STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Inclusive Adult Family Home LLC

Inclusive Adult Family Home LLC
5223 135th St SE
Everett, WA 98208

RE: Inclusive Adult Family Home LLC License # 755927

Dear Provider:

This letter addresses Compliance Determination(s) 56544 (Completion Date 03/18/2025) and 52744 (Completion Date 01/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2025 and found that you have corrected the violations listed in the Complaint report dated 01/10/2025. Your home is back in compliance as of 02/09/2025 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 388-76-10475-3-a

The Department staff who did the on-site verification:
Megan Wylie, Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON
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3906-172nd St NE, Suite #100, Arlington, WA 98223

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 01/08/2025 of:

Inclusive Adult Family Home LLC
5223 135th St SE
Everett, WA 98208

This document references the following complaint number(s): 158827, 162932

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 investigated the Adult Family Home:

Megan Wylie, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the medication log (ML) for 2 of 4 residents (Residents 1 and 2) was up to date with documented staff initials of who gave residents their medications. This failure placed the residents at risk for harm and medication errors.

Findings included…

Resident 1

Record review showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses that included [redacted] ([redacted]). Review of Resident 1's assessment, dated 05/15/2024, showed Resident 1 required caregiver assistance with medications.

Review of Resident 1's ML, dated 01/01/2025 – 01/31/2025, showed the following prescribed medications:

- Acetaminophen (a medication used to decrease pain) 500 milligrams (mg) three times daily at 8:00 AM, 2:00 PM, and 8:00 PM
- Atorvastatin (a medication used to treat fat in the blood) 40 mg once daily at 8:00 PM.
- Diclofenac Sodium one percent gel (a medication used to treat pain) four grams applied four times daily at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM
- Duloxetine (a medication used to treat mood and depression) 60 mg once daily at 8:00 AM.

- Famotidine (a medication used to treat heartburn) 20 mg once daily at 8:00 PM.
- Lacosamide (a medication used to treat seizures) 200 mg twice daily at 8:00 AM and 4:00 PM.
- Levetiracetam (A medication used to treat seizures) 1,000 mg twice daily at 8:00 AM and 8:00 PM.
- Metformin (a medication used to treat high blood sugars) 850 mg twice daily at 8:00 AM and 5:00 PM.
- Olanzapine (a medication used to treat mental disorders) 10 mg once daily at 8:00 PM
- Sertraline (a medication used to treat depression) 100 mg once daily at 8:00 AM.
- Suboxone (a medication used to treat pain) 4 mg – 1 mg twice daily at 8:00 AM and 8:00 PM.
- Vitamin D3 (a medication for vitamin deficiency) 1,000 IU daily at 8:00 AM.

Resident 1's ML, dated 01/01/2025 – 01/31/2025, when reviewed on 01/08/2025 at 10:51 AM showed that the caregiver did not document the administration of Resident 1's prescribed medications on the evening doses on 01/06/2025, all doses on 01/07/2025 and the morning of 01/08/2025.

In an interview, on 01/08/2025 at 11:11 AM, Staff B (Caregiver) stated that they gave Resident 1 all their prescribed medications on the identified dates, but they forgot to initial Resident 1's ML.

Resident 2

Record review showed the AFH admitted Resident 2 on [redacted]/2023 with multiple diagnoses that included [redacted]. Review of Resident 2 's assessment, dated 09/24/2024, showed Resident 2 required caregiver assistance with medications.

Review of Resident 2's ML from the pharmacy, dated 01/01/2025 – 01/31/2025, showed the following prescribed medications:

- Atorvastatin (a medication used to treat fat in the blood) 40 mg once daily at 8:00 PM.
- Diltiazem (a medication used to treat high blood pressure) 120 mg at 8:00 AM.
- Donepezil (a medication used to treat memory issues) 10 mg daily at 8:00 PM.
- Escitalopram (a medication used to treat persistent low mood) 10 mg once daily at 8:00 AM.
- Furosemide (a medication used to treat water retention) 10mg once daily at 8:00 AM.
- Losartan (a medication used to high blood pressure) 50 mg twice daily at 8:00 AM and 8:00 PM.
- Memantine (a medication used to treat memory issues) 20 mg twice daily at 8:00 AM and 8:00 PM.
- Trazodone (a medication used to help with sleep problems) 25 mg once daily at 8:00 PM.
- Xarelto (a medication used to treat an irregular heartbeat) 15mg once daily at 5:00 PM.
- Albuterol inhaler (used to help with breathing) two puffs every 4 hours at 8:00 AM, 12:00 PM, 4:00 PM and 8:00 PM.

Resident 2's ML, dated 01/01/2025 – 01/31/2025, when reviewed on 01/08/2025 at 10:57 AM showed that the caregiver did not document the administration of Resident 2's

prescribed medications on the evening doses on 01/06/2025, all doses on 01/07/2025 and the morning of 01/08/2025.

In an interview, on 01/08/2025 at 11:11 AM, Staff B stated that they gave Resident 2 all their prescribed medications on the identified dates, but they forgot to initial Resident 2's ML.

In an interview, on 01/08/2025 at 11:11 AM Staff A (Resident Manager and Entity Representative) stated they did not follow their normal process for medication administration and did not realize they had not signed the ML.

In an interview, on 01/10/2025 at 2:53 PM, Staff A stated in an email that Staff B was aware of the medication administration process and was trained by Staff A. Staff A stated that they did not know that MLs had missing signatures and were not up to date.

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, Inclusive 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