STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Edmonds Light AFH LLC
American Loving Care Adult Family Home
826 Locust St
Everett, WA 98201

RE: American Loving Care Adult Family Home License # 756250

Dear Provider:

This letter addresses Compliance Determination(s) 53296 (Completion Date 01/17/2025) and 51832 (Completion Date 12/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/17/2025 and found that you have corrected the violations listed in the Complaint report dated 12/18/2024. Your home is back in compliance as of 12/24/2024 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 388-76-10485-1

The Department staff who did the on-site verification:
Laura Newberry

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 12/17/2024 and 12/17/2024 of:

American Loving Care Adult Family Home
1505 Evanston Ct NE
Olympia, WA 98506

This document references the following complaint number(s): 156430

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

12.20.2024
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.

Rnzai
Provider (or Representative)

12/24/2024
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 and interview the adult family home (AFH) failed to ensure medications were kept in locked storage for 4 of 4 Residents. This failure placed all residents at risk for harm when medication was not secured in locked storage.

Findings included...

On 12/17/2024 at 1:30 PM, observed a container of various medications including Albuterol (medication for breathing), calcium (a supplement) and various prescription creams and eye drops located in a utility room leading from the kitchen to the garage. Observed the door was unlocked and accessible to residents.

On 12/17/2024 at 1:30 PM, Caregiver 1 (CG1), who was the resident manager for the AFH, stated that the door to the utility room should be locked and attempted to lock the door but was unable to locate the key to do so. CG1 stated the medication located in the bin were for disposal and belonged to various residents in the AFH.

On 12/17/2024 at 1:30 PM, Caregiver 2 (CG2) stated that the utility room door is usually kept locked and was unable to locate the key to lock it. CG1 stated the believe they left the key in their clothing from the previous day.

Attestation Statement

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, American Loving Care Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 12/24/2024

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

Provider (or Representative) _____ Date _____

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Statement of Deficiencies Plan of Correction Page 3 of 3	License #: 756250 American Loving Care Adult Family Home Licensee: Edmonds Light AFH LLC	Compliance Determination #: 51932 Completion Date 12/18/2024

Provider (or Representative)

12/24/2024
Date

Provider (or Representative)	Date