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

Geomil Adult Family Home LLC

Geomil Adult Family Home LLC
710 Madison St
Everett, WA 98203

RE: Geomil Adult Family Home LLC License # 757262

Dear Provider:

This letter addresses Compliance Determination(s) 58658 (Completion Date 04/28/2025) and 54083 (Completion Date 03/06/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/28/2025 and found that you have corrected the violations listed in the Complaint report dated 03/06/2025. Your home is back in compliance as of 04/20/2025 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 388-76-10673, WAC 388-76-10673-1, WAC 388-76-10673-1-a, WAC 388-76-10673-1-b, WAC 388-76-10673-2, WAC 388-76-10673-2-a, WAC 388-76-10673-2-b, WAC 388-76-10220-1, WAC 388-76-10020-2, WAC 388-76-10675-2

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

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

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 01/31/2025 of:

Geomil Adult Family Home LLC
710 Madison St
Everett, WA 98203

This document references the following complaint number(s): 163343, 165842

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

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 388-76-10673 Abuse and neglect reporting Mandated reporting to department Required.

(1) In accordance with chapter 74.34 RCW, all providers, entity representatives, resident managers, owners, caregivers, staff, and students that provide care and services to residents, are mandated reporters and must immediately report to the department when there is:

(a) A reasonable cause to believe that abandonment, abuse, exploitation, financial exploitation, or neglect of a vulnerable adult has occurred; or

(b) A reason to suspect that sexual assault of a vulnerable adult has occurred.

(2) Reports must be made to:

(a) The centralized toll free telephone number provided by the department; and

(b) The appropriate law enforcement agencies, as required under chapter 74.34 RCW.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that allegations of abuse for 1 of 3 residents (Resident 2) were immediately reported to the Department's centralized toll-free telephone number and appropriate law enforcement agencies. This failure resulted in the delayed investigation of the allegations of abuse and resulted in the risk of further abuse to AFH residents.

Findings included…

Review of the AFH's undated policy titled, "Abuse Neglect and Exploitation Policy," showed the AFH required staff to immediately report any allegation of abuse to the Department's toll-free telephone number. The policy showed that staff members were

to notify law enforcement agencies for certain situations such as suspected sexual abuse. The policy showed that anyone who knowingly failed to report an allegation of abuse would be guilty of a gross misdemeanor.

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Resident 2's assessment, dated 10/30/2024, showed Resident 2 required caregiver assistance with activities of daily living.

Record review of the AFH's hand-written progress notes (titled "case notes") for Resident 2, dated 01/16/2025, showed Resident 2 alleged that Staff E (Caregiver) sexually abused them during the night of 01/15/2025.

In an interview, on 01/31/2025 at 10:12 AM, Resident 2 reported they did not recall experiencing any sexual abuse.

Record review of the Department's electronic Secure Tracking and Reporting system on 01/31/2025 at 8:00 AM, showed no documentation that the AFH reported Resident 2's allegation of abuse to the Department.

In an interview, on 01/31/2025 at 11:30 AM, Staff E stated that they notified Staff A (Entity Representative) the same day that Resident 2 reported they were sexually abused. Staff E reported that they did not immediately notify the Department or law enforcement of Resident 2's allegation of sexual abuse because they notified Staff A about it.

In an interview, on 01/31/2025 at 11:04 AM, Staff A reported that on 01/16/2025, Staff E informed Staff A that Resident 2 alleged that Staff E sexually abused them. Staff A reported after they were informed of Resident 2's allegation of sexual abuse, they asked Staff E if they sexually abused Resident 2 and Staff E told them no, they did not. Staff A reported they did not immediately notify the Department or law enforcement of Resident 2's allegation of sexual abuse on 01/16/2025 because there was so much going on with Resident 2's behavior and "Staff E did not do it".

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, Geomil 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 388-76-10220 Incident log. The adult family home must keep a log of:

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to record 1 of 3 resident's (Resident 2) allegation of sexual abuse on the AFH's incident log. This failure placed Resident 2 at risk for further potential abuse.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Resident 2's assessment, dated 10/30/2024, showed Resident 2 required caregiver assistance with activities of daily living.

In an interview, on 01/31/2025 at 10:36 AM, Staff A (Entity Representative) stated that they put everything in this (red spiral notebook, titled "case notes") when they were asked for the AFH's incident log. The red spiral notebook, titled "case notes," had handwritten notes on multiple pages.

Record review of Resident 2's "case notes," dated 01/16/2025, showed Resident 2 alleged that Staff E (Caregiver) sexually abused them during the night of 01/15/2025.

In an interview, on 01/31/2025 at 10:12 AM, Resident 2 reported they did not recall experiencing any sexual abuse.

In an interview, on 01/31/2025 at 11:04 AM, Staff A reported that they did not document Resident 2's allegation of abuse on an incident log because it was a long story.

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, Geomil 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 388-76-10020 License Ability to provide care and services. The provider must have the:

(2) Ability to meet all personal and business financial obligations.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to meet the financial obligations of the home by not paying the utility bill or the water and sewer bill. These failures resulted in a utility shut off notice and placed 3 of 3 residents (Residents 1, 2 & 3) at risk of not having electricity to meet their care needs.

Findings included…

Observation, on 01/31/2025 at 10:00 AM, showed that 3 residents lived at the AFH.

Record review of the AFH's utility bill, dated January 21, 2025, showed the AFH had utility charges past due in the amount of $466.91.

Record review of the AFH's water and sewer bill, dated 12/20/2024, showed the AFH had water and sewer charges past due in the amount of $336.52.

In an interview, on 02/04/2025 at 3:15 PM, Collateral Contact 1 (CC1) (utility company worker) stated that the AFH owed $758.48 in past due utility charges. CC1 stated they issued the home a 48-hour power shut off notice on 02/03/2024 that stated if the past due balance was not paid by 02/05/2025 power would be shut off to the AFH. CC 1

stated that after the AFH received the 48-hour power shut off notice on 02/03/2024, the AFH did make a partial payment on the past due balance with an agreed upon payment arrangement plan.

In an interview, on 02/27/2025 at 2:20 PM, Staff A (Entity Representative) stated the AFH had past due power and water and sewer charges because “sometimes when the bill comes in we have to wait for the next check to come in to pay it”.

In an interview, on 03/05/2025 at 9:10 AM, CC1 stated that the AFH did not completely fulfill the agreed upon payment arrangement plan for the past due power bill, and would get another 48-hour power shut off notice if the agreed upon payment arrangement plan was not fully met on 03/05/2025.

In an interview, on 03/05/2025 at 10:57 AM, Staff A stated they thought they had met the past due power bill payment arrangement plan and did not realize it was not fully met. Staff A stated they must have misunderstood the past due power bill payment arrangement plan and would pay it 03/05/2025.

In an interview, on 03/06/2025 at 2:50 PM, CC1 stated that the AFH fulfilled the agreed upon payment arrangement plan for the past due power bill on 03/05/2025. The AFH did not end up getting an additional 48-hour power shut off notice.

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, Geomil 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 388-76-10675 Adult family home rules and policies related to abuse Required. The adult family home must develop and implement written rules and policies that:

(2) Require staff to report possible abuse, and other related incidents, as required in chapter 74.34 RCW; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to implement their abuse policy for 1 of 3 resident's allegation of abuse (Resident 2). This failure resulted in Resident 2's allegation of sexual abuse not being reported to the Department and delayed investigation of abuse allegations.

Findings included…

Review of the AFH's undated policy titled, "Abuse Neglect and Exploitation Policy," showed the AFH required staff to immediately report any allegation of abuse to the Department's toll-free telephone number. The policy showed that staff members were to notify law enforcement agencies for certain situations such as suspected sexual abuse. The policy showed that the AFH would suspend an employee who was accused of abuse until the investigation was done.

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with multiple diagnoses that included [redacted] and [redacted] ([redacted]). Resident 2's assessment, dated 10/30/2024, showed Resident 2 required caregiver assistance with activities of daily living.

Record review of the AFH's hand-written progress notes (titled "case notes") for Resident 2, dated 01/16/2025, showed Resident 2 alleged that Staff E (Caregiver) sexually abused them during the night of 01/15/2025.

In an interview, on 01/31/2025 at 10:12 AM, Resident 2 reported they did not recall experiencing any sexual abuse.

In an interview, on 01/31/2025 at 11:30 AM, Staff E reported that on 01/16/2025 they informed Staff A (Entity Representative) of Resident 2's allegation of sexual abuse. Staff E reported Staff A told them they could have some time off work the next day on 01/17/2025.

In an interview, on 01/31/2025 at 11:04 AM, Staff A reported that on 01/16/2025 they tried to talk to Resident 2 to investigate the allegation, but was unable to, due to Resident 2's behaviors. Staff A stated they did ask Staff E if they sexually abused Resident 2 and Staff E told Staff A they did not. Staff A reported that Staff E stayed on shift working at the AFH from the evening on 01/15/2025 until the afternoon on 01/17/2025. Staff A stated that they did not report Resident 2's abuse allegation to the department or suspend Staff E who was accused of abuse because Staff E told them they did not do it.

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, Geomil 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