STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
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 12/11/2024 of:

Idyllic Adult Family Home LLC
2125 Park Ave
Snohomish, WA 98290

This document references the following complaint number(s): 157014, 157108, 157413

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jeanette Boushey

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 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on
observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Department received the annual license fee when it was due. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, & 5) at risk for displacement as the annual license fee had not been paid.

Findings included…

Record review, on 12/11/2024 at 08:00 AM, of the Department’s electronic Secure Tracking and Reporting System, showed the AFH had an overdue annual license fee of $1350.00 due 10/15/2024.

Observation, on
12/11/2024 at 2:05 PM, showed five residents who lived in the AFH.

In an interview, on
12/11/2024 at 4:35 PM, Staff A (Provider) confirmed that they had not paid the AFH's annual license fee and would pay immediately.

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, Idyllic 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 _____

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure an assessment was completed for a [redacted] that identified necessity and safe use prior to the use of the device for 1 of 3 sampled residents (Resident 1). The AFH failed to include how the device would be used in Resident 1's negotiated care plan (NCP). These failures placed Resident 1 at risk for misuse or injury from not knowing proper use of the device.

Findings included…

Record reviewed showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses that included [redacted]. This can affect movement, coordination, thinking, speech, and swallowing. Record review of Resident 1's assessment, dated 09/12/2024, showed that Resident 1 required one caregiver to physically assist with transfers and walking using a gait belt and walker. The assessment did not show documentation that Resident 1 required the use of a [redacted]. Review of Resident 1's records showed no documentation of an assessment. Record review of Resident 1's NCP, updated on 09/19/2024 showed no documentation of the [redacted].

Record review of Resident 1's caregiver notes showed the caregivers used a [redacted] on 10/01/2024.

Observation on 12/11/2024 at 2:51 PM, showed a [redacted] in Resident 1's room.

In an interview on 12/11/2024 at 3:52 PM, with Staff A and Staff C, caregiver, reported they had begun use of the [redacted] in October 2024 to assist Resident 1 into their bed from their wheelchair. Staff C stated that they began the use of the [redacted] for staff and Resident 1's safety due to Resident 1 had trouble with transfers into their bed. Staff A stated that they did not notify Resident 1's case manager or obtain an assessment for the medical device use. Staff A stated they had not provided risks and benefits of the medical device use to Resident 1 or their representative to enable them to make an informed decision. Staff A stated that the use of the medical device was not added to the NCP.

In an interview on 01/31/2025 at 11:16 AM, Staff A stated that they had purchased the [redacted] for house use when they purchased the AFH.

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, Idyllic 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