have corrected the violations listed in the Complaint report dated 06/25/2025. Your home is back in compliance as of 06/26/2025 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 388-76-10255-1, WAC 388-76-10255-2, WAC 388-76-10255-3, WAC 388-76-10255-4-b

The Department staff who did the on-site verification:
Deborah Ashley, Nursing Consultant Institutional

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
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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 an unannounced on-site complaint investigation on 05/15/2025 of:

Federal Way Senior Care LLC
4127 SW 327th Pl
Federal Way, WA 98023

This document references the following complaint number(s): 177735, 183861

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Deborah Ashley, Nursing Consultant Institutional

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

(1) Uses nationally recognized infection control standards;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

(4) Directs all staff to:

(b) Use all disposable and single-service supplies and equipment only one time as specified by the manufacturer.

This requirement was not met as evidenced by:

Based on interviews and observations, the adult family home (AFH) failed to ensure 1 of 1 staff (Staff B, Caregiver) changed the disposable gloves they used and washed their hands before and after providing care for 4 of 4 residents (Resident 1, 2, 3 and 4). This failure placed the residents at risk of exposure to infections.

Findings included…

On 05/15/2025 at 11:40 AM, Staff B was observed wearing light blue disposable gloves when they answered the door for department staff (DS).

DS did a skin assessment in Resident 1's bedroom on 05/15/2025 at 11:47 AM, with Staff B. They showed Resident 1's skin including their buttocks and adult diaper to DS. Staff B was wearing the same light blue gloves. Staff B did not change their gloves or

wash their hands before or after.

On 05/15/2025 at 11:51 AM, while in Resident 2's bedroom, Staff B was observed wearing the same gloves and touched Resident 2's arm and their bed. Staff B was also observed taking a meal tray to Resident 2 at 12:01 PM wearing the same gloves. Staff B did not change their gloves or wash their hands before or after.

On 05/15/2025 at 11:54 AM, Staff B introduced Resident 3 to DS in their bedroom. While in Resident 3's bedroom, Staff B was observed fixing Resident 3's shirt that they had on and organizing the items on their bedside table, wearing the same gloves. Staff B did not change their gloves or wash their hands before or after.

0n 05/15/2025 at 12:14 PM, Staff B was observed feeding Resident 4 at the dining table in the common area while wearing the same gloves. Staff B did not change their gloves or wash their hands before or after.

When asked on 05/15/2025 at 12:18 PM, Staff B stated that they were anxious that DS was in the home and forgot to change their gloves and wash their hands.

In an interview on 06/24/2025 at 4:45 PM, Staff A, Provider, stated that they were unsure why Staff B would use the same gloves and not washed their hands throughout the home and between the residents.

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, Federal Way Senior Care 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