STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

Amboseli Adult Family Home LLC

Amboseli Adult Family Home LLC
29813 20th Ave S
Federal Way, WA 98003

RE: Amboseli Adult Family Home LLC License # 755707

Dear Provider:

This letter addresses Compliance Determination(s) 74475 (Completion Date 04/17/2026) and 69804 (Completion Date 01/23/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/17/2026 and found that you have corrected the violations listed in the Full report dated 01/23/2026. Your home is back in compliance as of 03/09/2026 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 388-76-10285-2, WAC 388-76-10285-1, WAC 388-76-10285, WAC 388-76-10320-10-a, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10485-1, WAC 388-76-10700-2-b, WAC 388-76-10015-1, WAC 388-76-10690-2-a

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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| Statement of Deficiencies | License #: 755707 | Compliance Determination # 69804 |
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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 12/09/2025 of:
Amboseli Adult Family Home LLC
29813 20th Ave S
Federal Way, WA 98003

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:

Marites Gatan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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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.

Residential Care Services

1-26-2026
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)

1-26-2026
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:**

(1) An initial skin test within three days of employment; and

(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 2 sampled staff (Staff B, Caregiver) had two-step Tuberculosis [(TB) a communicable disease affecting lungs] skin testing, with the initial test done within three days of employment and a second test done one to three weeks after the first test. This failure placed all residents at risk of possible exposure to TB.

Findings included...

Observation on 12/09/2025 at 10:25 AM showed Staff B and Staff C, Caregiver, providing care and services to six residents (Residents 1, 2, 3, 4, 5, and 6).

In an interview on 12/09/2026 at 11:15 AM, Staff B stated that they worked full time and lived at the AFH.

Review of Staff B's personnel records showed the AFH hired Staff B on 01/07/2024. Staff B had a TB skin test administered on 01/17/2024. This test read on 01/19/2024, showed zero-millimeter induration which is negative for TB. Staff B had no other TB test on their file.

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On 12/09/2026 at 5:15 PM, during the exit interview with Staff B and Staff C, department staff requested for the AFH to send documentation of Staff B's additional TB tests.

In an interview on 01/05/2026 at 3:31 PM, Staff A, Entity Representative/Resident Manager stated that Staff B had a chest x-ray. Staff A stated that they would send the document to the department.

In an email received on 01/06/2025, Staff A stated that Staff B had no other TB tests completed.

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, Amboseli Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/29/2026

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

Provider (or Representative) — Date: 1-26-2026

**WAC 388-76-10320-1 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the personal belonging inventory for 1 of 2 sampled residents' (Resident 2) was signed and dated by the resident or their representative. This placed Resident 2 at risk of losing their personal belongings and being unable to identify or recover them.

Findings included...

Review of Resident 2's AFH records showed that the AFH admitted Resident 2 on

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[redacted]/2024. Resident 2's record showed a personal belongings inventory signed and dated by Provider on [redacted]/2024. The document was not signed and dated by Resident 2 or their representative.

In an interview on 12/09/2026 at 12:18 PM, Staff B had no explanation as why belonging list was not signed by the resident.

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, Amboseli Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 01/27/2026

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

Provider (or Representative) — Date: 1-26-2026

**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 ;

(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 all prescribed medications were available, and medication logs were current for 2 of 2 sampled residents' ( Residents 2 and 6) were updated. This failure placed Resident 2 and Resident 6 at risk for medication errors and at risk of worsening condition from missing prescribed medications.

Findings included...

Observation on 12/09/2025 at 10:25 AM showed Staff B, Caregiver and Staff C, Caregiver, providing care, services and medication assistance to six residents (Residents 1, 2, 3, 4, 5, and 6).

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In an interview on 12/09/2025 at 11:10 AM, Staff B stated that Resident 2 and Resident 6 required medication administration.

Resident 2

Review of Resident 2's AFH records showed that the AFH admitted Resident 2 on [redacted]/2024. Review of Resident 2's December 2025 pharmacy generated medication log showed Resident 2 was prescribed Pantoprazole (used to decrease stomach acid) 40 milligrams twice daily 30 minutes before breakfast and at bedtime. The medication log showed a circled initial for the 7:30 AM dose for the same day, 12/09/2025.

Observation on 12/09/2026 at 12:42 PM of Resident 2's medication supplies showed there was no supply of Pantoprazole.

In an interview on 12/09/2025 at 12:43 PM, Staff C stated that the Pantoprazole 7:30 AM dose was not given to Resident 2, thus the circled initial. Staff C confirmed they had no Pantoprazole supply for Resident 2 in the home. They were still waiting for pharmacy to supply.

In an interview on 01/20/2026 at 4:04 PM, Collateral Contact (CC1) stated that Pantoprazole medication was last delivered on 02/13/2025 to the AFH. CC1 said the medication was discontinued in March 2025. CC 1 stated that they would remove the medication from the pharmacy generated medication log for following month.

Resident 6

Review of Resident 6's AFH records showed the AFH admitted Resident 6 on [redacted]/2023. Review of Resident 6's December 2025 pharmacy generated medication log showed prescription for Azelaic Acid (decreases inflammation, preventing and killing growth of bacteria on the skin) 15 percent (%) gel apply thin layer to clean dry face every morning. Further review showed a prescription for Ivermectin Cream (treats redness and pimples) 1%, apply thin layer to clean dry face nightly before bed.

Observation on 12/09/2025 at 3:13 PM of Resident 6's medication supply showed Azelaic Acid 15 % gel and Ivermectin Cream 1% cream were not available.

Observation on 12/09/2025 at 3:15 PM showed a pharmacy dispensed bubble pack (medications are placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) marked with Resident 6's name, labelled Vitamin D3 ( supplement that helps body absorb calcium and promotes bone health, immune function) 50, 000 unit, take one capsule by mouth once a week for 12 doses with an expiration date of 06/03/2026. The bubble pack had an orange sticker marked "morning" with the bubble pack number #1 punched out, with no pill in it. The

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bubble pack numbers #2 through #4 were filled with a white colored capsule labelled N020.

Review of Resident 6's pharmacy generated December 2025 medication log did not show a prescription for Vitamin D3.

In an interview on 12/09/2025 at 3:22 PM, Staff C confirmed that the Vitamin D3 was not written in Resident 6's December 2025 pharmacy generated medication log. Staff C stated that Vitamin D3 was a new order. Staff C stated that Resident 6 started taking Vitamin D3 medication on 12/06/2025.

In an interview on 12/09/2025 at 4:30 PM, Resident 6 stated that they did not have Azelaic acid gel and Ivermectin cream medications. Resident 6 stated that they stopped using the medications although they did not specifically remember when they stopped using it. Resident 6 stated they stopped using the medications for "months." In addition, Resident 6 stated that they had informed their primary physician and the AFH pharmacy to discontinue the Azelaic acid gel and Ivermectin cream medications.

Observation on 12/09/2025 at 4:32 PM inside Resident 6's bedroom, at their bedside, there was a supply of Robitussin (controls cough and relieves chest congestion) Honey cough syrup bottle with an expiration date of July 2027.

In an interview on 12/09/2025 at 4:34 PM, Resident 6 stated that they did not remember when the Robitussin cough syrup was purchased. Resident 6 stated that they had informed the AFH staff on duty when the Robitussin cough syrup was purchased. Resident 6 stated that the staff they had informed no longer worked at the AFH.

Review of Resident 6's December 2025 pharmacy generated medication log did not show the Robitussin cough syrup listed.

In an interview on 12/09/2025 at 4:36 PM, Resident 6 stated that Vitamin D3 was prescribed to them after their medical appointment on 12/04/2025. Resident 6 stated that Vitamin D3 medication was delivered to the home on 12/06/2025 and they took the medication on 12/07/2025.

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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, Amboseli Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02/01/2026.

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

P Mauli — Provider (or Representative)

1-26-2026 — Date

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(1) In locked storage;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep 1 of 2 sampled resident's (Resident 6) prescribed and over the counter medications in locked storage. This failure placed Resident 6 at risk of harm and at risk of misusing the medications.

Findings included...

Review of Resident 6's AFH records showed that the AFH admitted Resident 6 on [redacted]/2023. Review of Resident 6's December 2025 pharmacy generated medication log showed they were prescribed of Azelaic Acid (decreases inflammation, preventing and killing growth of bacteria on the skin) 15 percent (%) gel, apply thin layer to clean, dry face every morning and Ivermectin (treats redness and pimples) 1% cream, apply thin layer to clean, dry face nightly before bed. There was a prescription for Epinephrine (fast acting medication used for emergency treatment of severe allergic reactions) 0.3 milligram one injection intramuscularly as needed for anaphylaxis and Exedrin (combination pain reliever that contains acetaminophen, aspirin and caffeine) migraine capsule one tablet every six hours as needed for pain.

Observation on 12/09/2025 at 3:13 PM, showed Resident 6's medication supply had no Azelaic Acid gel, Ivermectin cream, Epinephrine injection and Exedrin.

In an interview on 12/09/2025 at 3:14 PM, Staff B stated that Resident 6 kept some medications in their bedroom.

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Observation of Resident 6's bedroom 12/09/2025 at 4:32 PM, showed an Exedrin bottle and an Albuterol box with an expiration date of 03/31/2023, inside a blue basket on top of a shelf in the bedroom. There was an Epinephrine injection inside Resident 6's back pack and Ozempic injection unlocked inside the refrigerator in the room. Inside the bedside stand drawer, were supplies of Robitussin cough syrup bottle with an expiration of July 2027, and Nyamyc (prevents fungus from growing on the skin and treats skin infections caused by yeast) 100, 000 units/grams bottle with an expiration of 08/31/2026.

In an interview on 12/09/2025 at 4:30 PM, Resident 6 acknowledged that Resident 6's Ozempic injection; Exedrin; Epinephrine injection; Robitussin cough syrup; and Nyamyc located inside their bedroom were unlocked.

In an interview on 12/09/2025 at 5:18 PM, Staff B and Staff C stated that they were not aware that medications inside resident's bedrooms had to be locked. Staff B stated that Resident 6 was the only person in the bedroom.

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, Amboseli Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02/01/2026.

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**WAC 388-76-10700 Building official Inspection and approval. The adult family home must have the building inspected and approved for use as an adult family home by the local building official:**

(2) After any construction changes that:

(b) Change, add or modify a resident's bedroom.

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the Adult Family Home (AFH) failed to follow the local building codes, when they converted 1 of 1 double-occupancy bedroom (Bedroom [redacted]) into two bedrooms without a city building permit. This failure placed the current residents (Resident 4 and Resident 5) at risk of harm from rooms that were structurally changed without being inspected and approved by the city.

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Findings included...

Review of the AFH floor plan showed a basement level of the home with three bedrooms. Bedroom [redacted], Bedroom D and Bedroom [redacted] were licensed for two.

Observation on 12/09/2025 at 1:15 PM during bedroom tours showed that Bedroom [redacted], licensed for two capacity was now separated into two bedrooms with their own doors. Resident 5 occupied the first room with the door on the left side of the hallway. Resident 4 occupied the second room with the door facing the hallway.

In an interview on 12/09/2025 at 1:16 PM, Staff C stated that Resident 4 was transferred to the second bedroom from Bedroom [redacted] due to misunderstanding with Resident 2.

In an interview on 12/10/2025 at 4:09 PM, Staff A, Entity Representative/Resident Manager stated that Bedroom [redacted] was changed into two bedrooms at beginning of this year. Staff A stated that they did not obtain a city building permit as it was not a major construction. Staff A stated that Resident 4 was transferred to the second bedroom "less than a week ago" to prevent an altercation with Resident 2.

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, Amboseli Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 03/09/2026.

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

Provider (or Representative) — Date: 1-26-2026

**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

**WAC 388-76-10690 Bedroom usable floor space In adult family homes after the effective date of this chapter.**

(2) The adult family home must ensure each resident bedroom has a minimum usable

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floor space as follows, excluding the floor space for toilet rooms, closets, lockers, wardrobes and vestibules:

(a) Single occupancy bedrooms with at least eighty square feet; and

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure that 2 of 2 bedrooms that were created from a double occupancy licensed room ( Bedroom [redacted]), were measured and licensed to ensure that they met the requirement for usable floor space of at least eighty square feet before placing 2 of 2 residents (Resident 4 and 5) in them. This failure resulted in Resident 4 occupying a bedroom that did not meet requirement, placing Resident 4 and 5 at risk of decreased quality of life.

Findings included...

On 11/17/2025, review of the AFH's license using the department's Secure Tracking and Reporting System (STARS) showed the AFH was licensed on 07/13/2022. Review of the AFH floor plan showed the basement level of the home had three bedrooms. Bedrooms [redacted], D and [redacted] were all licensed for two bed-capacity.

Observation on 12/09/2025 at 1:15 PM during a bedroom tour showed that Bedroom [redacted], licensed for two capacity had been separated into two separate bedrooms with their own doors. Resident 5 occupied the first bedroom with the door on the left side of the hallway. Resident 4 occupied the second bedroom with the door facing the hallway.

In an interview on 12/09/2025 at 1:16 PM, Staff C, Caregiver stated that Resident 4 was transferred to the second bedroom from Bedroom [redacted] due to misunderstanding with Resident 2.

On 12/09/2025 at 3:48 PM, department staff measured the first bedroom. The first bedroom usable floor space was 89 square feet. This bedroom was occupied by Resident 5. The second bedroom usable floor space was 78.93 square feet when measured. This bedroom was occupied by Resident 4.

In an interview on 12/10/2025 at 4:09 PM, Staff A, Entity Representative/Resident Manager stated that Bedroom [redacted] was changed into two bedrooms at the beginning of the year. Staff A stated that they did not obtain a city building permit as it was not a major construction. Staff A stated that Resident 4 was transferred from Bedroom [redacted] to the second bedroom "less than a week ago" to prevent an altercation with Resident 2. Staff A stated they were not aware of bedroom measurement and licensing requirements.

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

Provider (or Representative) — Date: 1-26-2026

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