



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

Better Care Adult Family Home LLC  
Better Care Adult Family Home LLC  
29031 40th Ave S  
Auburn, WA 98001

RE: Better Care Adult Family Home LLC License # 755399

Dear Provider:

This letter addresses Compliance Determination(s) 39701 (Completion Date 04/16/2024) and 30325 (Completion Date 12/21/2023).

The Department completed a follow-up inspection of your Adult Family Home on 04/16/2024 and found that you have corrected the violations listed in the Complaint report dated 12/21/2023. Your home is back in compliance as of 02/15/2024 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 388-76-10475-1, WAC 388-76-10475-2, WAC 388-76-10475-2-a, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10485-1

The Department staff who did the on-site verification:  
Ivy Mordo, Nursing Consultant Institutional

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

Sincerely,

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

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



## Residential Care Services Investigation Summary Report

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**Provider/Facility:** Better Care Adult Family Home LLC  
**License/Cert.#:** 755399  
**Compliance Determination #:** 30325  
**Investigator:** Ivy Mordo  
**Investigation Date(s):** 09/29/2023 through 12/21/2023  
**Complainant Contact Date(s):** 09/28/2023, 09/29/2023, 10/03/2023

**Provider Type:** Adult Family Home  
**Intake ID:** 98010  
**Region/Unit #:** RCS Region 2 / Unit G

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### Allegation(s):

1. Named Resident (NR) left the Adult Family Home (AFH) and had not returned.

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### Investigation Methods:

**Sample:** Total residents: 5  
Resident sample size: 2  
Closed records sample size: 0

**Observations:** The general environment  
Residents and their rooms  
Resident to resident interaction  
Staff to resident interaction

**Interviews:** Named Resident  
Sampled Resident  
AFH Staff  
Collateral Contact

**Record Reviews:** Assessment  
Negotiated Care Plan  
Incident report  
Progress notes  
Missing person policy

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### Investigation Summary:

1. Observed the general environment with no immediate concerns noted. Observation showed NR was not available in the AFH. Interviewed AFH staff stated that, NR left the AFH on [REDACTED]/2023 and stayed out till [REDACTED]/2023. Staff said on the night of [REDACTED]/2023 they got a call from Law Enforcement (LE) that NR was found on the street intoxicated. NR was sent to the Local Health Facility (LHF) for evaluation and was discharged back to the AFH on [REDACTED]/2023. Review of progressed notes showed NR left the AFH the second time on [REDACTED]/2023 and they had not returned. Interviewed staff said NR left the AFH, signed out and said they would return after 5 hours. Staff said they called NR after 5 hours of being out, NR did not answer their phone. Staff said on [REDACTED]/2023 at 9:00 pm, they called NR again on their phone and NR answered and told staff they were on their way back to the AFH. Staff said NR did not show up.

On [REDACTED]/2023 they got a call from NR in the morning, NR told them they fell on their way back to the AFH and went to the LHF for treatment. Staff said a few minutes after talking to NR, they received a call from the LHF about NR's admission. Staff stated that they did not notify the case manager or called the department hotline when NR left the AFH the second time and did not return. Staff said they forgot to do so due to the way the incident unfolded. Interviewed sampled residents in the home felt safe and had no care concerns.

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**Conclusion / Action:**

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A



## Residential Care Services Investigation Summary Report

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**Provider/Facility:** Better Care Adult Family Home LLC  
**License/Cert.#:** 755399  
**Compliance Determination #:** 30325  
**Investigator:** Ivy Mordo  
**Investigation Date(s):** 09/29/2023 through 12/21/2023  
**Complainant Contact Date(s):**

**Provider Type:** Adult Family Home  
**Intake ID:** 100617  
**Region/Unit #:** RCS Region 2 / Unit G

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### Allegation(s):

1. Named Resident (NR) had medication in their room in the Adult Family Home (AFH)

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### Investigation Methods:

**Sample:** Total residents: 5  
Resident sample size: 2  
Closed records sample size: 0

**Observations:** The general environment  
Residents and their rooms  
Resident to resident interaction  
Staff to resident interaction

**Interviews:** Named Resident  
Sampled Resident  
AFH Staff  
Collateral Contact

**Record Reviews:** Assessment  
Negotiated Care Plan  
Incident report  
Medicated Administration Record (MAR)  
Missing person policy

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### Investigation Summary:

1. Observed the general environment with no immediate concerns noted. Observed NR in their bed sleeping. Observed Povidone Iodine 10% solution (solution for cleaning wound) in NR's room. Interviewed staff said, NR came home from their physician's appointment with the medication, and it had been in NR's room. Staff said NR got angry when their belongings were touched, that was why they left it alone in NR's room. Interviewed NR said their physician gave it to them to apply to their [REDACTED] ([REDACTED]) great toe to prevent infection. Review of NR's MAR showed it was not updated with the medication. Interviewed staff said they did not know it had to be written in the MAR. Interviewed sampled residents in the home felt safe and had no care concerns.

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**Conclusion / Action:**

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A



STATE OF WASHINGTON  
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 20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 755399	Compliance Determination # 30325
Plan of Correction	Better Care Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Better Care Adult Family Home LLC	12/21/2023

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 09/29/2023 and 09/29/2023 of:

Better Care Adult Family Home LLC  
 29031 40th Ave S  
 Auburn, WA 98001

This document references the following complaint number(s): 98010, 100617

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Ivy Mordo, Nursing Consultant Institutional

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2 , Unit G  
 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.

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

\_\_\_\_\_  
Provider (or Representative)

\_\_\_\_\_  
Date

**WAC 388-76-10475 Medication Log. The adult family home must:**

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (2) Include in each medication log the:
  - (a) Name of the resident;
  - (b) Name of all prescribed and over-the-counter medications;
  - (c) Dosage of the medication;
  - (d) Frequency which the medications are taken; and
  - (e) Approximate time the resident must take each medication.
- (3) Ensure the medication log includes:
  - (a) Initials of the staff who assisted or gave each resident medication(s);
  - (b) If the medication was refused and the reason for the refusal; and

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

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep Medication Administration Record (MAR) updated for 1 of 1 resident, (Resident 2). This failure placed Resident 2, at risk for worsened conditions from medication errors.

Findings included...

In an unannounced visit on 09/29/2023 at 10:30 AM, observed 2 Residents (Residents 1 and 2) lived and received care in the AFH.

On 09/29/2023 at 10:10 AM observed Resident 2's bedroom had two ounces bottle of Povidone-iodine 10 percent (liquid use to clean wounds) on their nightstand.

On 09/29/2023 at 10:55 AM, review of Resident's 2 September 2023 pharmacy generated MAR showed Povidone-iodine was not updated in the MAR.

In an interview on 09/29/2023 11:00 AM, Staff B, Caregiver stated that, they did not know the Povidone-iodine had to be updated in the MAR.

**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, Better Care 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

**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;

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

Based on observation and interviews the Adult Family Home (AFH) failed to place 1 of 1 resident's (Residents 2) medications in a locked storage. This failure placed Residents 2 at risk for worsening condition from improper use of over the counter and prescribed medications by their physician.

**Findings included...**

On 09/29/2023 at 10:40 AM, observation showed 2 ounces bottle Povidone-Iodine 10% solution on a nightstand in Resident 2 's bedroom.

In an interview on 09/29/2023 at 10:45 AM, Resident 2 stated that their physician prescribed this to be applied to their toe wound to prevent infection.

In an interview on 09/29/2023 11:00 AM, Staff B, Caregiver, stated that, they saw the medication in Resident 2's bedroom, they did not take it out as Resident 2 would get angry should staff touch anything in their room.

**Attestation Statement**

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

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, Better Care 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