



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

FACTORIA ADULT FAMILY HOME INC
FACTORIA ADULT FAMILY HOME INC
14260 SE 38TH ST
BELLEVUE, WA 98006

RE: FACTORIA ADULT FAMILY HOME INC License # 752058

Dear Provider:

This letter addresses Compliance Determination(s) 63339 (Completion Date 07/29/2025) and 61348 (Completion Date 07/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/29/2025 and found that you have corrected the violations listed in the Full report dated 07/08/2025. Your home is back in compliance as of 07/14/2025 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 388-76-10430-2-d, WAC 388-76-10463-3

The Department staff who did the on-site verification:
Liza Flowers, AFH Licenser

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 752058	Compliance Determination # 61348
Plan of Correction	FACTORIA ADULT FAMILY HOME INC	Completion Date
Page 1 of 4	Licensee: FACTORIA ADULT FAMILY HOME INC	07/08/2025

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 06/18/2025 of:

FACTORIA ADULT FAMILY HOME INC
14260 SE 38TH ST
BELLEVUE, WA 98006

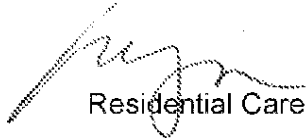
The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licenser

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

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

7-11-2025
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.	
<hr style="width: 80%; margin: 0 auto;"/> Provider (or Representative)	<hr style="width: 80%; margin: 0 auto;"/> Date

WAC 388-76-10430 Medication system.

- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the prescribed medication ordered for 1 of 2 sampled residents (Resident 2) was available. This failure placed the resident at risk for health complications and medication error, for not receiving the medication as ordered by their doctor when needed.

Findings included...

In an interview on 06/18/2025 at 11:42 AM, Staff A, Entity Representative, stated that Resident 2 required medication assistance from staff.

On 06/18/2025 at 12:18 PM, observation in the dining room showed Staff C, Caregiver, prepared and gave Resident 2 their medication.

Review of Resident 2's June 2025 Medication Administration Record (MAR) showed, "Ibuprofen (medication used to treat a variety of conditions, primarily related to pain, fever, and inflammation) 400 milligrams (mg) tablet. Take 1 tablet by mouth every six hours as needed for pain".

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

Review of Resident 2's doctor's order dated 03/27/2025, showed: "Ibuprofen 400 mg tablet. Take 1 tablet by mouth every six hours as needed for pain".

Review of the June 2025's MAR showed the above Ibuprofen 400 mg was listed in accordance with the doctor's order.

On 06/18/2025 at 1:45 PM, observation showed that the Ibuprofen 400 mg was not in Resident 2's medication supply.

In an interview on 06/18/2025 at 1:48 PM, Staff A stated that there was no ibuprofen 400 mg in Resident 2's medication supplies because the medications given by the pharmacy were only good for six days. Staff A further stated that there was no order for discontinuation of the Ibuprofen 400 mg because Resident 2 would need more for dental procedures.

<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, FACTORIA ADULT FAMILY HOME INC 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>	
_____	_____
Provider (or Representative)	Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include in the Negotiated Care Plan (NCP) the strategies, environmental modifications, and staff behavior to address the symptoms for which the psychoactive medication (a medication used for the management of mental and emotional disorders, or to aid in overcoming challenging behavior) was prescribed for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of not receiving the proper care and services they needed.

Findings included...

On 06/18/2025 at 12:18 PM, observation in the dining room showed Staff C, Caregiver, prepared and gave Resident 2 their medication.

Review of Resident 2's June 2025 Medication Administration Record (MAR) showed the AFH gave the resident Quetiapine Fumarate (a medication used to treat a variety of mental health conditions) 50 milligrams (mg) one tablet by mouth three times daily.

Review of Resident 2's doctor's order dated 08/27/2024, showed the above medication was prescribed for Resident 2's mood disorder.

In an interview on 06/18/2025 at 2:24 PM, Staff A, Entity Representative, stated that Resident 2 was taking the medication Quetiapine Fumarate due to agitation.

Review of Resident 2's current NCP, dated 09/01/2024, showed no caregiver directives on what to do when the resident felt agitated and did not include changes in the environment and staff behavior changes to assist the resident's symptoms of agitation aside from using the psychoactive medication.

In an interview on 06/18/2025 at 2:25 PM, Staff A stated that Resident 2's NCP did not include strategies for environmental and staff behavior modifications for their agitation because they forgot.

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, FACTORIA ADULT FAMILY HOME INC 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



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

07/11/2025

FACTORIA ADULT FAMILY HOME INC
FACTORIA ADULT FAMILY HOME INC
14260 SE 38TH ST
BELLEVUE, WA 98006

RE: FACTORIA ADULT FAMILY HOME INC # 752058

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/08/2025 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:

eFax: (253) 395-5071

Email: rcsregion2email@dshs.wa.gov

Optional method:

20425 72nd Avenue S, Suite 400

Kent, WA 98032

- 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 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;

During the environmental tour with Staff A, Entity Representative, on 06/18/2025 at 12:08 PM, the portable fire extinguisher in the upper level of the home was observed on the floor and not mounted or securely fastened. The Adult Family Home immediately mounted it on the wall before the visit ended on 06/18/2025 at 2:13 PM.

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

During an environmental tour with Staff A, Entity Representative, on 06/18/2025 at 12:31 PM with Staff A, Entity Representative, observation showed Bedroom ■'s (Resident 1's bedroom) window screen had a tear of 2 feet long by 1.5 feet wide on the lower part of the screen. The Adult Family Home immediately changed the window screen with a new one before the visit ended on 06/18/2025 at 2:15 PM.

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

07/08/2025

Page 3 of 4


deficiencies.

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

If You Have Any Questions:

- Please contact me at (253)234-6033.

Sincerely,



Cecile Leano, Field Manager
Region 2, Unit E
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:

Cecile Leano, Field Manager

Residential Care Services

Region 2, Unit E

Preferred methods:

eFax: (253) 395-5071

Email: rcsregion2email@dshs.wa.gov

Optional method:

20425 72nd Avenue S, Suite 400

Kent, WA 98032

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>

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 IDRs** 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