



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

Abba's Home Adult Family Home LLC
Abba's Home Adult Family Home LLC
5803 226TH PL SW
MOUNTLAKE TERRACE, WA 98043

RE: Abba's Home Adult Family Home LLC License # 755525

Dear Provider:

This letter addresses Compliance Determination(s) 64792 (Completion Date 08/27/2025) and 62015 (Completion Date 07/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/27/2025 and found that you have corrected the violations listed in the Follow up report dated 07/08/2025. Your home is back in compliance as of 08/18/2025 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 388-76-10430-2-c

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensors

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

This document was prepared by Residential Care Services for the Locator website.



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

Statement of Deficiencies	License #: 755525	Compliance Determination # 62015
Plan of Correction	Abba's Home Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Abba's Home Adult Family Home LLC	07/08/2025

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 follow-up on 07/02/2025 of:

Abba's Home Adult Family Home LLC
5803 226TH PL SW
MOUNTLAKE TERRACE, WA 98043

This document references the following SOD dated: 07/08/2025

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:

Chrissy Exe, Long-Term Care Licenser

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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies License #: 755525 Compliance Determination # 62015
Plan of Correction Abba's Home Adult Family Home LLC Completion Date
Page 2 of 4 Licensee: Abba's Home Adult Family Home LLC 07/08/2025

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.

Ramona Bourque
Residential Care Services

07-08-2025
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) <i>E. Kongo</i> <i>(Elizabeth Kongo)</i>	Date <i>7/14/25</i>

WAC 388-76-10430 Medication system.

- (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 ;

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure the Medication Log (ML) was accurate and up-to-date for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for medication errors.

Findings Included...

<Resident 1>

Record review showed the AFH admitted Resident 1 on [REDACTED]/2022. Further review showed Resident 1 was prescribed multiple medications.

Record review of Resident 1's July 2025 ML showed an entry that read, "calcium antacid (used to neutralize stomach acid) 500 milligram (mg) – take 2 tablets (1000mg) by mouth every evening after dinner before bedtime." Further review showed an entry for guaifenesin (used to treat congestion) 200 mg tablets that read, "take 1 tablet by mouth every 4 hours as needed for cough."

Observation, on 07/02/2025 at 10:54 AM, of Resident 1's medication bin, showed two

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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

07-09-2025
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 388-76-10430 Medication system.

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Findings Included...

<Resident 1>

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Record review of Resident 1's July 2025 ML showed an entry that read, "calcium antacid (used to neutralize stomach acid) 500 milligram (mg) – take 2 tablets (1000mg) by mouth every evening after dinner before bedtime." Further review showed an entry for guaifenesin (used to treat congestion) 200 mg tablets that read, "take 1 tablet by mouth every 4 hours as needed for cough.

Observation, on 07/02/2025 at 10:54 AM, of Resident 1's medication bin, showed two

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supplies of Cal-Gest (used to neutralize stomach acid) 500 mg chewable tablets. One Cal-Gest was in a bubble pack (pharmacy packaging that organizes multiple medications) with instructions that read, "take 2 tablets by mouth every evening." The second Cal-Gest was in a bingo pack (pharmacy packaging that organizes a medication into individual doses) with instructions that read, "take 2 tablets (1000 mg) by mouth every evening after dinner before bedtime." There were no guaifenesin tablets in Resident 1's medication bin.

In an interview, on 07/02/2025 at 11:15 AM, Staff A, Entity Representative, stated that the two Cal-Gest supplies are used for morning and evening. Staff A then stated that the Cal-Gest in the bubble pack was likely provided by the pharmacy in error. Staff A stated that the guaifenesin tablets had been discontinued.

Observation, on 07/02/2025 at 11:18 AM, showed Staff A wrote "DC" on Resident 1's July 2025 ML next to the entry for guaifenesin tablets.

In an email, received by the Department on 07/03/2025 at 7:51 AM, Staff A stated that Resident 1's insurance would not cover the guaifenesin tablets and only covers guaifenesin liquid.

<Resident 2>

Record review showed the AFH admitted Resident 2 on [REDACTED]/2023. Further review showed Resident 2 was prescribed multiple medications.

Record review of Resident 2's July 2025 ML showed an entry for acetaminophen (used to treat pain) 325 mg tablets that read, "take two tablets by mouth every 4 hours as needed." There were two entries for ondansetron (used to prevent nausea) 4 mg tablets that read, "take 1 tablet (4 mg) by mouth every 8 hours as needed" and "take 1 tablet my mouth every 8 hours as needed." The July 2025 ML had entries for Vitafusion gummy vitamins (a multivitamin), enema (used to treat constipation) 7-19 gm/133 milliliter (ml), and hydrocodone-acetaminophen (used to treat pain) 5-325 mg tablets.

Observation, on 07/02/2025 at 10:34 AM, of Resident 2's medication bin, showed a bottle for acetaminophen 325 mg tablets with a printed label that read, "take 1 tab my mouth every 6 hours as needed." There was one ondansetron bingo pack located in the bin. Further observation of Resident 2's medication bin showed no Vitafusion gummy vitamins, enema, or hydrocodone-acetaminophen tablets.

In an interview, on 07/02/2025 at 10:42 AM, Staff A stated that the label on the acetaminophen bottle was written by mistake. Staff A stated that there is only one prescription of ondansetron and one was a duplicate entry on the July 2025 ML. Staff A stated that the Vitafusion gummy vitamins, enema, and hydrocodone-acetaminophen tablets had been discontinued.

Statement of Deficiencies	License #: 755525	Compliance Determination # 62015
Plan of Correction	Abba's Home Adult Family Home LLC	Completion Date
Page 4 of 4	Licenses: Abba's Home Adult Family Home LLC	07/08/2025

Observation, on 07/02/2025 at 10:48 AM, showed Staff A corrected the label on the acetaminophen bottle. Staff A crossed out the duplicate entry for ondansetron on Resident 2's July 2025 ML. Further observation showed Staff A was wrote "DC" on Resident 2's July 2025 ML next to the entries for the Vitafusion gummy vitamins, enema, and hydrocodone-acetaminophen.

In an email, received by the Department on 07/03/2025 at 7:51 AM, Staff A stated that the entry for the Vitafusion gummy vitamins was a mistake and that they had requested the pharmacy remove this from the ML. Staff A stated that the enema prescription is still active however the supply ran out so a new order was placed. Staff A stated that the hydrocodone-acetaminophen prescription was short-term following Resident 2 visiting an emergency room. Staff A provided a copy of a medical document referencing the hydrocodone-acetaminophen prescription.

Record review, of an "After Visit Summary" emailed to the Department on 07/03/2025, showed Resident 2 was seen in an emergency room on 07/06/2024 following a fall. Resident 2 was prescribed hydrocodone-acetaminophen at that visit. Resident 2's July 2024 ML was included in the records. The July 2024 ML showed the hydrocodone-acetaminophen was administered to Resident 2 twice daily from 07/06/2024 through 07/18/2024 and once on 07/19/2024. There is a handwritten note on the July 2024 ML that reads, "no more meds and no refills."

This is an uncorrected deficiency previously cited on 05/30/2025.

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, Abba's Home Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 7/18/2025

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

Provider (or Representative)

E. Kengo
(Elizabeth Kengo)

Date 7/14/25

This document was prepared by Residential Care Services for the Locator website.

Observation, on 07/02/2025 at 10:48 AM, showed Staff A corrected the label on the acetaminophen bottle. Staff A crossed out the duplicate entry for ondansetron on Resident 2's July 2025 ML. Further observation showed Staff A was wrote "DC" on Resident 2's July 2025 ML next to the entries for the Vitafusion gummy vitamins, enema, and hydrocodone-acetaminophen.

In an email, received by the Department on 07/03/2025 at 7:51 AM, Staff A stated that the entry for the Vitafusion gummy vitamins was a mistake and that they had requested the pharmacy remove this from the ML. Staff A stated that the enema prescription is still active however the supply ran out so a new order was placed. Staff A stated that the hydrocodone-acetaminophen prescription was short-term following Resident 2 visiting an emergency room. Staff A provided a copy of a medical document referencing the hydrocodone-acetaminophen prescription.

Record review, of an "After Visit Summary" emailed to the Department on 07/03/2025, showed Resident 2 was seen in an emergency room on 07/06/2024 following a fall. Resident 2 was prescribed hydrocodone-acetaminophen at that visit. Resident 2's July 2024 ML was included in the records. The July 2024 ML showed the hydrocodone-acetaminophen was administered to Resident 2 twice daily from 07/06/2024 through 07/18/2024 and once on 07/19/2024. There is a handwritten note on the July 2024 ML that reads, "no more meds and no refills."

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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, Abba's Home Adult Family Home 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

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

Statement of Deficiencies	License #: 755525	Compliance Determination # 60069
Plan of Correction	Abba's Home Adult Family Home LLC	Completion Date
Page 1 of 7	Licensee: Abba's Home Adult Family Home LLC	05/27/2025

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 05/22/2025 of:

Abba's Home Adult Family Home LLC
5803 226TH PL SW
MOUNTLAKE TERRACE, WA 98043

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licenser

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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 755525	Compliance Determination # 60069
Plan of Correction	Abba's Home Adult Family Home LLC	Completion Date
Page 2 of 7	Licensee: Abba's Home Adult Family Home LLC	05/27/2025

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.

Renee' Bourgeois
Residential Care Services

05/20/2025
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.

E. Kongo

Provider (or Representative)

6/8/25

Date

WAC 388-76-10430 Medication system.

(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 ;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the Medication Log (ML) was accurate and up-to-date for 2 of 2 sampled residents (Residents 1 and 2). This failure placed Residents 1 and 2 at risk for medication errors.

Findings included...

<Resident 1>

Record review showed the AFH admitted Resident 1 on [REDACTED] 2022. Further review showed Resident 1 was prescribed multiple medications.

Resident 1's May 2025 ML

Record review of Resident 1's May 2025 ML showed an entry for calmoseptine ointment (used to prevent skin irritation) that read, "apply liberally to affected area 4 times daily." Resident 1's May 2025 ML showed an entry for melatonin (a sleep aid) that read "5 milligram (mg) – take two tablets once daily at bedtime." Review showed two entries for trazadone HCL (an antidepressant/sleep aid) that read, "50 mg – take 1 tablet by

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RECEIVED

JUN 10 2025

DSHS/ALTS/RCS

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

05/30/2025
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.

Provider (or Representative)

Date

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Findings included...

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Record review showed the AFH admitted Resident 1 on [REDACTED]/2022. Further review showed Resident 1 was prescribed multiple medications.

Resident 1's May 2025 ML

Record review of Resident 1's May 2025 ML showed an entry for calmoseptine ointment (used to prevent skin irritation) that read, "apply liberally to affected area 4 times daily." Resident 1's May 2025 ML showed an entry for melatonin (a sleep aid) that read "5 milligram (mg) – take two tablets once daily at bedtime." Review showed two entries for trazadone HCL (an antidepressant/sleep aid) that read, "50 mg – take 1 tablet by

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mouth at bedtime with 100 mg tablet = 150 mg.” The May 2025 ML was initialed, indicating that both entries for trazadone HCL were given to Resident 1. There were entries for guifaenesin (used to treat congestion) 200 mg tablets, ketoconazole (an anti-fungal medication) 2% cream, clotrimazole (an anti-fungal medication) 1% cream, SSD (used to treat skin infections) 1% cream, hydrocortisone (used to reduce skin irritation) 1% cream, and vitamin C (a dietary supplement) 500 mg tablets.

Resident 1's Medication Bin

Observation, on 05/22/2025 at 1:15 PM, of Resident 1's Medication bin showed supply of medications with different dosages than what was listed on Resident 1's May 2025 ML. Resident 1's medication supply showed a calmoseptine ointment with a label that read, “apply to affected area twice daily.” There was a bottle of melatonin 10 mg tablets in Resident 1's medication supply. There was only one supply of trazadone HCL 50 mg in Resident 1's medications.

Observation of Resident 1's Medication bin showed expired supplies of Vitamin A and D ointment, expired on 11/09/2024. Resident 1's Medication bin showed acetaminophen 325 mg tablets, expired on 08/31/2023.

Additional observation of Resident 1's Medication bin showed no supply of guifaenesin 200 mg tablets, ketoconazole 2% cream, clotrimazole 1% cream, SSD 1% cream, hydrocortisone 1% cream, and vitamin C 500 mg tablets.

Additional Medications

Resident 1's medication bin had included medications that had not been included on Resident 1's May 2025 ML. Resident 1's medication bin showed zinc oxide paste (used as a skin protectant), “Forward Gold Daily Regimen” vitamin packets (a multivitamin packet), Preservision eye vitamin and mineral supplement (multivitamin to help reduce vision loss), and Coloplast triad hydrophilic wound dressing (used to treat wounds).

Observation of Resident 1's medication bin showed a tube of diclofenac sodium (used to treat pain) 1% gel that had the name of a former resident of the AFH on the label.

In an interview, on 05/22/2025 at 1:47 PM, Staff A, Entity Representative, stated that the calmoseptine entry on the May 2025 ML was correct. Staff A stated that the dosage on the medication label was a mistake by the pharmacy. Staff A stated that there was a duplicate entry for trazadone HCL 50 mg on the May 2025 ML. Staff A stated that the May 2025 ML was initialed by “mistake” and that Resident 1 was not administered two doses of trazadone HCL 50 mg. Staff A stated that the guifaenesin tablets had been discontinued. Staff A stated that the hydrocortisone 1% cream had been reordered from the pharmacy. Regarding the ketoconazole 2% cream, clotrimazole 1% cream, and SSD 1% cream, Staff A stated that they would have to double check to try and locate the medications. Staff A did not believe that Resident 1 was taking vitamin C tablets. Staff A

acknowledged that the vitamin A and D ointment and the acetaminophen tablets were expired. Staff A stated that they would look for a non-expired vitamin A and D ointment. Staff A confirmed the diclofenac sodium 1% gel was prescribed to a former resident. Staff A stated that the Forward Gold Daily Regimen supplements were supplied by Resident 1's family and should be on the May 2025 ML. Staff A stated that they would need to double check to understand why the zinc oxide paste, Preservision supplement, and Coloplast triad hydrophilic wound dressing was not on the May 2025 ML.

<Resident 2>

Record review showed the AFH admitted Resident 2 on [REDACTED]/2023. Further review showed Resident 2 was prescribed multiple medications.

Resident 2's May 2025 ML

Record review of showed an entry for acetaminophen (used to treat pain) 325 mg tablets. Further review showed an entry for "Kirkland Cal/D/Zinc 500" gummy vitamins (an over-the-counter [OTC] multivitamin).

Resident 2's Medication Bin

Observation, on 05/22/2025 at 11:46 AM, of Resident 2's medication bin, showed a bottle of acetaminophen 500 mg tablets. The Kirkland Cal/D/Zinc 500 gummy vitamins were not located in the supply. A bottle of calcium carbonate (used to treat heartburn) was located in the medication supply that did not have a related entry on Resident 2's May 2025 ML.

In an interview, on 05/22/2025 at 11:50 AM, Staff A stated that the acetaminophen 500 mg tablets were purchased by Resident 2's family. Staff A stated that Resident 2's family purchases different gummy vitamins than the specific Kirkland Cal/D/Zinc 500 ones referenced on the May 2025 ML. Regarding the calcium carbonate, Staff A stated that Resident 2 doesn't use it.

Statement of Deficiencies	License #: 755525	Compliance Determination # 60089
Plan of Correction	Abba's Home Adult Family Home LLC	Completion Date
Page 5 of 7	Licensee: Abba's Home Adult Family Home LLC	05/27/2025

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, Abba's Home Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 6/30/2025

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

E. Kongo
Provider (or Representative)

6/8/2025
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:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a Washington State Name and Date of Birth (WDOB) Background Check (BGC) for 1 of 3 staff members (Staff B, caregiver). This failure placed residents 1, 2, 3, 4, and 5 at risk of receiving care from someone with an unknown criminal history.

Findings included...

Review of staff records showed the AFH hired Staff B on 07/15/2023. Further review showed the Interim Fingerprint Check for Staff B, which includes a WDOB BGC, expired on 07/07/2024.

In an interview, on 05/22/2025 at 3:24 PM, Staff A, Entity Representative, stated that they had just completed updated WDOB BGCs for all staff. Staff A stated that they would either locate the updated WDOB BGC for Staff B or they would complete an additional check.

In a video call, on 05/23/2025 at 10:07 AM, Staff A showed a WDOB BGC for Staff B. The expiration date for this WDOB BGC was 05/23/2027. Staff A stated that they were unable to locate Staff B's prior WDOB BGC. Staff A stated that they completed a new check following the inspection.

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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, Abba's Home Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____.

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Provider (or Representative)

Date

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(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a Washington State Name and Date of Birth (WNOB) Background Check (BGC) for 1 of 3 staff members (Staff B, caregiver). This failure placed residents 1, 2, 3, 4, and 5 at risk of receiving care from someone with an unknown criminal history.

Findings included...

Review of staff records showed the AFH hired Staff B on 07/15/2023. Further review showed the Interim Fingerprint Check for Staff B, which includes a WNOB BGC, expired on 07/07/2024.

In an interview, on 05/22/2025 at 3:24 PM, Staff A, Entity Representative, stated that they had just completed updated WNOB BGCs for all staff. Staff A stated that they would either locate the updated WNOB BGC for Staff B or they would complete an additional check.

In a video call, on 05/23/2025 at 10:07 AM, Staff A showed a WNOB BGC for Staff B. The expiration date for this WNOB BGC was 05/23/2027. Staff A stated that they were unable to locate Staff B's prior WNOB BGC. Staff A stated that they completed a new check following the inspection.

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Statement of Deficiencies	License #: 755525	Compliance Determination # 60099
Plan of Correction	Abba's Home Adult Family Home LLC	Completion Date
Page 6 of 7	Licensee: Abba's Home Adult Family Home LLC	05/27/2025

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, Abba's Home Adult Family Home LLC will be in compliance with this law and / or regulation on

(Date) 6/30/2025

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

E. Kongo

Provider (or Representative)

6/8/2025

Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff A, Entity Representative) had documentation of skills demonstration for their CPR and first aid training. This failure placed residents 1, 2, 3, 4, and 5 at risk of injury or not receiving appropriate life-saving care in the event of a medical emergency.

Findings included...

Review of staff records showed that Staff A had completed "Healthcare Provider - Adult, Child, Infant CPR & AED Training" and "First Aid" training on 05/23/2024. These certificates showed an expiration date of 05/23/2026. These certificates did not reference skills testing or demonstration.

In an interview, on 05/22/2025 at 3:14 PM, Staff A stated that they did not complete the skills testing or demonstration for their First Aid and CPR training. Staff A stated that they thought this requirement was removed during the COVID-19 pandemic.

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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, Abba's Home Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____.

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Provider (or Representative)

Date

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff A, Entity Representative) had documentation of skills demonstration for their CPR and first aid training. This failure placed residents 1, 2, 3, 4, and 5 at risk of injury or not receiving appropriate life-saving care in the event of a medical emergency.

Findings included...

Review of staff records showed that Staff A had completed "Healthcare Provider – Adult, Child, Infant CPR & AED Training" and "First Aid" training on 05/23/2024. These certificates showed an expiration date of 05/23/2026. These certificates did not reference skills testing or demonstration.

In an interview, on 05/22/2025 at 3:14 PM, Staff A stated that they did not complete the skills testing or demonstration for their First Aid and CPR training. Staff A stated that they thought this requirement was removed during the COVID-19 pandemic.

Statement of Deficiencies	License #: 755525	Compliance Determination # 60069
Plan of Correction	Abba's Home Adult Family Home LLC	Completion Date
Page 7 of 7	Licensee: Abba's Home Adult Family Home LLC	05/27/2025

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(Date) 6/30/25

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

E. Kongo
Provider (or Representative)

6/8/2025
Date

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Provider (or Representative)

Date



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

05/30/2025

Abba's Home Adult Family Home LLC
Abba's Home Adult Family Home LLC
5803 226TH PL SW
MOUNTLAKE TERRACE, WA 98043

RE: Abba's Home Adult Family Home LLC # 755525

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/27/2025 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

This document was prepared by Residential Care Services for the Locator website.

eFax: (206) 971-6791

Email: rcsregion2email@dshs.wa.gov

Optional method:

20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

- 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 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

The Adult Family Home (AFH) failed to provide a copy of the nurse delegation specialized diabetes training certificate for 1 of 3 staff (Staff C, caregiver). Staff A, Entity Representative, stated that Staff C completed this training, however they were unable to locate the certificate at the time of inspection.

WAC 388-76-10650 Medical devices.

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

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

The Adult Family Home (AFH) failed to ensure Resident 4's Negotiated Care Plan (NCP) included how the resident would use [REDACTED]. This deficiency was corrected on-site at the time of inspection by Staff A, Entity Representative, who added the information to Resident 4's NCP.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in

the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a written succession plan. This deficiency was corrected by Staff A, Entity Representative, who provided a written copy of a succession plan.

WAC 388-76-10525 Resident rights Postings. The adult family home must post the following in a common use area where they can be easily viewed by anyone in the home, including residents, resident representatives, the department, and visitors:

(3) The poster from the agency designated as the protection and advocacy system for residents with disabilities.

The Adult Family Home (AFH) failed to have the poster for Disability Rights Washington posted in the home. This deficiency was corrected on-site at the time of inspection by Staff A, Entity Representative.

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

The Adult Family Home (AFH) failed to ensure that an emergency evacuation floor plan was posted in the non-licensed basement of the AFH. This deficiency was corrected on-site at the time of inspection by Staff A, Entity Representative.

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 (206)914-5042.

Sincerely,

Renee' Bourque

05/27/2025

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Renee Bourque, Field Manager
Region 2, Unit I
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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I

Preferred methods:

eFax: (206) 971-6791

Email: rcsregion2email@dshs.wa.gov

Optional method:

20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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>

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

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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 IDRs** 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