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

Lulu Adult Family Home LLC
Lulu Adult Family Home, LLC
18005 46th Pl W
Lynnwood, WA 98037

RE: Lulu Adult Family Home, LLC License # 755110

Dear Provider:

This letter addresses Compliance Determination(s) 57175 (Completion Date 03/31/2025) and 55311 (Completion Date 03/04/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/31/2025 and found that you have corrected the violations listed in the Full report dated 03/04/2025. Your home is back in compliance as of 03/04/2025 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 388-76-10285-2, WAC 388-76-10430-2-c, WAC 388-76-10750-1, WAC 388-76-10750-6-c, WAC 388-76-10015-1, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10198-2-a

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor
Hang Lu, Licensor

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

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 02/20/2025 of:

Lulu Adult Family Home, LLC
18005 46th Pl W
Lynnwood, WA 98037

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:

Chrissy Exe, Long-Term Care Licensor
Hang Lu, Licensor

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.

Renae' Bourque
Residential Care Services

03/06/2025
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)

03/13/2025
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff B, Caregiver) obtained a tuberculosis (TB) second step skin test one to three weeks after the initial skin test. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for potential exposure to a communicable disease.

Findings included...

Review of staff records showed the AFH hired Staff B on 10/17/2024. Record review showed Staff B had a TB skin test administered 10/21/2024. Record review showed Staff B had no additional TB skin test results on file.

In an interview, on 02/20/2025 at 12:07 PM, Staff A, Entity Representative, said that they did not remember if Staff B went for the TB second step skin test. Staff A indicated that Staff B was currently on vacation until May 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, Lulu Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 02/21/2025

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

Provider (or Representative) — Date: 03/13/2025

WAC 388-76-10430 Medication system.

(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 ;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that the Medication Log (ML) was accurate and up to date for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for medication errors.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022. Review of Resident 1's ML showed Resident 1 was on multiple prescribed medications.

Observation, on 02/20/2025 at 2:15 PM, of Resident 1's medication bin showed there was Olanzapine (a medication used to treat mental disorders) in a bingo pack. Further observation of Resident 1's medication bin showed there was Fluticasone Propionate (a medication used for allergies) nasal spray.

Record review showed Olanzapine and Fluticasone Propionate were not listed on Resident 1's February 2025 ML.

In an interview, on 02/20/2025 at 2:20 PM, Staff A, Entity Representative, stated that they needed to call the pharmacy. Staff A said that they thought the Olanzapine and Fluticasone Propionate had been discontinued.

Record review showed a doctor's order, dated 02/16/2025, read, "Pregabalin (a

medication used to treat anxiety) 100 mg oral capsule: take one capsule my mouth daily 8 AM. Notes: dose increase – 100 mg in the morning and 150 mg in the afternoon and bedtime." The second doctor's order, dated 02/16/2025, read, "Pregabalin 150 mg oral capsule: take one capsule by mouth twice daily. Take 2:00 PM and 8:00 PM. Notes: Pregabalin 100 mg QAM plus 150 mg at 2:00 and bedtime (8 pm). Dose increase."

Review of Resident 1's February 2025 ML showed four entries for Pregabalin. The first entry, "Pregabalin 100 mg capsule: take one capsule by mouth at bedtime", was followed with a handwritten note that read, "increase=150 mL." Staff initialed to indicate they gave the medication to Resident 1 from 02/01/2025 to 02/19/2025 at 8:00 PM. The second entry, "Pregabalin 75 mg capsule: take one capsule by mouth twice daily (8AM/2PM)", was followed with a handwritten note that read, "increase 150." Staff initialed to indicate they gave the medication to Resident 1 from 02/01/2025 to 02/19/2025 at 8:00 AM and 2:00 PM. The third entry, which was handwritten, read, "Pregabalin 100 mg oral capsule: take one capsule by mouth once daily 8:00 AM". Staff initialed to indicate they gave the medication to Resident 1 on 02/19/2025 at 8:00 AM. The fourth entry, which was handwritten, read, "Pregabalin 25 mg capsule: take three capsules (75 mg) by mouth at 2 PM in addition to multipack to equal 150 mg and take two capsules by mouth at bedtime in addition to multipack to equal 150 mg." Staff initialed to indicate they gave the medication to Resident 1 on 02/19/2025 at 8:00 AM and 2:00 PM.

Interview and observation, on 02/20/2025 at 2:34 PM, showed Staff A stating that Resident 1 was supposed to receive the 25 mg Pregabalin medication at the same time as the 75 mg capsule in the morning for a total of 100 mg. Staff A stated that they had incorrectly written "100 mg oral capsule" instead of "25 mg oral capsule" for the increased morning dose on Resident 1's February 2025 ML. Observation showed Staff A promptly made the correction on Resident 1's February 2025 ML.

Review of documents, received by the Department on 02/21/2025, showed Staff A sent a copy of the doctor's order, dated 12/18/2024, to discontinue Olanzapine. Record review showed Staff A did not send any doctor's orders to discontinue Fluticasone Propionate.

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, Lulu Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) ~~02/21/2025~~ 02/21/2025

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

Provider (or Representative) _____ Date 03/13/2025

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(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 ensure the hot water temperature was at least 105 degrees Fahrenheit (F) at 2 of 2 bathroom sinks (Sinks 1 and 2). The AFH also failed to ensure the home was in good repair. This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk for not having water that was hot enough to use and a decreased quality of life.

Findings included...

Observation and interview, on 02/20/2025 at 3:20 PM, showed that the water temperature at Sink 1 (located in the bathroom near bedroom F) was 81.4 degrees F. At 3:22 PM, observation showed there were scuff marks on the lower part of the bathroom wall facing the sink. The wood on the lower part of the bathroom doorframe was chipped. Staff A, Entity Representative, stated that the scuff marks were caused by a wheelchair. Staff C, Maintenance Person, stated that they would complete the repairs.

Observation and interview, on 02/20/2025 at 3:43 PM, showed the water temperature at Sink 2 (located in the bathroom near bedroom B) was 80.1 degrees F. At 3:43 PM, Staff A stated that they would call the plumber to fix the hot water.

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, Lulu Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 02|21|2025.

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

Provider (or Representative) 03|13|2025 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 record review and interview, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license, as required. This failure placed 3 of 6 residents (Residents 4, 5, and 6) at risk of infection or illness related to unsafe medical testing.

Findings included...

Review of a Dear Provider Letter, dated 11/15/2024, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH administers a medical test (such as blood glucose [sugar in the blood] testing). The Dear Provider Letter provides instructions for applying for the MTSW license.

In an interview, on 02/20/2025 at 1:44 PM, Staff A, Entity Representative, stated that three residents (Residents 4, 5, and 6) required blood glucose testing. Staff A stated that they checked the blood glucose for Resident 4 once a week, Resident 5 once a week, and Resident 6 twice a day. Staff A stated that they did not have a MTSW license. Staff A stated that they were not sure if they had sent the MTSW application to the right place.

Review of document, received by the Department on 02/27/2025, showed Staff A emailed photographs of the MTSW application, dated 02/27/2025, and the certified mail receipt showing the application was submitted.

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, Lulu Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 02/27/2025

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

Provider (or Representative) 03/13/2025 Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident records contained a current, signed, and dated Inventory of Personal Belongings (IPB) form for 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6). This failure placed the residents at risk for lost, stolen, or misplaced personal property.

Findings included...

Review of Resident 1's records showed the AFH admitted Resident 1 on [redacted]/2022. Record review showed there were two IPB forms in Resident 1's records. Record review showed Resident 1 and Staff A, Entity Representative, signed and dated the first IPB form on [redacted]/2022. Record review showed Resident 1 and Staff A had not signed and dated the second IPB form.

Interview and observation, on 02/20/2025 at 10:25 AM, showed Staff A stated that Resident 1 completed the second IPB form independently. At 11:28 AM, Staff A was observed having Resident 1 sign and date the IPB form.

Review of Resident 2's records showed the AFH admitted Resident 2 on [redacted]/2023. Record review showed the IPB form did not list Resident 2's belongings. Resident 2 and Staff A did not sign and date the IPB form.

In an interview, on 02/20/2025 at 10:29 AM, Staff A said that Resident 2 was aware of their own personal belongings. Staff A said that Resident 2 did not want to fill out an inventory list.

Review of Resident 3's records showed the AFH admitted Resident 3 on [redacted]/2022. Record review showed Resident 3 had a completed IPB form. Record review showed Staff A did not sign and date the IPB form.

Review of Resident 4's records showed the AFH admitted Resident 4 on [redacted]/2023. Record review showed Resident 4 and Staff A had not signed and dated the IPB form.

Review of Resident 5's records showed the AFH admitted Resident 5 on [redacted]/2022. Record review showed Resident 5 had an IPB form, dated [redacted]/2022. Resident 5 did not have a current signed and dated IPB form on file.

Review of Resident 6's records showed the AFH admitted Resident 6 on [redacted]2023. Record review showed Resident 6 and Staff A had not signed and dated the IPB form.

In an interview, on 02/20/2025 at 9:45 AM, Staff A, reported that Resident 6 was currently in a rehabilitation center.

Review of documents, received by the Department on 02/21/2025, showed Staff A sent updated IPB forms for Residents 2, 3, 4, and 5. Record review showed the AFH was still missing the current IPB form for Resident 6.

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, Lulu Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 02/20/2025

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

Provider (or Representative) 03/15/2025 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 6 residents (Resident 5) was signed and dated by the resident and the AFH. This placed Resident 5 at risk for unrecognized/ unmet care needs.

Findings included...

Review of Resident 5's records showed the AFH admitted Resident 5 on [redacted]/2022 as a private pay resident. Record review showed Resident 5's assessment and NCP, dated 09/20/2024, were completed by a Nurse Assessor. Record review showed the assessment and NCP were incorporated as one document. Record review showed Resident 5 and Staff A had not signed and dated the NCP.

Review of documents, received by the Department on 02/21/2025, showed Staff A sent the signature page of Resident 5's NCP. Record review showed Resident 5 and Staff A had signed the NCP on 02/21/2025.

In a phone interview, on 02/27/2025 at 11:57 AM, Staff A acknowledged they had signed the NCP following the inspection.

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, Lulu Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 02/21/2025

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

Provider (or Representative) — Date 03/13/2025

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure personnel records were readily available for review for 2 of 8 staff (Staff A and F). This failure delayed verification of staff qualifications to work in the home and placed Residents 1, 2, 3, 4, 5, and 6 at risk of being cared for by staff who were not fully qualified.

Findings included...

Record review showed Staff A, Entity Representative, had a 3-hour continuing education (CE) certificate dated 12/11/2024. Review of Staff A's records showed Staff A was missing verification that they had completed at least 12 CE credits between their birthdays in November 2023 and November 2024.

In an interview, on 02/20/2025 at 12:10 PM, Staff A stated that the AFH had former staff. Staff A said that Staff F, Caregiver, only worked a few days before vacating the position.

Record review, on 02/20/2025, showed that Staff F was missing orientation documents, hire date, and date of departure.

In a phone interview, on 03/04/2025 at 1:13 PM, Staff A said they would look for any additional CE certificates.

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, Lulu Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 03/04/2025

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

Provider (or Representative)

03/13/2025
Date