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

ABBEY ROAD CARE HOME LLC
Abbey Road Care Home LLC
18204 41st Ave SE
Bothell, WA 98012

RE: Abbey Road Care Home LLC License # 755704

Dear Provider:

This letter addresses Compliance Determination(s) 66258 (Completion Date 09/26/2025) and 63273 (Completion Date 08/01/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/26/2025 and found that you have corrected the violations listed in the Full report dated 08/01/2025. Your home is back in compliance as of 09/15/2025 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10135-8, WAC 388-112A-0710, WAC 388-76-10750-1, WAC 388-76-10750-6-c

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 07/25/2025 of:

Abbey Road Care Home LLC
5523 141st St SW
Edmonds, WA 98026

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:

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

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

08/08/2025
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.

Jane Thuo
Provider (or Representative)

08/15/2025
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 the services provided for 2 of 2 sampled residents (Residents 1 and 2) met the medication needs and met all laws and rules relating to medications. This failure placed the residents at risk of not receiving all prescribed medications and medication errors.

Findings included...

RESIDENT 1
Record review showed the AFH admitted Resident 1 on [redacted]/2022 with medically disabling diagnoses. Record review showed Resident 1 was on multiple prescribed medications.

Observation of Resident 1's medication supply, on 07/25/2025 at 2:35 PM, showed there

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Residential Care Services _____ Date _____

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Provider (or Representative) _____ Date _____

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Findings included…

RESIDENT 1
Record review showed the AFH admitted Resident 1 on [redacted]/2022 with medically disabling diagnoses. Record review showed Resident 1 was on multiple prescribed medications.

Observation of Resident 1's medication supply, on 07/25/2025 at 2:35 PM, showed there

was a bubble pack (pharmacy packaging that organizes medications into individual doses) for Baclofen (a pain medication). The pharmacy label on the bubble pack read, “Baclofen 10 milligrams (mg): Take ½ tablet (5 mg) by mouth twice daily for 7 days in addition to 5 mg in Multipack to equal Baclofen 10 mg/ dose.”

Record review of the doctor’s order, dated 07/17/2025, showed, “Baclofen 10 mg: Take 10 mg by mouth two times a day for 7 days, then re-evaluate.”

Review of Resident 1’s July 2025 ML showed there was no medication entry to show AFH staff had been giving the additional Baclofen dosage to equal 10 mg twice daily for 7 days.

In an interview, on 07/25/2025 at 2:40 PM, Staff A, Entity Representative, stated that they would add the additional Baclofen medication entry to Synkwise (a computerized system used to document care and services [including medications services] for residents) right away.

Observation of Resident 1’s medication supply, on 07/25/2025 at 2:42 PM, showed there was an Anti-Diarrheal bubble pack with a pharmacy label that read, “Anti-Diarrheal 2 mg tablets: Take 2 tablets (4 mg) by mouth once, then take 1 additional tablet after each loose stool as needed. Maximum: 4 tablets/ 24 hours.”

Review of Resident 1’s July 2025 ML showed the medication entry read, “Immodium A-D (Anti-Diarrheal) 1 mg: Take 2 tablets (4 mg) by mouth once, then 1 tablet by mouth after each loose stool. Maximum: 4 tabs/ 24 hours.”

In an interview, on 07/25/2025 at 2:45 PM, Staff A acknowledged the dosage error (“1 mg” versus “2 mg” tablets) on the ML. Staff A promptly made the correction on Synkwise.

Observation of Resident 1’s medication supply, on 07/25/2025 at 2:55 PM, showed there was a bottle of Haloperidol (for agitation) with a pharmacy label that read, “Haloperidol 2 mg/ milliliter (ml) Oral Concentrate: Take 0.5 ml (1 mg) PO (by mouth) or SL (under the tongue) every 6 hours PRN (as needed) for agitation. Take 0.25 ml (0.5 mg) PO or SL every 4 hours PRN for nausea/ vomiting.”

Record review showed there was no medication entry for Haloperidol on Resident 1’s July 2025 ML.

Interview and observation, on 07/25/2025 at 3:01 PM, showed Staff A stating that they had sent the Comfort Kit (medications for hospice to manage end of life comfort) order to the pharmacy to update on Synkwise. Staff A promptly added Haloperidol to Synkwise.

Observation, on 07/25/2025 at 3:05 PM, showed there was an over the counter (OTC) bottle of D-Mannose (for urinary tract infection) containing 1300 mg capsules with a hand-written label that read, “Take 2 capsules by mouth daily.”

Review of Resident 1’s July 2025 ML showed the medication entry read, “D-Mannose 600 mg: Take 2 capsules daily by mouth to prevent UTI (urinary tract infection).”

Record review showed the doctor’s order, dated 07/17/2025, read, “Cranberry-Vitamin C-D Mannose: Take 2 capsules (600 mg) daily to help prevent UTI.”

In an interview, on 07/25/2025 at 3:10 PM, Staff A reported that Resident 1’s family bought the D-Mannose. Staff A stated that they did not realize the capsules in the D-Mannose bottle were 1300 mg each. Staff A stated that they would ask Resident 1’s doctor to change the D-Mannose order to match the dosage on the OTC bottle and update the ML on Synkwise.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on [redacted]/2025 with medically disabling diagnoses.

Review of the Medication List, signed by the Nurse Practitioner (NP) and dated 07/18/2025, showed Resident 2 was on multiple prescribed medications including “Loratadine (for allergies) 10 mg: Take 1 tablet daily”, and “Magnesium Oxide (a supplement) 400 mg Tablets: Take 1 tablet twice a day.”

Review of Resident 2’s July 2025 ML showed the medication entries for Loratadine and Magnesium Oxide matched the NP’s order.

Observation and interview, on 07/25/2025 at 3:40 PM, showed there was no Loratadine or Magnesium Oxide in Resident 2’s medication bin. Staff A reported that they had run out of these two medications on this day. Staff A stated that Resident 2 would not buy these two medications anymore. Staff A stated that they would communicate with the NP to discontinue Loratadine and Magnesium Oxide.

Observation, on 07/25/2025 at 3:46 PM, showed Staff A sending a request to the NP to discontinue Loratadine and Magnesium Oxide.

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, Abbey Road Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 09/15/2025 .

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

Jane Thuo — Provider (or Representative)

08/15/2025 — Date

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 caregivers (Staff C) had proof of valid cardiopulmonary resuscitation (CPR) and first-aid training that included hands-on skills demonstration, as required. This failure placed Residents 1, 2, 3, 4, and 5 at risk of being cared for by a caregiver who was not fully qualified.

Findings included...

Review of staff records showed the AFH hired Staff C, Caregiver, on 06/22/2025. Review of Staff C's record showed Staff C had a CPR/ first-aid card, dated 05/30/2025 and issued by National CPR Foundation, on file.

In an interview, on 07/25/2025 at 2:07 PM, Staff C stated that they had taken the online CPR/ first-aid training. Staff A, Entity Representative, stated that they would have Staff C obtain the in-person training (for hands-on skills demonstration) soon.

Observation, on 07/25/2025 at 2:20 PM, showed Staff A asking Staff C to do the CPR/ first-aid training on their next day off.

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In an interview, on 07/25/2025 at 2:07 PM, Staff C stated that they had taken the online CPR/ first-aid training. Staff A, Entity Representative, stated that they would have Staff C obtain the in-person training (for hands-on skills demonstration) soon.

Observation, on 07/25/2025 at 2:20 PM, showed Staff A asking Staff C to do the CPR/ first-aid training on their next day off.

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Jane Thuo — Provider (or Representative)

08/15/2025 — Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature in 2 of 2-resident bathroom sinks (Sinks 1 and 2) did not exceed 120 degrees Fahrenheit (F) and keep the home environment in good repair. This failure placed Residents 1, 2, 3, 4 and 5 at risk for thermal burns and a decreased quality of life.

Findings included...

Observation and interview, on 07/25/2025 at 4:03 PM, showed the water temperature at Sink 1 (located near Bedroom D) was 124.8 degrees F. At 4:14 PM, the water temperature at Sink 2 (located near Bedrooms A, B, and C) was 123.3 degrees. Staff A, Entity Representative, stated that they would turn the hot water thermostat down.

Observation and interview, on 07/25/2025 at 4:15 PM, showed there were scuff marks on the walls, doors, and door frames throughout the AFH. Staff A stated that the scuff marks were caused by wheelchairs. Staff A stated that they would fix all the environmental issues. Staff A stated that they would paint and install wall and corner protectors throughout 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, Abbey Road Care 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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Observation and interview, on 07/25/2025 at 4:15 PM, showed there were scuff marks on the walls, doors, and door frames throughout the AFH. Staff A stated that the scuff marks were caused by wheelchairs. Staff A stated that they would fix all the environmental issues. Staff A stated that they would paint and install wall and corner protectors throughout the home.

Statement of Deficiencies	License #: 755704	Compliance Determination # 63273
Plan of Correction	Abbey Road Care Home LLC	Completion Date
Page 7 of 7	Licensee: ABBEY ROAD CARE HOME LLC	08/01/2025

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