STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Agape Elderly Care LLC

Agape Elderly Care LLC
12506 59th Ave
Gig Harbor, WA 98332

RE: Agape Elderly Care LLC License # 756457

Dear Provider:

This letter addresses Compliance Determination(s) 62156 (Completion Date 07/08/2025) and 59085 (Completion Date 05/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/08/2025 and found that you have corrected the violations listed in the Full report dated 05/12/2025. Your home is back in compliance as of 05/24/2025 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 388-76-10198-2-a, WAC 388-76-10198-4, WAC 388-76-10895-2-a

The Department staff who did the off-site verification:
Emily Vincent, AFH Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 05/05/2025 of:

Agape Elderly Care LLC
12506 59th Ave
Gig Harbor, WA 98332

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:

Emily Vincent, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Jennifer LeMaster
Residential Care Services

05/16/2025
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.

K Anderson
Provider (or Representative)

5/24/25
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure caregivers' background check results and nurse delegation training certificates were available for department review for 1 of 7 caregivers (the AFH Provider). This failure placed all residents at risk of unsupervised access by a caregiver with a disqualifying criminal background and unmet medication administration needs.
Findings included...

On 05/05/2025, between 11:45 AM and 5:00 PM, observations showed the AFH Provider entered resident-occupied areas of the home without direct supervision.

Review of the Provider's personnel file showed no evidence of a Washington (WA) state name and date of birth (DOB) background check (BGI) result.

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

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Provider (or Representative) | Date

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Findings included…

On 05/05/2025, between 11:45 AM and 5:00 PM, observations showed the AFH Provider entered resident-occupied areas of the home without direct supervision.

Review of the Provider's personnel file showed no evidence of a Washington (WA) state name and date of birth (DOB) background check (BGI) result.

On 05/05/2025 at 4:30 PM, in an interview, the Provider said the department ran a BGI on them before they were licensed (on 06/27/2023), but the Provider was not sure whether they had a copy of the BGI result. The Provider said they would provide the BGI result for review as soon as they located it.

Review of the Provider's personnel file showed no evidence of nurse delegation training.

Review of the AFH's nurse delegation records showed all residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) required administration of their medications under nurse delegation.

Review of the AFH's nurse delegation credential checks, showed the Provider completed nurse delegation training before they were delegated for medication administration and nursing tasks.

On 05/05/2025 at 4:30 PM, in an interview, the Provider said nurse delegation training was included in their long-term caregiver training for home care aide (HCA) certification. The Provider said they would provide the certificate for review as soon as they located it.

The AFH Provider was provided with an opportunity to locate a valid BGI result and a nurse delegation training certificate before the completion of the licensing inspection. No evidence of a valid BGI result and nurse delegation training was received before the completion of the licensing inspection.

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, Agape Elderly Care LLC is or will be in compliance with this law and / or regulation on (Date) 5-24-25

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

K Anderson — Provider (or Representative)

5-24-25 — Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar

year;

This requirement was not met as evidenced by:

Based on interviews and record review, the adult family home (AFH) failed to practice partial emergency evacuation drills every 60 days as required. This failure placed all residents at risk of life-threatening harm in the event of an emergency that required evacuation.

Findings included…

Review of the AFH's emergency evacuation drill logs during an inspection on 05/05/2025, showed the AFH staff and residents participated in one full emergency evacuation drill every calendar year and a partial emergency evacuation drill every 60 days in 2023, 2024, and 2025. The last full drill was documented on 01/24/2025 and the last partial evacuation drill was documented on 03/06/2025.

Review of the AFH's emergency evacuation drill logs during the inspection on 05/05/2025, showed a partial emergency evacuation drill log dated 05/06/2025 (the day following the inspection). The log showed all residents participated in the drill and the drill was conducted between 3:14 PM and 3:19 PM.

On 05/05/2025 at 4:35 PM, in an interview, Resident 5 said they had not practiced a fire drill since they moved into the home (on [redacted]/2024). Resident 5 said whenever they heard the smoke detectors alarm, they were told that the caregivers were testing the smoke dectectors and there was no need to go outside.

On 05/05/2025 at 1:55 PM, in an interview, Resident 1's representative said they visited Resident 1 once or twice a week since Resident 1 moved into the home (on [redacted]/2024). Resident 1's representative said the caregivers had not practiced a fire drill during their visits to the home and Resident 1 had not mentioned that they had ever participated in a drill.

On 05/05/2025 at 5:05 PM, in an interview, the AFH Provider was made aware of the postdated evacuation drill log and interviews with Resident 5 and Resident 1's representative. The Provider said they were not sure whether the caregivers practiced the partial evacuation drills every 60 days, but the Provider had practiced the full evacuation drills with the residents and caregivers each calendar year. The Provider said they were not aware that the caregivers had postdated an evacuation drill log.

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, Agape Elderly Care LLC is or will be in compliance with this law and / or regulation on (Date) 5-24-25.

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

K Andonian — Provider (or Representative)

5-24-25 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Agape Elderly Care LLC
Agape Elderly Care LLC
12506 59th Ave
Gig Harbor, WA 98332

RE: Agape Elderly Care LLC # 756457

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/12/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manger
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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

(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;

The adult family home (AFH) did not ensure the hot water temperature in their main bathroom sink did not exceed 120 degrees Fahrenheit (F) as required. The temperature of the hot water measured 122.0 degrees F. The AFH Provider adjusted their hot water heater thermostat to ensure the water temperature in the bathroom sink did not exceed 120 degrees F. The hot water temperature was 116.6 degrees F before the completion of the licensing inspection.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

The adult family home (AFH) did not ensure the AFH Provider, who was a home care aide (HCA), Caregiver E, who was a certified nursing assistant (NAC), and Caregiver F, who was exempt from certification, completed 12 hours of continuing education (CE) training before their birthday. The Provider had completed 1.5 CE hours, Caregiver E and Caregiver F had not completed any CE hours before their birthday. Before the completion of the licensing inspection, the Provider, Caregiver E, and Caregiver F completed enough CE hours to meet the requirement for 12 CE hours before their last birthday.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate as follows:

(ii) Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid first-aid and CPR card or certificate.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

The adult family home (AFH) did not ensure Caregiver D’s cardiopulmonary resuscitation (CPR) certification included first aid training. Before the completion of the licensing inspection, Caregiver D completed CPR certification that included first aid training.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit A
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Jennifer LeMaster, Community Nurse Field Manger
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and

directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225