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

LOTUS ADULT FAMILY HOME LLC
Lotus Adult Family Home LLC
10507 23rd Dr SE
Everett, WA 98208

RE: Lotus Adult Family Home LLC License # 757583

Dear Provider:

This letter addresses Compliance Determination(s) 56121 (Completion Date 03/13/2025) and 52553 (Completion Date 01/10/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/13/2025 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 01/12/2025 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 388-76-10195-1, WAC 388-76-10355-1

The Department staff who did the on-site verification:
Patricia Young, 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
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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 01/06/2025 and 01/06/2025 of:

Lotus Adult Family Home LLC
10507 23rd Dr SE
Everett, WA 98208

This document references the following complaint number(s): 160160, 159221

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:

Patricia Young, 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 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to ensure enough qualified staff were available at all times to meet the transfer, bathing, toileting and bed mobility needs of 2 of 4 residents (Residents 1 and 2). This failure placed Residents 1 and 2 at increased risk for injury during care and unmet care needs.

Findings included…

Record review showed that Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses including [redacted] Resident 1's assessment, dated 12/17/2024, showed that they required two-person physical assistance with transfers, bathing, toileting, and bed mobility.

Record review showed that Resident 2 was admitted to the AFH on [redacted]/2024 with multiple diagnoses including [redacted] Resident 1's assessment, dated 12/06/2024, showed that they required two-person physical assistance with transfers.

Observation during an onsite visit to the AFH on 01/06/2025 at 9:45 AM showed that Staff B (Caregiver) was the only caregiver on duty.

During an interview on 01/06/2025 at 9:55 AM, Resident 1 stated that one caregiver always worked at the AFH. Resident 1 stated that one caregiver helped them with transfers using a [redacted] and with all of their care. Resident 2 declined to participate in an interview.

During an interview on 01/06/2025 at 10:10 AM, Staff B stated that they were the only caregiver on duty. Staff B stated that they worked Monday through Friday 8:00 AM to 8:00 PM. They stated that Staff C (Caregiver) worked overnight and on the weekends. Staff B stated that they provide all the care the residents need based on their care plans. Staff B stated that Resident 1 needed a [redacted] to transfer and Resident 2 can walk but needed help to transfer.

Record review of Resident 1's healthcare provider's order dated 12/29/2024 stated one-person assist for transfers, two persons as needed.

During an interview on 01/06/2025 at 10:45 AM, Collateral Contact 1 (CC1) (Covering Provider), stated that Staff A (Provider) was out of town, and they were covering. CC1 stated that Staff A communicated with Resident 1's and Resident 2's case manager and primary healthcare provider to update the assessments to one-person assistance with all care because that was what they needed since their admissions to the AFH. CC1 stated that Staff B and Staff C were the caregivers, and they worked alone during their shifts.

In an email dated 01/07/2025 at 8:19 AM, Collateral Contact 2 (CC2) (Case Manager) stated that Staff A communicated with them about changing Resident 1's assessment to one-person assist. CC2 stated they did not complete their inquiry into if that was safe using a [redacted]. In an email dated 01/09/2025 at 12:36 PM, CC2 stated that Staff A contacted another case manager about updating Resident 2's assessment.

In an email dated 01/07/2025 at 11:25 AM, Staff A stated that they worked with Resident 2's social worker and doctor to update their assessment but had not heard back yet.
Staff A stated that Resident 1 was incontinent of bowel and bladder, did not use a urinal or bedpan, and they obtained healthcare provider's orders for [redacted] to assist with bed movement.
Staff A stated that they thought updating Resident 1's transfer needs with the healthcare provider addressed everything.

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, Lotus 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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) showed the correct number of caregivers required per the assessment to assist 2 of 4 residents (Resident 1 and Resident 2). This failure placed Resident 1 and 2 at risk for unmet care needs and injury during care.

Findings included…

Record review showed that Resident 1 was admitted to the AFH on [redacted]/2024 with multiple diagnoses including [redacted] Resident 1's assessment, dated 12/17/2024, showed that they required two-person physical assistance with transfers, bathing, toileting, and bed mobility.

Record review of Resident 1's NCP dated 12/24/2024, documented that Resident 1 needed one-person assistance with bed mobility, bathing, toileting and transfers.

Record review showed that Resident 2 was admitted to the AFH on [redacted]/2024 with multiple diagnoses including [redacted] Resident 1's assessment, dated 12/06/2024, showed that they required two-person physical assistance with transfers.

Record review of Resident 2's NCP dated 12/24/2024, documented that Resident 2 needed one-person assistance with transfers.

During an interview on 01/06/2025 at 10:45 AM, Collateral Contact 1 (CC1) (Covering Provider), stated that Staff A (Provider) was out of town, and they were covering. CC1 stated that Staff A communicated with Resident 1's and Resident 2's case manager and primary healthcare provider to update the assessments to one-person assistance with all care because that was what they needed since their admissions to the AFH.

In an email dated 01/07/2025 at 8:19 AM, Collateral Contact 2 (CC2) (Case Manager) stated that Staff A communicated with them about changing Resident 1's assessment to one-person assist. CC2 stated they did not complete their inquiry into if that was safe using a [redacted]. In an email dated 01/09/2025 at 12:36 PM, CC2 stated that Staff A contacted another case manager about updating Resident 2's

assessment.

In an email dated 01/07/2025 at 11:25 AM, Staff A stated that they worked with Resident 2's social worker and doctor to update their assessment but had not heard back yet.
Staff A stated that Resident 1 was incontinent of bowel and bladder, did not use a urinal or bedpan, and they obtained healthcare provider's orders for [redacted] to assist with bed movement.
Staff A stated that they thought updating Resident 1's transfer order with their healthcare provider addressed everything.

Record review of Resident 1's healthcare provider's order dated 12/29/2024 stated one-person assist for transfers, two persons as needed.

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, Lotus 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