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

Specialized Home Care & Transportation Services LLC
Specialized Home Care II
34250 18th Pl S
Federal Way, WA 98003

RE: Specialized Home Care II License # 755867

Dear Provider:

This letter addresses Compliance Determination(s) 57055 (Completion Date 03/26/2025) and 48253 (Completion Date 12/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/26/2025 and found that you have corrected the violations listed in the Complaint report dated 12/04/2024. Your home is back in compliance as of 11/20/2024 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 388-76-10030-2

The Department staff who did the on-site verification:
Denetta Uzzell, NCI Complaint Investigator

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 755867	Compliance Determination # 48253
Plan of Correction	Specialized Home Care II	Completion Date
Page 1 of 3	Licensee: Specialized Home Care & Transportation Services LLC	12/04/2024

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 complaint investigation on 10/02/2024 and 10/02/2024 of:

Specialized Home Care II
34250 18th Pl S
Federal Way, WA 98003

This document references the following complaint number(s): 145701, 149517, 151793

The following sample was selected for review during the unannounced on-site visit: 2 of 7 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Denetta Uzzell, NCI Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

12-6-2024
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.

Statement of Deficiencies	License #: 755867	Compliance Determination # 48253
Plan of Correction	Specialized Home Care II	Completion Date
Page 2 of 3	Licensee: Specialized Home Care & Transportation Services LLC	12/04/2024

Provider (or Representative) Date

12/9/24

WAC 388-76-10030 Adult family home capacity.

(2) The licensed capacity number will be listed on the adult family home license and the home must ensure that the number of residents in the home does not exceed the licensed capacity.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) provider did not ensure the number of residents in the home did not exceed the licensed capacity when they admitted 2 of 2 (Residents 6 and 7) who were [redacted], as one capacity. This failure placed all residents at risk of receiving adequate care as required and placed them at risk of harm, if there was a need to evacuate in case of emergency.

Findings included...

October 2, 2024, record review of the AFH Summary Report using the department's Secure Tracking and Reporting System, showed the AFH was licensed and approved for 6 beds.

On October 2, 2024, at 11:00 AM observed there were 7 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7) in the home receiving care and services.

On October 2, 2024, at 11:15 AM, when asked, Staff B, Resident Manager said they thought Resident 6 and Resident 7, counted as one because they were a [redacted] couple that shared a bed. Staff B said they were remodeling another home and would remove a resident as soon as possible.

On November 13, 2024, at 1:45 PM, in a phone interview Staff A, Entity Representative, said they had not moved a resident out of the AFH. The capacity in the home remained at 7 residents.

Staff A was asked for a safety plan which included having additional staffing, and a started process of correcting the failed practice to meet capacity limits.

Attestation Statement

I hereby Certify that on 11/20/24, Specialized Home Care 2, transfered one resident to another AFH. While we had 7 residents in the AFH, we had 4 caregivers during the day and 3 caregivers at night to ensure all the resident care needs are met. We further notified the insurance about this.

Faith - Resident Manager

Provider (or Representative) Date

WAC 388-76-10030 Adult family home capacity.

(2) The licensed capacity number will be listed on the adult family home license and the home must ensure that the number of residents in the home does not exceed the licensed capacity.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) provider did not ensure the number of residents in the home did not exceed the licensed capacity when they admitted 2 of 2 (Residents 6 and 7) who were [redacted], as one capacity. This failure placed all residents at risk of receiving adequate care as required and placed them at risk of harm, if there was a need to evacuate in case of emergency.

Findings included...

October 2, 2024, record review of the AFH Summary Report using the department's Secure Tracking and Reporting System, showed the AFH was licensed and approved for 6 beds.

On October 2, 2024, at 11:00 AM observed there were 7 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7) in the home receiving care and services.

On October 2, 2024, at 11:15 AM, when asked, Staff B, Resident Manager said they thought Resident 6 and Resident 7, counted as one because they were a [redacted] couple that shared a bed. Staff B said they were remodeling another home and would remove a resident as soon as possible.

On November 13, 2024, at 1:45 PM, in a phone interview Staff A, Entity Representative, said they had not moved a resident out of the AFH. The capacity in the home remained at 7 residents.

Staff A was asked for a safety plan which included having additional staffing, and a started process of correcting the failed practice to meet capacity limits.

Statement of Deficiencies	License #: 755867	Compliance Determination # 48253
Plan of Correction	Specialized Home Care II	Completion Date
Page 3 of 3	Licensee: Specialized Home Care & Transportation Services LLC	12/04/2024

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, Specialized Home Care II is or will be in compliance with this law and / or regulation on (Date) 11/20/24 .

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

Provider (or Representative) 12/9/24 Date

PAUL MURGAI

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, Specialized Home Care II 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