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

Eastside Adult Family Home LLC

Eastside Adult Family Home LLC
5048 119TH AVE SE
BELLEVUE, WA 98006

RE: Eastside Adult Family Home LLC License # 755576

Dear Provider:

This letter addresses Compliance Determination(s) 65198 (Completion Date 09/03/2025) and 61597 (Completion Date 07/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/03/2025 and found that you have corrected the violations listed in the Full report dated 07/25/2025. Your home is back in compliance as of 08/13/2025 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 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-2, WAC 388-76-10380-4, WAC 388-76-10350-2-d, WAC 388-76-10430-2-d, WAC 388-76-10230-3, WAC 388-76-10285-2

The Department staff who did the on-site verification:
Liza Flowers, 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 06/24/2025 of:

Eastside Adult Family Home LLC
5048 119TH AVE SE
BELLEVUE, WA 98006

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:

Liza Flowers, 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide and ensure 2 of 2 sampled residents (Residents 1 and 2) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Residents 1, 2 and/or their representatives at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included…

RESIDENT 1

Record review of Resident 1's undated notice of services, showed the AFH admitted Resident 1 on [redacted]/2021. Resident 1 and/or its representative last reviewed and signed the notice of services on 05/20/2022 and the AFH on 06/25/2022 (364 days overdue).

In an interview on 06/24/2025 at 3:11 PM, Staff C, Resident Manager, stated that Resident 1's notice of services was not reviewed and signed every two years because they did not know about the requirements.

RESIDENT 2

Record review of Resident 2's undated notice of services, showed the AFH admitted Resident 2 on [redacted]/2022. Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on 06/02/2022 (387 days overdue).

In an interview on 06/24/2025 at 3:47 PM, Staff C stated that Resident 2's notice of services was not reviewed and signed every two years because they did not know about the requirements.

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, Eastside 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2) at least every twelve months. This failure placed Residents 1 and 2 at risk for unmet care needs.

Findings included…

RESIDENT 1

Review of Resident 1's records included an NCP that was signed and dated by the AFH and Resident 1's representative, on 06/18/2024. Further record review showed no 2025 NCP (6 days overdue) in the resident's file.

In an interview on 06/24/2025 at 3:21 PM, Staff C, Resident Manager, stated that Resident 1's 2025 NCP was not yet completed.

RESIDENT 2

Review of Resident 2's records included an NCP that was last signed and dated by the AFH and Resident 2's representative on 06/13/2022. Further record reviews showed Resident 2 had no 2023 NCP and the most current NCP in Resident 2's file was dated 09/19/2024 that was signed by the AFH and Resident 2's representative on 09/21/2024 (464 days overdue).

In an interview on 06/24/2025 at 3:59 PM, Staff C stated that Resident 2's NCP, was not reviewed and signed timely because they contracted with a nurse to develop the NCP but the nurse was not available at that time.

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, Eastside 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

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to update the assessment at least every twelve months for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk for unmet care needs.

Findings included…

Record review of Resident 2’s 2023 assessment showed it was done on 06/13/2023. The next and most current assessment was not completed until 09/19/2024 (98 days overdue).

In an interview on 06/24/2025 at 3:59 PM, Staff C, Resident Manager, stated that Resident 2’s Assessor (person that conducts assessments) was not available to do Resident 2's assessment timely.

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, Eastside 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

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(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 prescribed medication ordered for 1 of 2 sampled residents (Resident 2) was available. This failure placed the resident at risk for health complications and medication error, for not receiving the medication as ordered by their doctor when needed.

Findings included...

In an interview on 06/24/2025 at 1:03 PM, Staff C, Resident Manager, stated that Resident 2 required medication administration from staff.

On 06/24/2025 at 1:15 PM, observation showed Resident 2 was in a wheelchair propelled by Staff F, Caregiver, from the living room to their bedroom.

Review of Resident 2's June 2025 Medication Administration Record (MAR) showed, "Hydroxyzine Hydrochloride (a medication used to manage allergic skin conditions and relieve itching) 25 milligrams (mg) tablet. Take one half tablet by mouth every six hours as needed for itching".

Review of Resident 2's doctor's order dated 02/10/2025, showed: "Hydroxyzine Hydrochloride 25 mg tablet. Take one half tablet by mouth every six hours as needed for itching".

Review of Resident 2's June 2025 medication log showed the above Hydroxyzine Hydrochloride medication was listed in accordance with the doctor's order.

On 06/24/2025 at 5:10 PM, observation showed that the Hydroxyzine Hydrochloride 25 mg was not in Resident 2's medication supply.

In an interview on 06/24/2025 at 5:11 PM, Staff C stated that there was no Hydroxyzine Hydrochloride 25 mg in Resident 2's medication supplies because it was expired and they got rid of it.

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, Eastside 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

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

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 1 cat living in the home had an up-to-date rabies vaccination. This failure placed current residents at risk of possible exposure to disease transmitted by the unvaccinated cat.

Findings included…

During the unannounced visit to the AFH on 06/24/2025 at 10:55 AM, observation showed a black and white colored cat in Resident 1's bedroom. Resident 1 stated that it was their cat, and they had it for two years already.

Record review of the AFH records showed no records of the cat's rabies vaccination.

In an interview on 06/24/2025 at 4:28 PM, Staff C, Resident Manager, did not offer an explanation as to why Resident 1's cat had no rabies vaccination.

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, Eastside 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

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:

(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 3 sampled staff (Staff C, Resident Manager), had a second tuberculosis (TB- a communicable disease that affects the lungs) testing done 1 to 3 weeks after the first test. This failure placed current residents at risk of exposure to TB.

Findings included…

During an unannounced visit to the AFH on 06/24/2025 at 12:41 PM, observation showed Staff C interacted with Residents 1 and 3 in the living room.

In an interview on 06/24/2025 at 4:26 PM, Staff C stated that the AFH hired them as a caregiver on 08/13/2021. Staff C further stated that on 02/24/2024 they started working

in the AFH as a Resident Manager .

Review of Staff C's AFH orientation record dated 08/13/2021, showed the AFH hired them as a caregiver on 08/13/2021.

Review of Staff C's TB testing records, dated 08/16/2021, showed a TB skin testing was initially administered on 08/16/2021 and was read negative on 08/18/2021. There was a second TB test that was administered on 10/19/2021 and read negative on 10/21/2021 (9.14 weeks apart).

In a telephone interview on 07/25/2025 at 12:46 PM, Staff C offered no explanation as to why the second TB testing was not done within one to three weeks from the first TB step.

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, Eastside 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