STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Rose of Sharon Adult Family Home LLC

Rose Of Sharon Adult Family Home LLC
4210 225th St SW
Mountlake Terrace, WA 98043

RE: Rose Of Sharon Adult Family Home LLC License # 754989

Dear Provider:

This letter addresses Compliance Determination(s) 52082 (Completion Date 12/20/2024) and 49971 (Completion Date 11/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/20/2024 and found that you have corrected the violations listed in the Full report dated 11/14/2024. Your home is back in compliance as of 11/14/2024 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 388-76-10485-1, WAC 388-76-10485-3, WAC 388-76-10161-3

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 11/07/2024 and 11/07/2024 of:
Rose Of Sharon Adult Family Home LLC
4210 225th St SW
Mountlake Terrace, WA 98043

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:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee Bourque — 11/14/2024

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.

Masho Tsehaye
Provider (or Representative)

11/15/2024
Date

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

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure the medication storage box in the fridge were locked and inaccessible to 3 of 3 residents (Resident 1, 2 and 3). Additionally, the AFH failed to ensure medications in 1 of 3 resident's bedrooms (Residents 2) were kept in locked storage. This failure placed Residents 1, 2 and 3 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 11/07/2024 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH. Observation further showed Residents 1 and 2 ambulated with assistive devices and Residents 3 ambulated with caregiver assistance in the AFH.

Observation, on 11/07/2024 at 11:00 AM, showed the medication storage box was kept unlocked in the fridge. Observation further showed the medication box in the fridge contained two boxes of Resident 1's insulin pens (used to lower blood glucose).

In an interview, on 11/07/2024 at 11:05 AM, Staff A, Entity Representative, stated that they forgot to lock the medication box this morning after giving Resident 1's insulin. Observation showed Staff A locked the medication box before placing back in the fridge.

Resident 2
Observation, on 11/07/2024 at 11:30 AM, showed Resident 2 resided in bedroom [redacted] and had no roommate. Observation showed Resident 2 was in bedroom [redacted], sitting in a recliner chair watching TV. Observation of bedroom [redacted] showed an open bottle of Calcium Carbonate (used to treat upset stomach and acid digestion), an empty container of Triamcinolone cream (used to treat rash and eczema), a box of Systane contained two bottle of eye drops (used to treat dry eye), an unopened Flonase spray (used to treat allergy and nasal congestion), and two boxes of Salonpas patches (used to treat pain).

Provider (or Representative) Date

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

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(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure the medication storage box in the fridge were locked and inaccessible to 3 of 3 residents (Resident 1, 2 and 3). Additionally, the AFH failed to ensure medications in 1 of 3 resident's bedrooms (Residents 2) were kept in locked storage. This failure placed Residents 1, 2 and 3 at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 11/07/2024 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH. Observation further showed Residents 1 and 2 ambulated with assistive devices and Residents 3 ambulated with caregiver assistance in the AFH.

Observation, on 11/07/2024 at 11:00 AM, showed the medication storage box was kept unlocked in the fridge. Observation further showed the medication box in the fridge contained two boxes of Resident 1's insulin pens (used to lower blood glucose).

In an interview, on 11/07/2024 at 11:05 AM, Staff A, Entity Representative, stated that they forgot to lock the medication box this morning after giving Resident 1's insulin. Observation showed Staff A locked the medication box before placing back in the fridge.

Resident 2
Observation, on 11/07/2024 at 11:30 AM, showed Resident 2 resided in bedroom [redacted] and had no roommate. Observation showed Resident 2 was in bedroom [redacted], sitting in a recliner chair watching TV. Observation of bedroom [redacted] showed an open bottle of Calcium Carbonate (used to treat upset stomach and acid digestion), an empty container of Triamcinolone cream (used to treat rash and eczema), a box of Systane contained two bottle of eye drops (used to treat dry eye), an unopened Flonase spray (used to treat allergy and nasal congestion), and two boxes of Salonpas patches (used to treat pain).

Statement of Deficiencies	License #: 754989	Compliance Determination # 49971
Plan of Correction	Rose Of Sharon Adult Family Home LLC	Completion Date
Page 3 of 4	Licensee: Rose of Sharon Adult Family Home LLC	11/14/2024

In an interview, on 11/07/2024 at 11:35 AM, Staff A stated that they were not aware the medications were in Resident 2's bedroom. Staff A stated that Resident 2's family provided the resident with the medications, and they did not inform staffs. Staff A moved the Calcium carbonate, Triamcinolone cream, eye drops, Flonase and Salonpas to the medication locked storage in the hallway.

Attestation Statement

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, Rose Of Sharon Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/14 2024.

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

Matho Tsehaye — Provider (or Representative)

11/15/2024 — Date

WAC 388-76-10161 Background checks Who is required to have.

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a hired companion complete a Washington State Name and Date of Birth Background Check (BGC) within one business day of employment for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of exposure to person with unknown backgrounds.

Findings included...

Observation, on 11/07/2024 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

Observation, on 11/07/2024 at 1:00 PM, showed a visitor "Riana" who was a companion for Resident 2 through "With a Little Help Agency" arrived at home. Observation further showed Resident 2, and a companion left the AFH with no supervised staffs at 1:10 PM.

In an interview, on 11/07/2024 at 11:35 AM, Staff A stated that they were not aware the medications were in Resident 2's bedroom. Staff A stated that Resident 2's family provided the resident with the medications, and they did not inform staffs. Staff A moved the Calcium carbonate, Triamcinolone cream, eye drops, Flonase and Salonpas to the medication locked storage in the hallway.

Attestation Statement

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

_____ _____

Provider (or Representative) Date

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(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a hired companion complete a Washington State Name and Date of Birth Background Check (BGC) within one business day of employment for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of exposure to person with unknown backgrounds.

Findings included…

Observation, on 11/07/2024 at 9:30 AM, showed Residents 1, 2 and 3 lived in and received care from the AFH.

Observation, on 11/07/2024 at 1:00 PM, showed a visitor “Riana” who was a companion for Resident 2 through “With a Little Help Agency” arrived at home. Observation further showed Resident 2, and a companion left the AFH with no supervised staffs at 1:10 PM.

Statement of Deficiencies	License #: 754989	Compliance Determination # 49971
Plan of Correction	Rose Of Sharon Adult Family Home LLC	Completion Date
Page 4 of 4	Licensee: Rose of Sharon Adult Family Home LLC	11/14/2024

In an interview, on 11/07/2024 at 1:15 AM, Staff A, Entity Representative, stated that Resident 2's family hired a companion a few months ago. When asked if a Name and Date of Birth BGC was completed for a companion, Staff A stated, "No, a companion was hired by the resident's family, and they did not know to get a BGC."

Review of an email received on 11/08/2024 at 6:56 PM, from Staff A, included Resident 2's representative document, noted "authorized a care giver Denise to take out Resident 2 two days a week for 2 hours each day."

Attestation Statement

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, Rose Of Sharon Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/14/2024.

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

Mary Tsehaye — Provider (or Representative)

11/15/2024 — Date

In an interview, on 11/07/2024 at 1:15 AM, Staff A, Entity Representative, stated that Resident 2's family hired a companion a few months ago. When asked if a Name and Date of Birth BGC was completed for a companion, Staff A stated, "No, a companion was hired by the resident's family, and they did not know to get a BGC."

Review of an email received on 11/08/2024 at 6:56 PM, from Staff A, included Resident 2's representative document, noted "authorized a care giver Denise to take out Resident 2 two days a week for 2 hours each day."

Attestation Statement

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, Rose Of Sharon Adult Family Home 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

11/14/2024

Rose of Sharon Adult Family Home LLC
Rose Of Sharon Adult Family Home LLC
4210 225th St SW
Mountlake Terrace, WA 98043

RE: Rose Of Sharon Adult Family Home LLC # 754989

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/14/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home (AFH) did not give the Admission Agreement to Resident 2 to review, sign, and date at least every 24 months (due [redacted] 2024). This deficiency was corrected on site at the visit. Resident 2's representative signed the admission agreement on 11/07/2024.

WAC 388-76-10401 Home and community-based setting requirements.

(1) The home must ensure that the following conditions are present for each resident:

(e) Access to food and water at any time; and

The Adult Family Home (AFH) did not remove the lock from the fridge after Resident 1's wandering in the kitchen and opening the fridge during the day and night resolved. This deficiency was corrected onsite at the time of visit.

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 ;

Review of Household Member 2's (HH) record of a Washington state name and date of birth background check (BGC) sheet had expired on 04/29/2024. This deficiency was corrected onsite at the time of visit. Staff A renewed BGC for HH2.

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 deficiencies.

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

If You Have Any Questions:

• Please contact me at (206)914-5042.

Sincerely,

Renee Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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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 IDR**s 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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600