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

Agave Adult Family Home LLC

Agave Adult Family Home LLC
1813 Davis Ave S
Renton, WA 98055

RE: Agave Adult Family Home LLC License # 755358

Dear Provider:

This letter addresses Compliance Determination(s) 61106 (Completion Date 06/13/2025) and 58578 (Completion Date 05/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/13/2025 and found that you have corrected the violations listed in the Complaint report dated 05/28/2025. Your home is back in compliance as of 05/30/2025 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 388-76-10400-3-b

The Department staff who did the on-site verification:
Jennifer Domingo, AFH Complaint Investigator

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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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 04/24/2025 of:

Agave Adult Family Home LLC
1813 Davis Ave S
Renton, WA 98055

This document references the following complaint number(s): 173289

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Domingo, AFH Complaint Investigator

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 | 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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 1) fall was reported to Staff A, Provider, by Staff B, Caregiver, right away to obtain directions on what to do to receive the necessary care and services that they need. This failure resulted in Resident 1's delayed evaluation and treatment of their fall with serious injury.

Findings included…

Record review of the assessment, dated 03/05/2025, showed Resident 1 had the following health indicators: physical/mental function fluctuates, fatigue, dizziness/vertigo (a sensation of spinning, often causing a loss of balance), made impulsive decisions related to their activities of daily living. The assessment showed Resident 1 would walk without using their walker, which caused them to fall, and would do things unaware of the consequences.

Review of the Preliminary Service Plan (initial negotiated care plan upon admission) dated [redacted]/2025, showed Resident 1 was admitted to the AFH on [redacted]/2025. The Preliminary Service Plan showed Resident 1 had a diagnosis of [redacted].

A review of the Incident report dated [redacted]/2025, showed Resident 1 sustained a left hip fracture from a fall in their bedroom. The incident report showed Residents 2 and 3 heard a noise from Resident 1's bedroom. Resident 3 found Resident 1 on the floor, in a sitting position, behind their bedroom door. They called Staff B, but they were in the shower. Resident 1 was assisted to bed by Residents 2 and 3. Staff B checked on Resident 1, and Resident 1 waved at Staff B away. The incident report showed Resident 1 did not report any pain and did not want any more help. The next morning, [redacted]/2057, around 8:00 AM to 9:00 AM, Staff B checked on Resident 1. The incident report indicated that Resident 1's collateral contact (CC) visited Resident 1 around 9:30 AM. CC reported to Staff B that Resident 1 was in pain, and Staff B informed CC that Emergency Medical Services (911) could be called. On [redacted]/2025 at 12:30 PM, the incident report showed Resident 1 was admitted to the hospital.

In an interview on 04/25/2025 at 3:28 PM, Staff B stated that Resident 1 had a fall on [redacted]/2025 at 10:00 PM while they were taking a shower. Staff B stated that someone knocked on the bathroom door and told them Resident 1 fell. Resident 1 was lying on their bed when Staff B got to their bedroom. Staff B stated that they gave Resident 1 a pain medication because Resident 1 was always in pain, and then Resident 1 went to sleep. Staff B stated that they checked on Resident 1 after breakfast on [redacted]/2025 because they usually wake up from 10:00 AM to 11:00 AM. Staff B found Resident 1 lying on their bed; Resident 1 nodded to them and said that they were okay when they asked Resident 1 if they were okay. Resident 1 then made gestures to Staff B to leave the bedroom. Staff B stated that on [redacted]/2025 at 10:35 AM, they notified Staff C, Caregiver, about the fall. Staff B stated that they did not report the fall to Staff A the night Resident 1 fell because they thought it was just a simple fall. Staff B stated that on [redacted]/2025 at 11:00 AM, CC visited Resident 1. Staff B notified CC of Resident 1's fall. Staff B realized Resident 1 could not sit up, so they called 911. Staff B stated that they were thinking of calling 911 or CC, even if CC did not visit Resident 1 at 12:00 PM, because Resident 1 was mostly in bed after they had a fall which was unusual for them. Staff B failed to notify Staff A right after Resident 1 fell to get directions on what to do for Resident 1.

In a telephone interview on 04/24/2025 at 4:02 PM, Staff A stated that if a resident had a fall that was not minor, they would call 911. Staff A stated that they were notified of Resident 1's fall in the morning of [redacted]/2025, and when they arrived at the home at 10:00 AM, 911 was already at AFH.

In a telephone interview on 05/19/2025 at 12:57 PM, CC stated that they went to the AFH on [redacted]/2025 at 11:00 AM. CC stated that Resident 1 was lying on the bed, in pain, and could not move when they visited them. CC stated that they asked Staff B to call 911. 911 came, and they took Resident 1 to the hospital; at the hospital, they found that Resident 1 had a fracture from the fall and needed surgery.

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, Agave 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