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

Edmonds Garden AFH LLC

Edmonds Garden AFH LLC
8621 244th St SW
Edmonds, WA 98026

RE: Edmonds Garden AFH LLC License # 755675

Dear Provider:

This letter addresses Compliance Determination(s) 58676 (Completion Date 04/29/2025) and 55403 (Completion Date 03/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/29/2025 and found that you have corrected the violations listed in the Full report dated 03/05/2025. Your home is back in compliance as of 04/19/2025 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, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10198-2-a, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10015-1, WAC 388-76-10845-2

The Department staff who did the on-site verification:
Hang Lu, Licensor

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 02/25/2025 of:
Edmonds Garden AFH LLC
8621 244th St SW
Edmonds, WA 98026

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:

Hang Lu, Licensor

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 #:755675	Compliance Determination #:55403
Plan of Correction	Edmonds Garden AFH LLC	Completion Date
Page 2 of 10	Licensee: Edmonds Garden AFH LLC	03/06/2025

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.

Residential Care Services — 03/17/2025 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) — 03/22/2025 Date

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.

(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 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Residents 1 and 2) had accurate and up-to-date medication log (ML) and have copies of doctor's orders for all medications. The AFH also failed to ensure Resident 2 received the correct dose for a medication. This failure placed the residents at risk for not getting the medications as ordered and medication errors.

Findings Included:

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024 with medically disabling diagnoses. Record review showed Resident 1 was on multiple prescribed medications.

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' Bourgue
Residential Care Services

03/17/2025
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.

(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.

(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 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Residents 1 and 2) had accurate and up-to-date medication log (ML) and have copies of doctor's orders for all medications. The AFH also failed to ensure Resident 2 received the correct dose for a medication. This failure placed the residents at risk for not getting the medications as ordered and medication errors.

Findings included...

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024 with medically disabling diagnoses. Record review showed Resident 1 was on multiple prescribed medications.

Observation of Resident 1's medication supply, on 02/25/2025 at 2:55 PM, showed there was a bubble pack for Docusate Sodium (a medication used for constipation). The label on the bubble pack read, "Docusate Sodium 100 milligrams (mg): Take 1 capsule by mouth at bedtime."

Review of Resident 1's February 2025 ML showed there were duplicate entries for Docusate Sodium. Both entries read, "Docusate Sodium 100 mg: Take 1 capsule by mouth every evening." The difference was the time of medication administration. The time of medication administration was 5:00 PM for the first Docusate Sodium entry. The time of administration was 8:00 PM for the second Docusate Sodium entry. Record review showed AFH staff electronically initialed both entries, indicating they gave Docusate Sodium to Resident 1 at 5:00 PM and at 8:00 PM every day from 02/01/2025 to 02/24/2025.

Observation of Resident 1's medication supply, on 02/25/2025 at 3:02 PM, showed there was a bubble pack for Metformin (a medication used to lower blood sugar levels). The label read, "Metformin 1000 mg: Take 1 tablet with breakfast and dinner."

Review of Resident 1's February 2025 ML showed there was no entry for Metformin.

Observation and interview, on 02/25/2025 at 3:05 PM, showed Staff A, Entity Representative, reviewing Resident 1's ML on Synkwise (a computerized system) and not being able to find the Metformin medication listed as one of Resident 1's routine medications. Staff A was observed calling the pharmacy to ask. At 3:08 PM, Staff A reported that the pharmacy told them that Metformin was listed as one of Resident 1's current medications in Synkwise, but it was just not showing up on Resident 1's ML for some reason.

In an interview, on 02/25/2025 at 3:12 PM, Staff A stated that they did not keep copies doctor's medication orders. Staff A stated that they relied on the pharmacy to have the doctor's orders and keep the ML updated in Synkwise.

RESIDENT 2
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2024. Record review showed Resident 2 was on multiple prescribed medications.

Observation of Resident 2's medication supply, on 02/25/2025 at 03:25 PM, showed there were two bubble packs for Chest Congest Relief. The label on both bubble packs read, "Chest Congest Relief 400mg: Take 1 tablet by mouth every 4 hours as needed (PRN)." At 3:30 PM, observation showed there was a bottle of over the counter (OTC) Tylenol (for fever and pain) containing 500 mg gel caps. There was no label on the OTC Tylenol bottle.

Record review showed Chest Congest Relief and Tylenol were not listed on Resident 2's

February 2025 ML.

In an interview, on 02/25/2025 at 3:35 PM, Staff A stated that the Chest Congest Relief and Tylenol had been discontinued.

Observation of Resident 2's medication supply, on 02/25/2025 at 03:37 PM, showed there was a bottle of OTC Vitamin C (a supplement) containing 1000 mg caplets. The handwritten instructions on the OTC Vitamin C label read, "1 tab(let) morning".

Review of Resident 2's February 2025 ML showed the medication entry read, "Vitamin C 500 mg: Take 1 tablet every morning."

In an interview, on 02/25/2025 at 3:40 PM, Staff A stated that they did not realize the Vitamin C dosage per caplet in the OTC bottle was 1000 mg while the dosage on Resident 2's February 2025 ML was 500 mg. Staff A stated that they would start giving 500 mg of Vitamin C to Resident 2 moving forward.

Review of Resident 2's February 2025 ML showed there was an entry for Dapagliflozin (to lower blood sugar levels). The entry read, "Dapagliflozin 10 mg: Take 1 tablet by mouth every morning." Record review showed AFH staff electronically initialed to indicate they gave Dapagliflozin to Resident 2 every day at 8:00 AM from 02/01/2025 to 02/25/2025.

Review of Resident 2's February 2025 ML showed there was an entry for Jardiance (to lower blood sugar levels). The entry read, "Jardiance 10 mg: Take 1 tablet by mouth once every morning." Record review showed AFH staff electronically initialed to indicate they gave Jardiance to Resident 2 every day at 8:00 AM from 02/01/2025 to 02/25/2025.

Observation and interview, on 02/25/2025 at 3:42PM, showed there was no Dapagliflozin in Resident 2's medication supply. Staff A stated that the doctor had changed the Dapagliflozin order to Jardiance on 02/15/2025. Staff A acknowledged that AFH staff had electronically initialed on both Dapagliflozin and Jardiance entries. Staff A acknowledged that Dapagliflozin should have been marked as "Discontinued" on the ML (to prevent staff from initialing by mistake). At 3:45 PM, Staff A stated that they did not have a copy of the doctor's order to change from Dapagliflozin to Jardiance on file. Staff A stated that they would send a copy of the change order to the Department by the next day.

Review of documents, received by the Department on 02/26/2025, showed Staff A did not send a copy of the new order to change from Dapagliflozin to Jardiance.

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, Edmonds Garden AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/19/2025)

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

Provider (or Representative) — Date: 03/12/2025

WAC 388-76-10650 Medical devices.

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

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 3 of 4 residents (Residents 1, 2, and 4) to use a medical device ([redacted]). This failure placed the residents at risk for injury from improper use of the [redacted].

Findings included...

Observation and interview, on 02/25/2025 at 11:02 AM, showed Residents 1, 2, and 4 had [redacted] (in raised position) on both sides of their beds. Staff A, Entity Representative, stated that they had asked the doctors for orders for the [redacted].

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024. Record review showed there was no evidence to indicate the AFH had provided Resident 1 with information regarding the safety risks, obtained a safety assessment from a qualified assessor, and addressed the use of the [redacted] in Resident 1's NCP, dated 12/07/2024.

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, Edmonds Garden AFH 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 388-76-10650 Medical devices.

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

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

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

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 3 of 4 residents (Residents 1, 2, and 4) to use a medical device ([redacted]). This failure placed the residents at risk for injury from improper use of the [redacted].

Findings included...

Observation and interview, on 02/25/2025 at 11:02 AM, showed Residents 1, 2, and 4 had [redacted] (in raised position) on both sides of their beds. Staff A, Entity Representative, stated that they had asked the doctors for orders for the [redacted].

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted] 2024. Record review showed there was no evidence to indicate the AFH had provided Resident 1 with information regarding the safety risks, obtained a safety assessment from a qualified assessor, and addressed the use of the [redacted] in Resident 1's NCP, dated 12/07/2024.

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted] 2024. Record review showed there was no evidence the AFH had provided Resident 2 with information regarding the safety risks and addressed the use of the [redacted] in Resident 2's NCP, dated 08/13/2024.

Review of Resident 4's record showed the AFH admitted Resident 4 on [redacted] 2023. Record review showed there was no evidence to indicate the AFH had provided Resident 4 with information regarding the safety risks and obtained a safety assessment from a qualified assessor.

In an interview, on 02/25/2025 at 11:48 AM, Staff A stated that they would look for the missing informed consent documents and safety assessments documents in the resident records.

Observation and interview, on 02/25/2025 at 1:22 PM, showed Staff A searching in Resident 2's record for the informed consent to use the [redacted]. Staff A stated that they had called the physical therapist (PT) to ask about the safety assessments. Staff A stated that the PT would send copies of the [redacted] safety assessments for Resident 1 and Resident 4 soon.

Review of documents, received by the Department on 02/26/2025, showed the AFH sent Resident 1's informed consent, signed and dated 02/26/2025, [redacted] safety assessment, dated 01/09/2025, and documentation regarding the bedrails in the NCP. Record review showed the AFH sent Resident 2's informed consent, signed and dated 02/25/2025, and documentation regarding the [redacted] in Resident 2's NCP. Record review showed the AFH also sent Resident 4's informed consent, signed and dated 02/25/2025, and [redacted] safety assessment, dated 02/25/2025. Thus, record review showed the AFH had obtained informed consent for all three residents (Residents 1, 2, and 4), received the [redacted] safety assessment for Resident 4, and documented the use of [redacted] for Resident 1 and 2 following the full inspection.

In phone interview, on 02/26/2025 at 11:40 AM, Staff A stated that they needed time to obtain all requested documents to send to the Department.

Statement of Deficiencies	License #: 75967S	Compliance Determination #: 55403
Plan of Correction	Edmonds Garden AFH LLC	Completion Date
Page 7 of 10	Licensee: Edmonds Garden AFH LLC	03/05/2025

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, Edmonds Garden AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/19/2025)

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

Provider (or Representative) — Date: 03/22/2025

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;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have the personnel records for 4 of 4 staff (Staff A, B, C, and D) readily available for review. This failure delayed verification of staff qualifications to work in the home and placed Residents 1, 2, 3, and 4 at risk of being cared for by staff who were not fully qualified.

Findings included...

Review of personnel records showed Staff A, Entity Representative, did not have documentation of their 12 hours of continuing education (CE) credits between birthdays in October 2023 and October 2024.

Review of personnel records showed Staff B, Caregiver, was missing their Orientation form (documenting their date of hire [DOH] and date of orientation [DOO]), Nursing Assistant training certificate, current Food Worker's card (FWC) or evidence of annual food safety training, and 12 hours of CE credits between their birthdays in May 2023.

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, Edmonds Garden AFH 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 388-76-10198 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;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have the personnel records for 4 of 4 staff (Staff A, B, C, and D) readily available for review. This failure delayed verification of staff qualifications to work in the home and placed Residents 1, 2, 3, and 4 at risk of being cared for by staff who were not fully qualified.

Findings included...

Review of personnel records showed Staff A, Entity Representative, did not have documentation of their 12 hours of continuing education (CE) credits between birthdays in October 2023 and October 2024.

Review of personnel records showed Staff B, Caregiver, was missing their Orientation form (documenting their date of hire [DOH] and date of orientation [DOO]), Nursing Assistant training certificate, current Food Worker's card (FWC) or evidence of annual food safety training, and 12 hours of CE credits between their birthdays in May 2023

and May 2024

Review of personnel records showed Staff C, Caregiver, did not have their Orientation form (documenting their DOH and DOO), Fingerprint-based check (FBC), and Tuberculosis (TB) test results on file for review.

Review of personnel records showed Staff D, Caregiver, did not have their Orientation form (documenting their DOH and DOO) and TB test results on file for review.

In an interview, on 02/25/2025 at 1:04 PM, Staff A stated that they hired Staff B way after they opened the AFH because they initially did not have any residents. Staff A stated that they thought Staff B had a new FWC. At 2:08 PM, Staff A stated that Staff D had not returned the Orientation form which they had given to Staff D to sign.

Observation and interview, on 02/25/2025 at 2:10 PM, showed Staff A calling Staff D to ask about the Orientation form and TB test results. At 2:15 PM, Staff A stated that they would look for the missing documents to send to the Department by Noon the next day.

Review of documents, received by the Department on 02/26/2025 and 02/27/2025, showed AFH sent documents for Staff B, C, and D. Record review showed the AFH was still missing Staff C's documents (Orientation form, FBC, and TB test results) and Staff D's Orientation form and TB test results.

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, Edmonds Garden AFH LLC is or will be in compliance with this law and / or regulation on (Date 04/19/2025)

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

Provider (or Representative) — Date 03/24/2025

WAC 388-76-10015 License. Adult family home. Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.129 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

This requirement was not met as evidenced by:

and May 2024.

Review of personnel records showed Staff C, Caregiver, did not have their Orientation form (documenting their DOH and DOO), Fingerprint-based check (FBC), and Tuberculosis (TB) test results on file for review.

Review of personnel records showed Staff D, Caregiver, did not have their Orientation form (documenting their DOH and DOO) and TB test results on file for review.

In an interview, on 02/25/2025 at 1:54 PM, Staff A stated that they hired Staff B way after they opened the AFH because they initially did not have any residents. Staff A stated that they thought Staff B had a new FWC. At 2:08 PM, Staff A stated that Staff D had not returned the Orientation form which they had given to Staff D to sign.

Observation and interview, on 02/25/2025 at 2:10 PM, showed Staff A calling Staff D to ask about the Orientation form and TB test results. At 2:15 PM, Staff A stated that they would look for the missing documents to send to the Department by Noon the next day.

Review of documents, received by the Department on 02/26/2025 and 02/27/2025, showed AFH sent documents for Staff B, C, and D. Record review showed the AFH was still missing Staff C's documents (Orientation form, FBC, and TB test results) and Staff D's Orientation form and TB test results.

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, Edmonds Garden AFH 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 755675	Compliance Determination #55403
Plan of Correction	Edmonds Garden AFH LLC	Completion Date
Page 9 of 10	Licensee: Edmonds Garden AFH LLC	03/05/2025

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license for blood sugar monitoring, as required. This failure placed 1 of 4 residents (Resident 1) at risk for infection or illness related to unsafe medical testing.

Findings included...

Review of a Dear Provider Letter (DPL), dated 11/15/2024, showed the requirements necessary for obtaining a MTSW license. The DPL indicated that a MTSW license is required when the AFH administers a medical test (such as blood glucose [sugar in the blood] test), or interprets the test results, or acts upon the test results. The DPL provided instructions for applying for the MTSW license.

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024. Record review showed Resident 1 had a medical condition that required blood glucose testing and monitoring. Review of Resident 1's Negotiated Care Plan, dated 12/07/2024, showed Resident 1 had a blood glucose checking device called Freestyle Libre 3. Record review showed Resident 1 required blood glucose monitoring three times a day with meals.

Review of facility records showed no record of a MTSW license.

In an interview, on 02/25/2025 at 10:50 AM, Staff A, Entity Representative, stated that they gave Resident 1 insulin injections (a medication used to regulate blood glucose) five times a day. Staff A stated that they checked Resident 1's blood glucose via scanning Resident 1's skin sensor (connected to the Freestyle Libre 3 device) with the cell phone three times a day at mealtimes, recording the blood glucose results, and giving additional insulin according to the sliding scale orders. Staff A stated that they did not know they had to obtain the MTSW license as required.

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, Edmonds Garden AFH LLC is or will be in compliance with this law and / or regulation on (Date 04/19/2025)

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

Provider (or Representative) — Date 03/22/2025

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license for blood sugar monitoring, as required. This failure placed 1 of 4 residents (Resident 1) at risk for infection or illness related to unsafe medical testing.

Findings included...

Review of a Dear Provider Letter (DPL), dated 11/15/2024, showed the requirements necessary for obtaining a MTSW license. The DPL indicated that a MTSW license is required when the AFH administers a medical test (such as blood glucose [sugar in the blood] test), or interprets the test results, or acts upon the test results. The DPL provided instructions for applying for the MTSW license.

Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024. Record review showed Resident 1 had a medical condition that required blood glucose testing and monitoring. Review of Resident 1's Negotiated Care Plan, dated 12/07/2024, showed Resident 1 had a blood glucose checking device called Freestyle Libre 3. Record review showed Resident 1 required blood glucose monitoring three times a day with meals.

Review of facility records showed no record of a MTSW license.

In an interview, on 02/25/2025 at 10:50 AM, Staff A, Entity Representative, stated that they gave Resident 1 Insulin injections (a medication used to regulate blood glucose) five times a day. Staff A stated that they checked Resident 1's blood glucose via scanning Resident 1's skin sensor (connected to the Freestyle Libre 3 device) with the cell phone three times a day at mealtimes, recording the blood glucose results, and giving additional Insulin according to the sliding scale orders. Staff A stated that they did not know they had to obtain the MTSW license as required.

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, Edmonds Garden AFH 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 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the emergency water supply was at least three gallons (G) for the home's licensed capacity, every household member (HHM), and caregiving staff. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk for not having enough water to drink in the event of an emergency.

Findings included...

Review of facility records showed the AFH's licensed capacity was five.

In an interview, on 02/25/2025 at 10:30 AM, Staff A, Entity Representative, reported that they currently had four residents and four caregiving staff. Staff A stated that they had three HHMs living on the upper level of the home.

Observation and interview, on 02/25/2025 at 4:30 PM, showed the AFH had two 5-G containers of emergency drinking water (totaling to 10 G). The AFH needed to have 36 G of emergency drinking water (for 12 people [five residents per license capacity, four caregiving staff, and three HHMs]). The AFH was short 26 G of emergency drinking water.

In an interview, on 02/25/2025 at 4:32 PM, Staff A, Entity Representative, stated that they did not know how many gallons of emergency water they needed to have. Staff A stated that they would buy more water for the home.

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, Edmonds Garden AFH LLC is or will be in compliance with this law and / or regulation on (Date)_ 04/19/2025)

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

Provider or Representative) — Date: 03/22/2025

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the emergency water supply was at least three gallons (G) for the home's licensed capacity, every household member (HHM), and caregiving staff. This failure placed 4 of 4 residents (Residents 1, 2, 3, and 4) at risk for not having enough water to drink in the event of an emergency.

Findings included...

Review of facility records showed the AFH's licensed capacity was five.

In an interview, on 02/25/2025 at 10:30 AM, Staff A, Entity Representative, reported that they currently had four residents and four caregiving staff. Staff A stated that they had three HHMs living on the upper level of the home.

Observation and interview, on 02/25/2025 at 4:30 PM, showed the AFH had two 5-G containers of emergency drinking water (totaling to 10 G). The AFH needed to have 36 G of emergency drinking water (for 12 people [five residents per license capacity, four caregiving staff, and three HHMs]). The AFH was short 26 G of emergency drinking water.

In an interview, on 02/25/2025 at 4:32 PM, Staff A, Entity Representative, stated that they did not know how many gallons of emergency water they needed to have. Staff A stated that they would buy more water for the home.

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, Edmonds Garden AFH 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