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

Lourdes Loving Care AFH LLC

Lourdes Loving Care AFH LLC
30442 8th Avenue S
Federal Way, WA 98003

RE: Lourdes Loving Care AFH LLC License # 753737

Dear Provider:

This letter addresses Compliance Determination(s) 66369 (Completion Date 11/05/2025) and 64202 (Completion Date 08/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/05/2025 and found that you have corrected the violations listed in the Complaint report dated 08/13/2025. Your home is back in compliance as of 09/18/2025 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the off-site verification:
Mavis Downing, NCI

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

Sincerely,

Lydia Owusu-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

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 06/04/2025 and 08/04/2025 of:

Lourdes Loving Care AFH LLC
30442 8th Avenue S
Federal Way, WA 98003

This document references the following complaint number(s): 180076

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 investigated the Adult Family Home:

Mavis Downing, 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

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 — 08-18-2025 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.

Lourdes Dampayan — Provider (or Representative) — 08/21/2025 Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington state background check and fingerprints for 1 of 4 sampled staff (Staff B, Caregiver). This failure placed all five residents (Residents 1, 2, 3, 4 and 5) at risk of harm from a caregiver with an unknown current criminal background.

Findings included...

Observation on 06/04/2025 at 12:00 PM showed Resident 2 sitting in a wheelchair in the living room.
In an interview on 06/04/2025 at 12:30 AM, Staff A, Entity Representative, stated that they had 5 residents (Resident 1, 2, 3, 4 and 5). Residents 1, 3, 4, and 5 were in their bedrooms. Staff A and Staff C, Caregiver, were responsible for providing resident care. Staff A added that Staff B had not provided resident care for several weeks in the AFH, as they were on sick leave.

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

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(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington state background check and fingerprints for 1 of 4 sampled staff (Staff B, Caregiver). This failure placed all five residents (Residents 1, 2, 3, 4 and 5) at risk of harm from a caregiver with an unknown current criminal background.

Findings included…

Observation on 06/04/2025 at 12:00 PM showed Resident 2 sitting in a wheelchair in the living room.
In an interview on 06/04/2025 at 12:30 AM, Staff A, Entity Representative, stated that they had 5 residents (Resident 1, 2, 3, 4 and 5), Residents 1, 3, 4, and 5 were in their bedrooms. Staff A and Staff C, Caregiver, were responsible for providing resident care. Staff A added that Staff B had not provided resident care for several weeks in the AFH, as they were on sick leave.

On 06/04/2025 at 12: 40 PM, in an interview, Staff A stated that Staff B was hired on 05/09/2025. Review of Staff B's background check and fingerprints received on 06/04/2025 from the AFH did not match the identity of Staff C (date of birth and gender). In an interview Staff A stated that they applied for Staff B's background check and fingerprints using the date of birth and gender Staff B provided them with. Staff A said, when the background check and fingerprints results came back, the date of birth and gender did not match.

In an interview on 06/04/2025 at 2:45 PM, Staff A stated that they were aware the background check and fingerprints did not match Staff B's identity. Staff A stated that Staff B had provided them with additional documentation. These documents were related to the unmatched background check fingerprints that they had received from the law enforcement to clear up their criminal record with the department.

A review of additional documentation provided by Staff B to the AFH on the date of hire did not show any documentation from law enforcement on criminal record clearance for Staff B.

On 06/11/2025 at 11:00 AM in a telephone interview, Staff A was asked if they had followed up with the state department to verify Staff B's background check and fingerprints before hiring Staff B. Staff A stated "no" and was unable to state why they did not.

Review of staff administrative records showed Staff B was hired and started providing resident care on 05/05/2025.

On 08/07/2025 at 2:00 PM Staff A said Staff B was a live-in Caregiver who resided in the home.

Statement of Deficiencies	License #: 753737	Compliance Determination #: 64202
Plan of Correction	Lourdes Loving Care AFH LLC	Completion Date
Page 4 of 6	Licensee: Lourdes Loving Care AFH LLC	08/13/2025

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, Lourdes Loving Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 09/18/2025

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

Lourdes Langoy — Provider (or Representative)

08/21/2025 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 resident on pain management (Resident 1) received her medications as ordered. In addition, the resident's medication log was not kept current. This failure placed Resident 1 at risk of medication errors and worsening conditions from not getting the medications as prescribed.

Findings included...

Review of Resident 1's admission assessment dated 01/09/2025 showed the resident was alert and oriented and was able to make needs known. Review of Resident 1's physician's orders dated 03/12/2025, showed Resident 1 had a prescription for Morphine Sulphate 15 milligram (MG) for pain to be taken by mouth every 12 hours. Review of pharmacy generated medication log for April 2025, showed AFH staff administered the Morphine Sulphate 15 MG twice daily at 8:00 AM and 8:00 PM.

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, Lourdes Loving Care AFH 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

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 resident on pain management (Resident 1) received her medications as ordered. In addition, the resident's medication log was not kept current. This failure placed Resident 1 at risk of medication errors and worsening conditions from not getting the medications as prescribed.

Findings included…

Review of Resident 1's admission assessment dated 01/06/2025 showed the resident was alert and oriented and was able to make needs known. Review of Resident 1's physician's orders dated 03/12/2025, showed Resident 1 had a prescription for Morphine Sulphate 15 milligram (MG) for pain to be taken by mouth every 12 hours. Review of pharmacy generated medication log for April 2025, showed AFH staff administered the Morphine Sulphate 15 MG twice daily at 8:00 AM and 8:00 PM.

On 06/04/2025 at 12:50 PM, Staff A, Entity Representative, stated that in addition to the routine oxycodone order, Resident 1 was prescribed as needed (PRN) Morphine Sulphate for breakthrough post-surgical pain.

Review of Resident 1's Physician's orders showed Resident 1's PRN order for Morphine Sulphate had a start date of 03/12/2025 and an end date of 03/15/2025

On 08/13/2025 at 2:00 PM, Collateral Contact 1 (CC1) stated that Resident 1's Morphine Sulphate 15 MG (60) tablets were dispensed on 04/29/2025. CC1 stated that on 05/21/2025, Staff B, Caregiver contacted and notified the pharmacy staff that Resident 1 had run out of their pain medication (Morphine Sulphate). According to CC1, Resident 1 should not have run out of pain medication based on the quantity (60 tablets) of medication dispensed on 04/29/2025 by the pharmacy. According to CC1 Staff B administered 8 doses of Morphine Sulphate and did not document. According to CC1, when they asked Staff B why Resident 1 ran out of pain medication sooner than expected [05/28/2025] Staff B said that they occasionally administered an extra dose of Morphine Sulphate at night when Resident 1 requested. According to CC1, Staff B was unable to state specific dates and times when they administered extra doses of Morphine Sulphate.
Further review of the medication log did not show Staff B signed off for extra doses of Morphine Sulphate that they administered. The review of Resident 1's medication log did not show a physician order for the extra dosed Staff B administered.

In an interview on 06/08/2025 at 12:00 PM, Staff A said that pharmacy staff contacted them regarding Resident 1's early request for Routine Morphine Sulphate refill order. Staff A confirmed Resident 1 ran out of routine Morphine Sulphate earlier than was scheduled.

On 08/13/2025 at 3:00 PM in a telephone interview, Staff B confirmed that they administered extra doses of Morphine Sulphate when Resident 1 requested it. Staff B stated that they did not sign off on the extra doses as there was no order for it.

Statement of Deficiencies	License #: 753737	Compliance Determination #64202
Plan of Correction	Lourdes Loving Care AFH LLC	Completion Date
Page 6 of 6	Licensee: Lourdes Loving Care AFH LLC	08/13/2026

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, Lourdes Loving Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) 09/18/2025

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

Lourdes Dumagan 08/21/2025

Provider (or Representative) Date

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