



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20425 72nd Avenue S, Suite 400, Kent, WA 98032**

KENT LOVING CARE AFH  
KENT LOVING CARE AFH  
25225 32ND PL S  
KENT, WA 98032

RE: KENT LOVING CARE AFH License # 750754

Dear Provider:

This letter addresses Compliance Determination(s) 60226 (Completion Date 06/02/2025) and 56479 (Completion Date 04/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/02/2025 and found that you have corrected the violations listed in the Full report dated 04/07/2025. Your home is back in compliance as of 03/18/2025 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 388-76-10255-1, WAC 388-76-10485-2, WAC 388-76-10490-1, WAC 388-112A-0050-1-b, WAC 388-112A-0610-1-a-iv, WAC 388-76-10129-1-b

The Department staff who did the on-site verification:  
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Oyusu-Acheampong, Community Field Manager  
Region 2, Unit G  
Residential Care Services



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*20425 72nd Avenue S, Suite 400, Kent, WA 98032*

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Statement of Deficiencies	License #: 750754	Compliance Determination # 56479
Plan of Correction	KENT LOVING CARE AFH	Completion Date
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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 03/17/2025 of:

KENT LOVING CARE AFH  
25225 32ND PL S  
KENT, WA 98032

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:

Marites Gatan, NCI

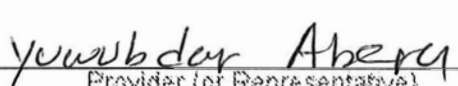
From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2 , Unit G  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032

Statement of Deficiencies	License #: 750754	Compliance Determination # 56479
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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
 
 4-8-2025  
 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.

  
 Provider (or Representative)
 
 4-15-2025  
 Date

**WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:**

- (1) Uses nationally recognized infection control standards;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 3 staff (Staff B, Caregiver) used correct infection control procedures when they provided care for residents in the AFH. This failure placed all current residents at risk of acquiring infectious disease.

**Findings included...**

In an interview on 03/17/2025 at 9:10 AM, Staff A, Entity Representative/Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

**Handwashing**

On Washington State Department of Social and Health Services information for Adult Family Home Providers website under "AFH Standard Precaution Table" was a guideline for Hand Hygiene and Staff Education. In the link "Hand Hygiene" step number four indicated to rinse hands with water and use disposable towels to dry. Use disposable towel to turn off the faucet.

Observation on 03/17/2025 at 11:09 AM, showed Staff B turned on the faucet, applied soap to their hands, scrubbed their hands for 30 seconds. Staff B then rinsed their

This document was prepared by Residential Care Services for the Locator website.

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
<p>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.</p>	
Provider (or Representative)	Date

**WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:**

- (1) Uses nationally recognized infection control standards;

**This requirement was not met as evidenced by:**

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 3 staff (Staff B, Caregiver) used correct infection control procedures when they provided care for residents in the AFH. This failure placed all current residents at risk of acquiring infectious disease.

Findings included...

In an interview on 03/17/2025 at 9:10 AM, Staff A, Entity Representative/Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Handwashing.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" was a guideline for Hand Hygiene and Staff Education. In the link "Hand Hygiene" step number four indicated to rinse hands with water and use disposable towels to dry. Use disposable towel to turn off the faucet.

Observation on 03/17/2025 at 11:09 AM, showed Staff B turned on the faucet, applied soap to their hands, scrubbed their hands for 30 seconds. Staff B then rinsed their



hands and turned off the faucet and obtained paper towels to dry their hands.

In an interview on 03/17/2025 at 11:10 AM, Staff B could not identify what they did wrong in their handwashing process. Department staff informed Staff B that their clean hands had touched the faucet which was considered dirty. Staff B after department staff explanation, acknowledged that it was incorrect to turn off the faucet with their newly washed, and clean hands.

Changing Gloves.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" is a guideline for Hand Hygiene and Staff Education. In the link for "When to change gloves and clean hands" it stated that to change gloves if moving from work on a soiled body site to a clean body site on the same patient.

Observation on 03/17/2025 at 11:24 AM showed Staff B donned gloved, obtained clean liner pad and placed it on Resident 1's incontinent pull-up underwear. Staff B with gloves on, obtained paper towel and wiped Resident 1's genital and anal area. Staff B wore the same gloves, pulled up Resident 1's incontinent pull-up underwear. Department staff informed Staff B to stop the task.

In an interview on 03/17/2025 at 11:27 AM, Staff B acknowledged that they had wiped Resident 1's private areas with the toilet paper with their gloved hands.

<p>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, KENT LOVING CARE AFH is or will be in compliance with this law and / or regulation on (Date)_____.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____</p> <p>Provider (or Representative)</p>	<p>_____</p> <p>Date</p>

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

- (2) In the original container with legible and original labels; and



**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that medication for 1 of 2 sampled residents (Resident 1) was in their original container with legible and original label. This failure placed Resident 1 at risk of medication error.

Findings included...

In an interview on 03/17/2025 at 9:10 AM, Staff A, Entity Representative/Resident Manager stated that they had five residents (Resident 1, 2, 3, 4, and 5) who lived, received care and received medication assistance from the AFH staff.

Observation on 03/17/2025 at 12:29 PM, showed two unpackaged, loose, white oblong shaped capsules labelled with "216" in the bottom of Resident 1's clear plastic medication container. Further observation showed the same white oblong shaped capsule was inside of Resident 1's pharmacy dispensed bubble pack (medications are placed within small, clear plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) card labelled Gabapentin (medication to treat epilepsy and for nerve pain) 100 milligram capsule. Inside each bubble pack was two pieces of the white oblong shaped capsule labelled 216. The pharmacy dispensed card had 31 bubbles, numbers 1 to 15 bubbles were empty and numbers 16 to 31 bubbles were each filled with the two white oblong capsules.

In an interview on 03/17/2025 at 12:32 PM, Staff A stated that the white oblong capsules were Gabapentin. Staff A stated that the medications popped out of the pack. Staff A stated that the back of the card did not have a strong support that kept the medications secured inside the bubble. Staff A stated that they did not know how long the loose capsules had been in there.

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, KENT LOVING CARE AFH 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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:**

(1) Current residents living in the adult family home; and

**This requirement was not met as evidenced by:**

Based on observation, interview and record review the Adult Family Home (AFH) failed to have a written plan on how to dispose expired medications for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk of harm from taking expired medications.

Findings included...

In an interview on 03/17/2025 at 9:10 AM, Staff A, Entity Representative/Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received medication assistance from the AFH staff.

Record review of the AFH undated, medication policy showed that all discontinued medications would be returned to pharmacy of purchase for proper disposal including residents that were discharged to another facility. The policy did not address current residents' medications that were expired.

**Resident 1**

Observation on 03/17/2025 at 12:33 PM, Resident 1's medication supply showed a pharmacy dispensed bottle labelled with RX 7050713X, Cetirizine HCL (medication to relieve allergy symptoms such as watery eyes, runny nose, itching eyes/nose, sneezing and hives) 10 milligrams (mg), take one tablet once daily. The label showed "discard after 01/11/2025."

In an interview on 03/17/2025 at 12:34 PM, Staff A acknowledged they missed the expiration date of the medication.

**Resident 2**

Observation on 03/17/2025 at 1:03 PM, showed Resident 2's medication supply had two bottles with a pharmacy label RX 7078615, Acetaminophen 325 mg, take two tablets every six hours as needed for pain or fever. The label indicated discard 12/19/2024.

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In an interview on 03/17/2025 at 1:04 PM, Staff A acknowledged that the pharmacy label indicated the medications were expired. Staff A stated that Resident 2 had not taken the medication for pain or fever.

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, KENT LOVING CARE AFH is or will be in compliance with this law and / or regulation on (Date) 3-17-2025.

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

youub dot Aherna \_\_\_\_\_ 4-15-2025  
 Provider (or Representative) Date

**WAC 388-76-10129 Qualifications Adult family home personnel.**

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(b) Entity representative;

**WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?**

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(b) Adult family home provider or entity representative. A person who has an adult family home license and does not meet the criteria in subsection (1)(a)(i), (ii), or (iii) of this section. This requirement applies to an entity representative of a licensed entity. WAC 388-76-10000 . Not required. Completed prior to licensing. Completed prior to licensing. Completed prior to licensing. Required. Twelve hours per WAC 388-112A-0610 . Home care aide certification completed prior to licensing.

**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.

This document was prepared by Residential Care Services for the Locator website.

In an interview on 03/17/2025 at 1:04 PM, Staff A acknowledged that the pharmacy label indicated the medications were expired. Staff A stated that Resident 2 had not taken the medication for pain or fever.

<p>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, KENT LOVING CARE AFH is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____</p> <p>Provider (or Representative)</p>	<p>_____</p> <p>Date</p>

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**WAC 388-76-10129 Qualifications Adult family home personnel.**

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(b) Entity representative;

**WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?**

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

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**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:

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

**This requirement was not met as evidenced by:**

Based on interview and record review the Adult Family Home (AFH) failed to ensure that 1of 3 staff (Staff A, Entity Representative/Resident Manager) had completed the required continuing education due by their birthday each year. This failure placed all residents at risk of receiving care that did not meet current health care standards in the AFH.

Findings included...

In an interview on 03/17/2025 at 9:10 AM, Staff A, Entity Representative/Resident Manager stated that they had five residents (Residents 1, 2, 3, 4, and 5) who lived and received care from the AFH staff.

Record review of Staff A's personnel records showed their birthdate of January 1. Further review showed no continuing education hours were completed for year 2025.

In an interview on 03/17/2025 at 3:40 PM, Staff A stated that they completed their continuing education training and would send the document to department staff the following day.

In an email received on 03/18/2025 attached were Staff A's continuing education documents that were completed on 03/17/2025 with the total of 12 hours.

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

Yvubday G Abera 4-15-2025  
 Provider (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.

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

\_\_\_\_\_  
 Provider (or Representative)

\_\_\_\_\_  
 Date