



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

Des Moines Creek AFH LLC  
Des Moines Creek AFH LLC  
21009 12th Ave S  
Des Moines, WA 98198

RE: Des Moines Creek AFH LLC License # 754932

Dear Provider:

This letter addresses Compliance Determination(s) 64452 (Completion Date 08/20/2025) and 60610 (Completion Date 06/23/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/20/2025 and found that you have corrected the violations listed in the Full report dated 06/23/2025. Your home is back in compliance as of 08/09/2025 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 388-76-10280, WAC 388-76-10280-1, WAC 388-76-10280-2, WAC 388-76-10420-7-b,  
WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10430-2-c, WAC 388-76-10490-2-b-i, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b

The Department staff who did the on-site verification:  
Michele Grumke, AFH Licensors

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lydia Owusu-Acheampong", with a long horizontal line extending to the right.

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



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

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Statement of Deficiencies	License #: 754932	Compliance Determination # 60610
Plan of Correction	Des Moines Creek AFH LLC	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 06/03/2025 of:

Des Moines Creek AFH LLC  
21009 12th Ave S  
Des Moines, WA 98198

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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

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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

6-24-2025  
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.

Eikadn Tirura  
Provider (or Representative)

07.02.2025  
08.09.2025 (E)  
Date

**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
- (2) A documented negative result from one skin or blood test in the previous twelve months.

**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 2 sampled staff (Staff B, Caregiver), who had a documented history of two negative Tuberculosis (TB) skin tests completed, completed one skin test for TB as required. This failure placed all residents' (Residents 1, 2, and 3) and staff (Staff A, Entity Representative/Resident Manager, and Staff C, Caregiver) that worked in the AFH at risk of possible exposure to TB, a communicable disease that affects the lungs.

Findings included...

During a visit on 06/03/2025 at 8:55 AM, observation showed Staff B provided care and services to Resident 1 in the AFH. Resident 2 was out of the AFH at an adult day program and Resident 3 was also out of the AFH attending an activity.

On 06/03/2025 at 9:26 AM observation showed Staff A and Staff C arrived at the AFH.

A review of Staff B's personnel records showed a hire date of 06/28/2024. Further review showed Staff B had a negative TB x-ray result dated 08/16/2023. In addition, Staff B had a negative TB skin test result dated 10/16/2023 and a second negative TB

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Residential Care Services	Date
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<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

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During a visit on 06/03/2025 at 8:55 AM, observation showed Staff B provided care and services to Resident 1 in the AFH. Resident 2 was out of the AFH at an adult day program and Resident 3 was also out of the AFH attending an activity.

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skin test dated 11/03/2023.

In an interview on 06/03/2025 at 12:15 PM, Staff A stated that since Staff B had the negative x-ray for TB they thought it was enough.

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, Des Moines Creek AFH LLC is or will be in compliance with this law and / or regulation on (Date) 08-09-2025.

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

Eikadu Tir \_\_\_\_\_ 07-02-2025  
 Provider (or Representative) Date

**WAC 388-76-10420 Meals and snacks. The adult family home must:**

- (7) Ensure food is:
  - (b) Safe, sanitary, and uncontaminated.

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

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure food handling procedures were followed by 1 of 1 staff (Staff B, Caregiver) when they prepared lunch for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk of food borne illness.

**Findings included...**

Review of "Washington State Food Worker Manual" dated 2022 from the Washington Department of Health, showed when handling food, clean gloves helped to prevent germs from contaminating food.

On 06/03/2025 at 11:19 AM observation showed Staff B donned gloves and began to prepare lunch for Resident 1. Observation further showed Staff B opened the refrigerator door, retrieved a container of strawberries, peanut butter, jelly, and placed the items on the counter. Additionally, observation showed Staff B opened the refrigerator, retrieved a can of soda, opened a cabinet to remove a glass, and closed

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Provider (or Representative)	Date

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**the cabinet.** Observation showed Staff B opened a drawer, removed a spoon, opened a cabinet, removed a plate and straw. With the same gloved hands, Staff B began to cut the crust off of a piece of bread.

In an interview on 06/03/2025 at 11:24 AM, Staff B stated that they had forgotten to change their gloves prior to touching food.

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, Des Moines Creek AFH LLC is or will be in compliance with this law and / or regulation on (Date) 08.09.2025.

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

Fikadu Tirura \_\_\_\_\_ 07.02.2025  
Provider (or Representative) 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:
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (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 meet all laws and rules relating to medication for 2 of 2 sampled residents' (Resident 1 and Resident 2) that included over the counter (OTC) prescribed medication had no resident name or instructions for use. In addition, the AFH failed to ensure 2 of 2 sampled residents (Resident 1 and Resident 2) received prescribed medication as ordered and the AFH failed to ensure 2 of 2 sampled residents (Resident 1 and Resident 2) medication logs were kept current. These failures placed Resident 1 and Resident 2 at risk of medication errors and worsening condition.

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In an interview on 06/03/2025 at 11:24 AM, Staff B stated that they had forgotten to change their gloves prior to touching food.

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Provider (or Representative)	Date

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- (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 meet all laws and rules relating to medication for 2 of 2 sampled residents' (Resident 1 and Resident 2) that included over the counter (OTC) prescribed medication had no resident name or instructions for use. In addition, the AFH failed to ensure 2 of 2 sampled residents (Resident 1 and Resident 2) received prescribed medication as ordered and the AFH failed to ensure 2 of 2 sampled residents (Resident 1 and Resident 2) medication logs were kept current. These failures placed Resident 1 and Resident 2 at risk of medication errors and worsening condition.

Findings included...

#### Resident 1

A review of Resident 1's June 2025 medication log showed Resident 1 was prescribed "Coricidin HBP", take 1 capsule by mouth six times daily as needed for congestion for seven days for sinus infection.

On 06/03/2025 at 3:48 PM observation showed Resident 1 did not have "Coricidin HBP" with their medication.

In an interview on 06/03/2025 at 3:49 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 was sick in January 2025. Staff A further stated that Resident 1 had been prescribed "Coricidin HBP" and their symptoms improved. In addition, Staff A stated that Resident 1's "Coricidin HBP" needed to be removed from their medication log.

A further review of Resident 1's June 2025 pharmacy generated medication log showed Resident 1 was prescribed Vitamin A and D ointment, apply topically to affected area three times daily as needed to prevent dry itchy skin.

On 06/03/2025 at 3:50 PM observation showed Resident 1 did not have Vitamin A and D ointment with their medication.

In an interview on 06/03/2025 at 3:51 PM, Staff A stated that Resident 1 had run out of Vitamin A and D ointment.

On 06/03/2025 at 3:52 PM observation of Resident 1's medication showed, "Olopatadine HCL" 0.1 percent (%) eye drops for red itchy eyes with no name or instructions for use. Further review of Resident 1's medication showed Triamcinolone 0.1% Ointment for rash with Resident 1's name and no instructions for use.

A review of Resident 1's June 2025 pharmacy generated medication log showed Resident 1 was prescribed, "Olopatadine HCL" 0.1%, instill 1 drop into each eye twice daily, family supply and Triamcinolone 0.1%, apply thin layer to rashes on arms, legs, twice daily until healed.

#### Resident 2

On 06/03/2025 at 4:10 PM observation of Resident 2's medication showed, Acetaminophen 500 milligram (mg) used for pain, Iron 325 mg used for vitamin

deficiency, and Energy B-12 used for vitamin deficiency with no name or instructions for use. Observation further showed Resident 2 had Nystatin 100,000 unit/gram used for fungal infection with their name but no instructions for use.

A review of Resident 2's June 2025 pharmacy generated medication log showed Resident 2 was prescribed,

-Acetaminophen 500 mg, take 2 tablets (1000 mg) by mouth three times daily as needed (PRN) for pain.

- "Ferrous Sulf" 325 mg, take 1 tablet by mouth every other day for vitamin deficiency.

-Vitamin B-12 1,000 mcg, take 1 tablet by mouth every morning for vitamin deficiency.

A review of Resident 2's June 2025 pharmacy generated MAR showed Resident 2 was prescribed, Halls 7.5 mg, dissolve one to two lozenges into mouth five times daily PRN for sore throat.

On 06/03/2025 at 4:15 PM observation of Resident 2's medication showed no Halls lozenges.

In an interview on 06/03/2025 at 4:17 PM, Staff A stated that they had ran out of Resident 2's Halls lozenges.

In an interview on 06/03/2025 at 4:52 PM, Staff A stated that they completed residents' medication audit at the end of the month. Staff A further stated that they had recently been predisposed and unable to work in the AFH.

In an interview on 06/03/2025 at 5:04 PM, Staff A stated that they were not aware OTC, and prescribed medication were required to have the resident's name and instructions for use.



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, Des Moines Creek 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

**WAC 388-76-10490 Medication disposal Written policy Required.**

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

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

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure expired and discontinued medication for 2 of 2 sampled residents (Resident 1 and Resident 2) and expired medication found in the AFH's first aid kit was disposed within 30 calendar days. In addition, the AFH's medication disposal policy did not include that expired medication was to be disposed within 30 calendar days of discontinuation or expiration. These failures placed Resident 1 and Resident 2 at risk of side effects, worsening of condition, or taking medication no longer prescribed for their use and placed all residents' who may require first aid at risk of worsening condition.

**Findings included...**

A review of the AFH's "Medication Disposal Policy" showed expired and discontinued medication would be disposed in the Rx Destroyer, "a chemical destruction container that converts solid and liquid medications into a non-retrievable form" or returned to the pharmacy. Review further showed the AFH's "Medication Disposal Policy" did not include that expired or discontinued medication would be disposed within 30 calendar days.

On 06/03/2025 at 11:18 AM observation of the AFH's First Aid kit, showed two packets each with two tablets of Ibuprofen, a pain reliever, both with an expiration date of August 2024. Further review showed 2 packets each with 1 tablet of Diphenhydramine, used to treat itchiness, hives, and allergy symptoms, both with an expiration date of December 2024.

In an interview on 06/03/2025 at 11:19 AM, Staff A, Entity Representative/Resident Manager, stated that they were not aware of the expired medication in the first aid kit.

#### Resident 1

On 06/03/2025 at 3:45 PM observation of Resident 1's medication showed 2 packages of Fluticasone Propionate 50 microgram (mcg), use 1 spray into each nostril every morning for postnasal drip.

A review of Resident 1's June 2025 pharmacy generated medication log showed Fluticasone Propionate 50 mcg was not on Resident 1's medication log.

In an interview on 06/03/2025 at 3:46 PM, Staff A stated that Resident 1 had not been using Fluticasone Propionate 50 mcg and they did not have a discontinuation order.

In an interview on 06/09/2025 at 9:11 AM, Collateral Contact (CC) stated that Resident 1's Fluticasone Propionate 50 mcg had been discontinued on 04/03/2025.

#### Resident 2

On 06/03/2025 at 4:12 PM observation of Resident 2's medication showed Doxycycline Hyclate 100 milligram (mg), take 1 capsule by mouth twice daily for additional 14 days used to treat infection.

A review of Resident 2's pharmacy generated medication log showed no entry for Doxycycline Hyclate 100 mg.

In an interview on 06/03/2025 at 4:13 PM, Staff A stated that Resident 2 had been prescribed Doxycycline Hyclate 100 mg when a chronic medical condition flared that required treatment. Staff A further stated that Resident 2 was not currently taking Doxycycline Hyclate 100 mg.

A further review of Resident 2's June 2025 pharmacy generated medication log showed Resident 2 was prescribed, Mupirocin 2 percent (%) Ointment, apply topically to nose, armpit, and front of groin twice daily for 5 days each month for 3 months for disorders

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of the skin. Further review showed a handwritten entry, "Completed" on Resident 2's June 2025 medication log.

On 06/03/2025 at 4:25 PM of Resident 2's medication showed 2 packages of Mupirocin 2% Ointment.

A review of Resident 2's Primary Care Physician's (PCP) order dated 01/13/2025 showed Resident 2 was prescribed Mupirocin 2% Ointment, apply to interior of nose, armpits, and front of groin twice a day for 5 days per month for 3 months.

In an interview on 06/03/2025 at 4:30 PM, Staff A stated that Resident 2 was no longer using Mupirocin 2% Ointment.

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, Des Moines Creek AFH LLC is or will be in compliance with this law and / or regulation on (Date) 08-09-2025.

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

Fikadu Tirura \_\_\_\_\_ 07-02-2025  
Provider (or Representative) Date

**WAC 388-76-10650 Medical devices.**

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

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

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure an assessment for [REDACTED] had been completed for 1 of 1 resident (Resident 1) that identified the resident's need and ability to safely use the medical device. In addition, the AFH failed to provide Resident 1 with information on [REDACTED]

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Provider (or Representative)

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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 an assessment for [REDACTED] had been completed for 1 of 1 resident (Resident 1) that identified the resident's need and ability to safely use the medical device. In addition, the AFH failed to provide Resident 1 with information on [REDACTED]

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benefits and safety risks. These failures prevented Resident 1 from making an informed decision about whether to use the [REDACTED].

Findings included...

On 06/03/2025 at 1:19 PM observation showed Resident 1's [REDACTED] had left side [REDACTED] in the up position against the wall.

In an interview on 06/03/2025 at 1:20 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 used the [REDACTED] for repositioning.

A review of Resident 1's records showed Resident 1 was admitted to the AFH on [REDACTED]/2022. Further review of Resident 1's records showed no assessment for [REDACTED] or a copy of the risks and benefits that had been provided to Resident 1.

In an interview on 06/03/2025 at 3:37 PM, Staff A stated that Resident 1's Primary Care Physician (PCP) had provided an order for Resident 1 to have [REDACTED].

A review of Resident 1's PCP order dated 06/27/2024 showed Resident 1's PCP had ordered [REDACTED] for Resident 1.

In an interview on 06/03/2025 at 3:40 PM, Staff A stated that they did not have an assessment for Resident 1 to use [REDACTED].

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*Fakadu Tirura*  
Provider (or Representative)

07-02-2025  
Date

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Findings included...

On 06/03/2025 at 1:19 PM observation showed Resident 1's [REDACTED] had left side [REDACTED] in the up position against the wall.

In an interview on 06/03/2025 at 1:20 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 used the [REDACTED] for repositioning.

A review of Resident 1's records showed Resident 1 was admitted to the AFH on [REDACTED]/2022. Further review of Resident 1's records showed no assessment for [REDACTED] or a copy of the risks and benefits that had been provided to Resident 1.

In an interview on 06/03/2025 at 3:37 PM, Staff A stated that Resident 1's Primary Care Physician (PCP) had provided an order for Resident 1 to have [REDACTED].

A review of Resident 1's PCP order dated 06/27/2024 showed Resident 1's PCP had ordered [REDACTED] for Resident 1.

In an interview on 06/03/2025 at 3:40 PM, Staff A stated that they did not have an assessment for Resident 1 to use [REDACTED].

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Provider (or Representative)

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Date