



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

Hopeful Heart Home Care LLC
Hopeful Heart Home Care LLC
12715 SE 166th St
Renton, WA 98058

RE: Hopeful Heart Home Care LLC License # 754359

Dear Provider:

This letter addresses Compliance Determination(s) 60387 (Completion Date 07/16/2025) and 57947 (Completion Date 04/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/16/2025 and found that you have corrected the violations listed in the Full report dated 04/22/2025. Your home is back in compliance as of 04/25/2025 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 388-76-10750-6-c, WAC 388-76-10130-2, WAC 388-76-10130-8, WAC 388-76-10015-1,
WAC 388-76-10280-1, WAC 388-76-10265-1-d

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

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



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20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754359	Compliance Determination # 57947
Plan of Correction	Hopeful Heart Home Care LLC	Completion Date
Page 1 of 7	Licensee: Hopeful Heart Home Care LLC	04/22/2025

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 04/14/2025 of:

Hopeful Heart Home Care LLC
12715 SE 166th St
Renton, WA 98058

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

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

04/23/2025
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)	Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the water temperature below 120 degrees Fahrenheit in 1 of 2 bathrooms (Bathroom 2) used by Residents 1,2, 3, 4, 5, and 6. This failure placed current residents at risk from hot water burns, injury, and harm.

Findings included...

In an interview on 04/14/2025 at 12:49 PM, Staff A, Entity Representative, stated that Residents 2 and 6 used bathroom 2 with assistance from staff while Residents 1, 3, 4, and 5 used Bathroom 2 independently.

On 04/14/2025 at 1:49 PM, observation showed the water in Bathroom 2 sink was steaming and the water temperature registered at 131.4 degrees Fahrenheit.

In an interview on 04/14/2025 at 1:56 PM, Staff A stated that the water temperature regulator was probably accidentally adjusted when the laundry basket was placed by 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, Hopeful Heart Home Care 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 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of the following professional licenses are exempt from this requirement:

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide documents or papers for 1 of 1 staff (Staff B, Resident Manager [RM]) to show they met the minimum requirement and was qualified for the role. This failure the residents at risk of not receiving day-to-day oversight from a qualified designated RM.

Findings included...

During an unannounced visit to the home on 04/14/2025 at 10:51 AM, Staff B was observed in the home and notified the Department Staff that the AFH had six residents. Staff B introduced themselves as the RM of the home and was in charged of the residents' care.

Review of the Department records (AFH Summary Report), dated 02/20/2025, showed Staff B was the designated RM for the AFH.

In an interview on 04/14/2025 at 4:39 PM, Staff A, Entity Representative, confirmed that

Staff B was the designated RM for the AFH.

Review of the undated AFH orientation record showed Staff B was hired by the AFH on 02/25/2020. Staff B's records did not include a document that supported the educational requirement for the RM role of at least a high school diploma was met. Further review of Staff B's records showed no documentation to support that they completed at least one thousand hours of direct care experience as a caregiver.

In an interview on 04/14/2025 at 4:19 PM, Staff A stated that they did not have Staff B's high school diploma and the caregiver work experience attestation because they did not know that it was needed.

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, Hopeful Heart Home Care 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; 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 Medical Test Site Waiver ([MTSW] allows an AFH to perform simple laboratory tests on-site like blood glucose checks [it measures the amount of sugar in the blood]) prior to performing a blood glucose (BG) check or test for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of harm if the BG test was incorrectly conducted and inaccurately reported by staff.

Findings included...

On 04/14/2025 at 11:55 AM, observation showed Staff B, Resident Manager (RM) used a lancet (a small sharp medical tool to prick the skin, typically the fingertip, to obtain a blood sample specially by individuals with Diabetes [a condition which the body has difficulty in controlling the amount of sugar in the blood and using it for energy]) to pricked Resident 2's right ring finger tip and obtained a blood sample to check Resident 2's BG level before administering five units of Humalog (a type of insulin injection [a shot that delivers a hormone directly into the body] use to help lower blood sugar levels quickly) 100 units/milliliter (ml) to Resident 2' right lower area of the abdomen.

In an interview on 04/14/2025 at 12:34 PM, Staff A, Entity Representative, stated that Resident 2 was diabetic and staff perform BG tests and administer insulin injections.

Review of Resident 2's negotiated care plan, dated 04/07/2024, showed the AFH admitted the resident on [REDACTED]/2020. Resident 2's records included an annual assessment dated 03/11/2025 that included but not limited to a diagnosis of [REDACTED].

Resident 2's April 2025 pharmacy generated medication log showed the AFH administered five units of Humalog (100 units/ml) and performed BG test three times daily before meals from April 1 to April 14, 2025.

In an interview on 04/14/2025 at 4:24 PM, Staff A stated that they heard about MTSW requirement last year but forgot to do it.

Refer to RCW 70.42.030

Waiver of license—Conditions.

(1) As a part of the application for licensure, a test site may request a waiver from licensure under this chapter if the test site performs only examinations which are determined to have insignificant risk of an erroneous result, including those which (a) are approved by the federal food and drug administration for home use; (b) are so simple and accurate as to render the likelihood of erroneous results negligible; or (c) pose no reasonable risk of harm to the patient if performed incorrectly.

<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, Hopeful Heart Home Care LLC 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>

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

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

- (1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or

WAC 388-76-10265 Tuberculosis Testing Required.

- (1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

- (d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 sampled staff (Staff C and D, Caregivers) had Tuberculosis (TB- is a disease that usually affects the lungs that can spread through the air when people with active TB cough, sneeze, or spit) skin testing within three days of hire. This failure placed the residents at risk of exposure to an infectious disease.

Findings included...

During an unannounced visit to the home on 04/14/2025 at 10:51 AM, Staff C was observed in the home. Staff D was not in the home at the time of the visit.

STAFF C

Observation on 04/14/2025 at 11:20 AM, 11:50 AM, 12:08 AM, 12:24 AM, showed Staff C interacted with and provided care to Resident 2.

Observation, on 04/14/2025 at 1:03 PM, showed Staff C interacted with and assisted

Resident 6 with transfers from their bed to the wheelchair.

Observation during meals on 04/14/2025, showed Staff C interacted with and served lunch at 11:48 AM to Resident 4, 11:50 AM to Resident 2, 11:56 AM to Residents 3 and 5.

Review of the undated AFH orientation records showed the AFH hired Staff C as a Caregiver on 01/23/2025. Staff C had a TB skin test administered on 03/11/2023 and read with a negative result on 03/13/2023. The second TB skin test was administered on 03/22/2023 and read with a negative result on 03/23/2023. There was no TB testing done within three days of Staff C's hire.

STAFF D

Review of the undated AFH orientation record showed the AFH hired Staff D as a Caregiver on 01/03/2023. Staff D had a TB skin test administered on 08/03/2022 and read with a negative result on 08/05/2022. The second TB skin test was administered on 08/15/2022 and read with a negative result on 08/17/2022. There was no TB testing done within three days of Staff D's hire.

In an interview on 04/14/2025 at 4:39 PM, Staff A, Entity Representative, stated that Staff C worked in the AFH as a full-time caregiver and Staff D worked as a part-time caregiver.

In an interview on 04/14/2025 at 5:37 PM, Staff A stated that Staff C and D did not have TB testing within three days of their hire because they forgot to 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, Hopeful Heart Home Care 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